STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953432	04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
EDEN GARDENS ALF	12221 WEST DIXIE HIGHWAY MIAMI, FL 33161	

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

0000 - Initial Comments

A Complaint Inspection Survey (CCR 2015001743) was conducted on . Eden Gardens Assisted Living Facility, Inc. with Limited Mental Health component had the following deficiencies at time of survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, interviews and record review, the facility failed to ensure that one of nine sampled residents (Resident #4) met admission criteria. The resident was admitted with a medication regimen and supply which included a need for the administration of requiring home health nursing services, which were not provided. As a result, there is no record of the resident receiving medications for 6 days.

Findings Included:

On , a review of the AHCA form 1823 Health Assessment dated states that the resident needs assistance with self-administration of medication, including Lantus 100u/ml at bedtime.

On a review of Resident #4 ' s record revealed a prescription for home health services dated .

On , at 12:58 p.m., Employee #C said that she could not provide documentation of a home health agency administering to Resident #4 because she had not had a chance to make the referral yet.

On a review of the medication observation record (MOR) for Resident #4 for , 1-6 revealed that no medications were signed off as received by the resident. Lines were drawn through the record next to oral medications and the words " home health " were written next to the instructions for Lantus ( ) on those days.

On at 1:21 p.m. a telephone interview with the health care provider revealed that the resident came to the facility with an order for medication administration already in place, so he ordered home health services to continue the administration of the . He stated that sugar should be monitored at least daily.

On at 10:15 a.m. the Administrator stated that the facility does not have a nurse on staff.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to maintain adequate medication observation records for one of eight sampled residents (Resident #4) who requires assistance with self-administration of medication. There is no record of the resident receiving these medications for 6 days: (Lantus), patch and .

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

0054 Continued From page 1

Findings Included:

On a review of AHCA form 1823 Health assessment for Resident #4 dated and signed by the health care provider had a list of prescribed medications and revealed that the resident needed assistance with self-administration of medication.

On a review of Resident #4 ' s record revealed discharge medication orders from the hospital physician and progress notes from the facility staff stating that " he brought with him medications, discharge papers, but no scripts. "

On at 10:30 a.m., the hospital pharmacy representative stated that the resident was discharged with a 30 day supply of Lantus ( ), patch, and a 21 day supply of .

On a review of the medication observation record (MOR) for Resident #4 for 1-6 revealed that no medications were signed off as received by the resident. Lines were drawn through the record next to oral medications and the words " home health " were written next to the instructions for Lantus ( ) on those days.

On at 12:56 p.m., Employee #C stated that Resident #4 didn ' t have any medication because he ran out of the medications he came with. She also stated that the resident said he didn ' t want to stay, so the facility staff didn ' t work to get more medications for him because they thought he was going to leave.

On at 10:13 a.m., the Administrator stated that the facility hadn ' t been able to assist Resident #4 with his medication because he ' d said he didn ' t want to stay at the facility when he ' d arrived there on .

On a review of Resident #4 ' s record revealed a prescription for home health services dated .

On at 12:58 p.m., Employee #C said that she could not provide documentation of a home health agency administering to Resident #4 because she had not had a chance to make the referral yet.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that medications were kept locked in a secure place for one of eight sampled residents (Resident # 4).

Findings:

On at 9:50 a.m. during a tour of the facility the following medications were observed on Resident #4 ' s bed, in an open nightstand drawer, and in a bag within his closet:

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

0055 Continued From page 2

, , Lantus and Lancets for the resident ' s sugar testing.

On at 10:13 a.m., Resident #4 stated that he had to keep the medications stored in his it was difficult for him to get help from the Staff A review of the AHCA form 1823 Health Assessment dated states that the resident needs assistance with self-administration of medication.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interviews, the facility failed to provide a safe living environment for three of nine sampled residents (Residents # 7, 8, 9). The facility failed to ensure that the environment was free of pests and animal droppings. The facility also failed to ensure that residents had a complete dresser for storage of clothing or personal effects, and that electrical systems were maintained in good working order.

Findings included:

On at 9:50 a.m., observed white-tipped, black animal droppings approximately ¼ inches long and shaped like spindles in the closet of # (see photo).

On at 9:50 a.m., observed a dresser and a nightstand with missing drawers in # (see photo).

On at 9:50 a.m., observed insects in the a live insect and broken tile in the bathtub of # (see photo).

On at 9:50 a.m., observed a with a doorknob that was loose, making it difficult to open the , in .

On at 9:50 a.m., Resident #7 stated that the hallway and do not work in #.

On at 9:50 a.m. in an interview, Employee C stated that he would ask the housekeeping staff to remove the animal droppings in # . He also stated that he didn't know why the dresser and nightstand in # were missing drawers because this was the responsibility of the housekeeping department. He stated that he would notify housekeeping about the insects and loose tile in # . He stated that he would notify the housekeeping staff about the loose doorknob on the in # .He stated that he didn ' t know why the lights in # weren ' t working.

On at 9:50 a.m. in an interview, Employee D stated that she didn ' t know where the dresser and nightstand drawers were, and that maybe a resident who had recently moved out had taken them. She stated that the staff would remove the animal droppings.

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

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Eden Gardens Alf
12221 West Dixie Highway
Miami, FL 33161

RE: CCR #2015001743

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

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8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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