STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	**05/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VICTORIA GARDENS ALF	**701 9TH STREET RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

An unannounced CHOW (Change of Ownership) survey was conducted on and at Victoria Gardens. The facility had deficiencies found at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview, and record review, it was determined the facility failed to post the telephone number for lodging complaints against a facility in full view in a common area accessible to all residents as well as the Rights Florida telephone number, and the Agency Consumer Hotline.

The findings include:

During observational tour of the facility conducted with the Administrator, on beginning at approximately 9:15 AM, she was asked where the advocacy numbers were posted in this facility. She pointed to the wall above the desk area in the dining the Hotline number and the Ombudsman poster. She was asked where the Complaint Hotline number and the Rights Florida numbers were posted. She stated she was not aware of this requirement to post those numbers.

Class

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

Based on record review and interview, it was determined the facility did not ensure that a staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses was in the facility at all times, for 2 of 4 sampled staff (Staff B and Staff D).

The findings include:

During interview and employee record review conducted with the Administrator on beginning at approximately 11:00 AM, she confirmed the following information:

Staff B (Med Tech): date of hire noted as did not have evidence of a current First Aid training or current training (copy of card expired

Staff D (Med Tech & Administrator): date of hire noted as ; did not have evidence of a current First Aid training or current training.

The Administrator acknowledged that both staff members had worked alone since and were currently on the schedule to be left in sole charge of residents of this facility. She stated she now knew she needed to make arrangements to make sure that neither staff member was left in sole charge of residents until the appropriate

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

0083 Continued From page 1

trainings had been completed.

Class III

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

Based on observation and interview, it was determined this facility failed to provide each resident with a closet or wardrobe for hanging clothes.

The findings include:

During observational tour of the facility conducted with the Administrator, on beginning at approximately 9:15 AM, all were observed. #6 & #7 had an exposed rack (not enclosed in closet or wardrobe) that was mounted to the wall with clothes hanging on it for the residents of these two semi-private The Administrator stated she had plans to have enclosed closets installed and the contractor was due that day to provide an estimate. She stated she had already identified this as a concern and intends to correct it.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Victoria Gardens ALF
701 9th Street
Riviera Beach, FL 33404

RE: CHOW (Chanage of Ownership) survey

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) licensure survey that was conducted on 2015 and 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene -Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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