AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	10/12/2015
NAME OF PROVIDER OR SUPPLIER **HOPE GARDEN ASSISTED LIVING & ECC, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 NW 59TH WAY** **LAUDERHILL, FL 33319**	

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

0000 Initial Comments

On 10/12/2015 an unannounced extended congregate care monitoring visit was conducted at Hope Garden Assisted Living. Deficient practice was identified during the monitoring visit.

0056 Medication - Labeling and Orders

Based on observation, interviews, and record review it was determined that the facility failed to ensure that prescriptions were refilled in a timely manner for 1 of 1 residents reviewed for provision of third party services. The facility failed to order a refill of the Resident's (Resident #1) expired humulog and the Resident was subsequently injected with expired .

The findings include:

1) Resident #1 was admitted to the facility on with diagnoses that include dependant , and .
A review of the Resident's health care provider's orders and medication observation records revealed that the resident has an order dated for an (glucose monitoring) every morning with sliding scale coverage of Humulog 100u/ml.

2) A / observation of Resident #1's medications stored in the facility medication cart revealed that the only Humulog vial that the facility had for Resident #1 was clearly labeled "Do Not Use After - - ". Photographic evidence was obtained.
On / , a telephone interview was conducted with staff at the pharmacy that filled the humulog prescription. Pharmacy staff confirmed that they placed the orange" Do Not Use After - - "sticker on the humulog prescription medication bottle filled on by their pharmacy.

3) A / review of Home Health Agency (HHA) records for Resident #1 revealed that the Resident was administered humulog as follows:
3 units for a glucose level of 210 on .
3 units for a glucose level of 210 on .

A 12:45 PM telephone interview was conducted with the HHA Case Manager for Resident #1. The Case Manager stated that the HHA does not order or provide for Resident #1. The Case Manager stated that the is ordered and stored by the facility. The Case Manager confirmed that the expired humulog should not have been administered to Resident #1 by the HHA nurses on and / .

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4) A 10/12/15 12:50 PM interview was conducted with facility Staff A. Staff A confirmed that the facility has no unexpired humulog in the facility for Resident #1. She further confirmed that facility staff have not ordered or attempted to order a refill to replace Resident #1's expired humulog.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, it was determined that the facility failed to maintain a safe and and sanitary shower for 2 of 2 observed in Building 1 of the facility, to maintain a clean mattress for 1 of 10 residents observed for living environment, and to provide a hazard free outdoor area for 10 of 10 residents at the facility.

The findings include:

1) During a / 9:30 AM tour of the facility, a surveyor observed that the shower floors of the 2 in building 1 of the facility were unfinished. The shower floors were observed to consist of poured concrete that was not covered by any flooring, paint , or sealant. There were cracks in the concrete and rust colored stains on the floor area of both showers. The finding was confirmed by a second surveyor and Staff A.

During a interview, Staff A confirmed that the showers are used by the residents living in Building 1. Staff A agreed that unsealed concrete is a porous surface which cannot be properly sanitized for use by multiple residents.

2) During a 9:30 AM tour of the facility, a surveyor observed that the window in the rearmost of Building 1 was not properly sealed, as the caulking was cracked and missing, causing gaps between the window and interior surfaces. Staff A confirmed the finding and agreed that the open areas between the window and interior surface were not cleanable.

3) During the same tour, two surveyors observed that the sheets, mattress, and box springs used by Resident #3 were soiled with a large amount of black dirt-like substance. Staff B stated that the Resident does not like to wear shoes and gets dirt on the bed when he goes outside barefooted and then gets in bed. Resident #3 was observed to be sitting and propelling himself in a wheelchair during the course of the monitoring visit.

4) During the same tour, two surveyors observed that the outdoor area adjacent to Building was strewn with litter and had areas of overgrowth which were unsightly and served as a tripping hazard.

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Photographic evidence was obtained for each of the above concerns.

Class III

0162 Records - Resident

Based on record review and interview, it was determined that the facility failed to maintain complete resident records for 1 of 2 resident records reviewed. The Resident's (Resident #1) record failed to contain a copy of written informed consent for assistance with self-medication by unlicensed staff, as well as failing to contain documentation of the appointment of Resident #2's Power of Attorney (POA).

The findings include:

Resident #1 was admitted to the facility on with diagnoses that include dependant , and .

1) A / 11:00 AM review of Resident #1's facility records failed to produce documentation of a written consent for assistance with self-administration of medication by unlicensed personnel. Staff A was asked to review the records with the surveyor. Staff A confirmed that the form was not present. Staff A continued to attempt to locate the form, but the documentation was not produced.

2) A / 11:00 AM review of Resident #1's facility records failed to produce documentation of the appointment of Resident #1's Power of Attorney. Staff A was asked to review the records with the surveyor. Staff A confirmed that the form was not present. Staff A continued to attempt to locate the form, but the documentation was not produced.

Class III

E210 ECC - Training

Based on record review and interview, the facility failed to ensure that the Administrator / Extended Congregate Care (ECC) Supervisor completed continuing education training on extended congregate care concepts and requirements in the ALF setting.

The findings include:

Review of personnel records on indicated that the Administrator/ECC supervisor did not

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have documentation of attendance, for a minimum of 4 hours biannually, of continuing education training on topics relating to physical, or social needs of frail residents with 's or related since 2013.

In an interview with the facility manager on at 1:00 PM during the exit conference,she stated that the Administrator could not come to the facility due to medical circumstances. She stated that she had reviewed his personnel file and could not provide the required documentation of continuing education training as requested.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October [illegible], 2015

Administrator
Hope Garden Assisted Living & ECC, Inc
2011 Nw 59th Way
Lauderhill, FL 33319

RE: Extended Congregate Care Monitoring Survey

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on , 2015 by representatives 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 [illegible], 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 representatives. 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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