STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	**04/20/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GARDEN VALLEY RETIREMENT HOME, LLC	**18140 NW 90 AVENUE MIAMI, FL 33018**	

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

0000 - Initial Comments

A complaint survey (CCR# 2015003393) was completed on . . . . . Garden Valley Retirement Home LLC. had the following deficiencies at time of survey.

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

Based on record review and interview facility failed to have one out of seven sampled employees did not have training in the areas for Elopement Policy and Procedures in the files at the time of the survey.

Findings included:
1. Record review revealed that employee E. Caretaker did not have training in Elopement Policy and Procedures . Employee E. Caretaker started on |- |- and did not any documentation stating she had any training in that area for Elopement Policy and Procedures in her file at the time of the survey.

2. Interviewed the Administrator on . . . . at 2:00 PM, Administrator confirmed the findings in regards that Employee E. needed the training's for Elopement Policy and Procedures.

Class III

0083 - Training - First Aid and . . . . - 58A-5.0191(4) FAC

Based on record review and interview facility failed to have an updated First Aid and trainings in the files for one out of seven sampled employees at the time of the survey (D).

Findings included:

1. Record review revealed that employees D. Caretaker did not have an up to date training in First Aid and . Employee D. Caretaker started on and her training in that area has expired on |- .

2. Interviewed the Administrator on at 2:00 PM, Administrator confirmed the findings in regards that Employee D. needed to have her up to date training's in First Aid and .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Garden Valley Retirement Home, Llc
18140 Nw 90 Avenue
Miami, FL 33018

RE: CCR #2015003393

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 2015003393
XG90

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