STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967674	08/19/2015
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 CRESCENT CIRCLE** **LAKE PARK, FL 33403**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 08/19/2015 at Tropical Garden Villas North. The facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on interview and record review, it was determined the facility failed to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule, specifically related to the timeliness of medications, for 2 of 3 sampled residents (Resident #6 and Resident #1).

The findings include:

1) During interview and record review conducted with Staff A, on beginning at approximately 8:15 AM, she confirmed that the following medications that were scheduled for 9:00 AM for Resident #6 had been provided prior to 7:45 AM on :
a) Centrum once daily
b) DHES capsule 50mg take 2 capsules once daily

Staff A acknowledged that these 9:00 AM medications had been provided prior to 7:45 AM as she had to leave the facility to drop of her child at school. She also indicated that she was aware that medications are to be provided within a "window" of 1 hour before the scheduled time or 1 hour after the scheduled time.

2) During observation, interview, and record review conducted with Staff A, on beginning at approximately 12:00 PM, she acknowledged that the following medication was to be provided to Resident #1 prior to consuming meals:
a) 667mg take three times a day before meals
Staff A had provided Resident #1 with this medication directly after he consumed his lunch meal on / at approximately 12:00 PM. She acknowledged that she did not read that portion of the medication label or directions for this resident.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that each staff

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member had submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 6 months prior to employment or 30 days after beginning employment for 2 of 3 sampled staff records (Staff A and Staff B).

The findings include:

During interview and staff record review conducted with the Administrator on / at approximately 10:20 AM the Administrator was provided the opportunity to locate documentation that reflected the following staff members had a written statement from a health care provider documenting that they did not have any signs or symptoms of communicable :

a) Staff A with a date of hire noted as /
b) Staff B with a date of hire noted as /

The Administrator acknowledged on at approximately 10:20 AM that this required documentation was not on file for Staff A and Staff B.

Class III

0081 Training - Staff In-Service

Based on interview and record review, it was determined the facility failed to ensure that each staff member received in-service training within 30 days of employment regarding the facility's elopement response procedures for 2 of 3 sample staff (Staff A and Staff C)

The findings include:

During interview and staff record review conducted with the Administrator on at approximately 10:20 AM the Administrator was provided the opportunity to locate documentation that reflected the following staff members had a received in-service training regarding the facility's elopement response procedures within 30 days of employment:

a) Staff A with a date of hire noted as /
b) Staff C with a date of hire noted as /

The Administrator acknowledged on at approximately 10:20 AM that this required training documentation was not on file for Staff A and Staff C.

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

Class III

0090 Training -

Based on interview and record review, it was determined the facility failed to ensure that each staff member that provides direct care to residents had received at least one hour of training in the facility's policies and procedures regarding (Do No Orders) for 2 of 3 sampled staff (Staff A and Staff C).

The findings include:

During interview and staff record review conducted with the Administrator on / at approximately 10:20 AM the Administrator was provided the opportunity to locate documentation that reflected the following staff members had a received at least 1 hours in-service training regarding the facility's policies and procedures:

a) Staff A with a date of hire noted as /
b) Staff C with a date of hire noted as /

The Administrator acknowledged on at approximately 10:20 AM that this required training documentation was not on file for Staff A and Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Tropical Garden Villas North
420 Crescent Circle
Lake Park, FL 33403

Dear Administrator:

This letter reports the findings of a state licensure 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 Arlene Mayo-Davis.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure
XG90

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