



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Gardens At Montverde Llc, The
15425 CR 455
Montverde, FL 34756

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2015 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968455	(X3) DATE SURVEY COMPLETED 01/28/2015
NAME OF PROVIDER OR SUPPLIER Gardens At Montverde Llc, The	STREET ADDRESS, CITY, STATE, ZIP CODE 15425 Cr 455 Montverde, FL 34756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Amended on 3/31/15

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial licensure survey was conducted at The Gardens At Montverde in Montverde, Florida on . Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to post an activities calendar in the common area for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7 and #8).

Findings:

An observation conducted on . at 9:10 AM during a tour of the facility an activity calendar was not observed. Additional observations conducted at 4:00 PM on the same day revealed confirmed their were no activity calendars in the facility.

An interview conducted on . at 11:45 AM with Resident #5 revealed that she doesn't know of an activity calendar.

An interview conducted on . at 5:15 PM with Administrator revealed that he does not have an activity calendar for . 2015. There is not one posted in the facility.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview the facility failed to properly label over the counter (OTC) medications with the resident's name for 1 (Resident 5) of 2 residents.

Findings:

An observation was conducted on . at 2:00 PM revealed that 3 (three) over the counter

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(OTC) medications, _____ and AccuFlora ProBiotic for Resident 5 were not properly labeled with the resident's name.

An interview conducted on _____ at 2:15 PM with Staff B confirmed that the OTC medication _____, and AccuFlora ProBiotic were not labeled with resident's name.

An interview conducted on _____ at 2:15 PM with the Administrator confirmed that the OTC medication _____, and AccuFlora ProBiotic were not labeled with resident's name.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review the facility failed to provide staff in-service training in Emergency Preparedness and Evacuation training for 1 (Staff C) of 1 staff members.

Findings:

A record review of the personnel files revealed that Staff C was hired on _____. Further review revealed Staff C did not have Emergency Preparedness and Evacuation training.

An interview was conducted on _____ at 3:00 PM the Administrator confirmed that Staff C did not have the required in-service training in Emergency Preparedness and Evacuation training.

Class III