STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	**03/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDIAN GARDENS ASSISTED LIVING FACILITY	**17250 SW 137 AVENUE MIAMI, FL 33177**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint survey (CCR # 2015001531) was conducted on - . Floridian Gardens Assisted Living Facility had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the facility failed to have an accurate health assessment for one out of three (Resident #2) sampled residents.
Findings included:
Observation on at 10:10 AM, showed that the nurse administer the medications to Resident #2.
Record review on showed for Resident #2 health assessment dated showed the residents needs assistance with medications.
During an interview on at 11:32 AM, Administrator stated "Resident # 2 receives assistance's with self-administration of medications. The nurse administer her medications sometimes when she does not feel well. "
Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review and interview, the facility failed to follow correct procedure when assisting six out of six (Resident #1,#2 #9, #10, #11, #12) sampled residents with self- administration medication.
Findings Included:
Observation on at 10:00 AM, showed the staff assisted Resident #1 with self-administer medication, one patch of 4.6 MH/24 hrs, one tablet C- 500 MG, one tablet of Ricept 10 MG, and one tablet of Cerafate 1 MG/10 MG.

Observation on at 10:10 AM, showed the Register Nurse (RN) administer one tablet of 40 MG, and one tablet of 25 MG to Resident #2.

Observation on at 12:00 PM showed the staff assisted Residents #9, #10, #11 and #12 with self-administer medications. She did not explain the residents which medicines they are going to take.

Review of the Medication Observation Record (MOR) on for Resident #1 showed that the physician order 4.6 MH/24 hrs. apply one patch every day at 8:00 AM; C- 500 MG one table by mouth daily at 8:00 AM; Ricept 10 MG one table by mouth daily at 8:00 AM; Cerafate 1MG/10 ML 3 times a day at 8:00 AM, 12:00 PM and 8:00 PM. For Resident #2 the physician ordered 40 MG one tablet at 8:00 AM, and 25 MG 3 times a day at 8:00 AM, 12:00 PM and 8:00 PM.

During confidential interview on at 10:05 AM, Staff stated "We assist the residents with self administer medications in their , and in the dinning ." She confirmed that for Resident #1 and #2 the physician ordered their medications at 8:00 AM and they received their medications at 10:00 AM today.

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SUMMARY STATEMENT OF DEFICIENCIES
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0052 Continued From page 1

During an interview on at 10:13 AM, Registered Nurse stated that she administer medications to Resident #2 sometimes when she does not feel well.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Floridian Gardens Assisted Living Facility
17250 Sw 137 Avenue
Miami, FL 33177

RE: CCR #2015001531

Dear Administrator:

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

Attached 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com