STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968178	08/24/2015
NAME OF PROVIDER OR SUPPLIER **HOLY GARDEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2904 NORTH 36TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 24, 2015 at Holly Garden ALF, Inc.. The facility had a deficiency identified at time of the survey.

0010 Admissions - Continued Residencv

Based on record review and interview, it was determined the facility failed to ensure all residents' Health Assessment forms (AHCA form 1823) were accurate and reflective of the resident's current diagnosis and care needs, for 2 out of 3 sampled residents' records reviewed (Resident #1 and #2).

Findings included:

a) Record review on revealed Resident # 1 was admitted to the facility on / . Resident #1's Resident Health Assessment (AHCA form 1823) dated on / reflected the following diagnosis: and Care. Further review of Resident #1's AHCA form 1823 revealed the resident had a Left Leg Care. Review of Resident #1's Hospice book documented that the skin is intact. During an interview on at 10:30 am with the Administrator, she stated " Resident #1 does not have a anymore. During an interview by phone on around 11:00 am with the Hospice Case Worker revealed that " Resident #1' s skin is intact, there is no ; it is healed. " Further record review failed to reveal an updated health assessment for this resident indicating aforementioned.

b) Record review on / revealed Resident #2 was admitted to the facility on / . Resident #2's Health Assessment form (AHCA form 1823) dated on / reflected the following diagnosis: ES Parkinson ' s , Cachexia , weight loss, Decline in Functions, History of , , Sacral and . During an interview on / at 10:30 am with the Administrator, she stated, " Resident #2 has no Care. "
During an interview by phone on around 11:00 am with the Hospice Case Worker, it was revealed that " Resident #2 ' s sacral area is healed, he is not under Care anymore." Record review on / revealed Hospice documentation stated, " Discontinue Care Sacrum previous Sacral healed. " Further record review failed to reveal an updated health assessment for this resident indicating aforementioned.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Holy Garden ALF, Inc
2904 North 36th Avenue
Hollywood, FL 33021

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

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