STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966104	07/20/2015
NAME OF PROVIDER OR SUPPLIER **GARDENS AT HIDDEN HAMMOCKS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5182 NW 58TH TERRACE** **CORAL SPRINGS, FL 33067**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at The Gardens at Hidden Hammocks. The facility had a deficiency found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record observation and interviews, the facility failed to treat with dignity 2 of 6 sampled residents (Residents #5 and Resident #6) by providing feeding assistance in a timely manner during dining.
The findings include:
A) During lunch observation on [redacted] at 12:00 PM, it was noted that all the residents sat at the table and waited for about 15 minutes before lunch was brought up to the table. Lunch began at 12:15 PM. Out of the 6 residents at the table, three were able to feed themselves and three needed assistance. Staff (A) an unlicensed employee was observed feeding Resident #3 while staff (B) also an unlicensed employee was observed feeding Resident #4 at about 12:17 PM. Meanwhile, Resident #5 was fed by the hospice aide who was there to provide home health services. However, Resident #6 was observed seating at the table with her head down while the other residents were being fed or feeding themselves. She had no one available to help her eat. The food was placed in front of her. An attempt to speak with Resident #6 earlier was not possible she was deemed incapable to be interviewed. Resident was observed having her eyes sometimes close and at other times opened while seated at the front of her plate. Surveyor observed lunch to start at 12:15 PM, at 12:45 PM, Resident #6 was still not fed.
At 12:55 PM, Staff B left her resident and returned to the kitchen to toast bread for Resident # 3 whom she was feeding while resident #6 sat there unattended. During that time, Staff #A was observed still feeding resident #3. Staff failed to address the resident or even spoke to Resident #6 to inform her that she would soon be fed. At 12:58 PM, Staff B removed Resident # 6 ' s food from the table and reheated the food for 45 seconds. Then, at 1:00 PM, she was observed putting the plate back in front of Resident #6. She then returned to the kitchen thereafter to prepare everyone else's desert while the hospice nurse was observed cleaning up the table and employee (A) observed still feeding Resident #3. Staff B, at 1:03 PM started feeding Resident #6. Only two residents were observed being able to feed themselves (Resident #1, #2,).
B) On [redacted] At 5:04 PM, the dinner meal at the facility was observed to determine how employees A and B manage to feed the residents who were not able to self-feed when the hospice aide was not present.
Employee A at 5:05 PM on [redacted] was observed assisting the residents getting to the table before meals. While employee A was getting the residents ready, Staff B was preparing the meal. Observations revealed at 5:20 PM, no one was served nor given anything while they waited at the table for food. Staff A at 5:23 PM, brought water and juice to the residents. The resident that were able to self-feed were

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served first. Resident #6 was served last.
At 5:33 PM on [redacted] while Employee A was struggling to feed Resident #3 because she was observed being impatient trying to put her hand in the food. Employee B started feeding Resident #4 at 5:37 PM. Resident # 6 and # 5 were left unfed and their food was left in front of them. Staff B at 5:43 PM got up to clean up Resident #4's cups and prepared more drinks for the Resident #1, 2 and #4. Then,Employee B fed Resident #5 at 5:50 PM; And Resident #6 was observed being fed at 6:00 PM by Employee A. During a follow-up interview after the observation with both employee A and B they agreed with the findings and provided no additional information.
During an interview with the Administrator on [redacted] at around 6:50 PM, she too agreed with the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
The Gardens At Hidden Hammocks
5182 NW 58th Terrace
Coral Springs, FL 33067

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com