STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968558	10/08/2015
NAME OF PROVIDER OR SUPPLIER **EDEN'S GARDEN ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1598 GILES ST NW** **PALM BAY, FL 32907**	

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

0000 Initial Comments

The biennial re-licensure survey was conducted at Eden's Garden Assisted Living Facility LLC on . Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on Record review and interview, the facility failed to obtain a Resident Health Assessment (form 1823) that was completed within 60 calendar days prior to admission or 30 days after admission for 1 of 2 sampled residents (#1)

Findings:

Record review for resident #1 revealed she was admitted into the facility on . Further record review revealed the admission 1823 was dated / (more than 60 days old).

During an interview with the Staff B on / at approximately 2 PM, she stated she did not realize the 1823 was dated prior to 60 days.

Class III

0091 Training - Documentation & Monitoring

Based on personnel record review and interview the facility failed to have evidence that 2 of 2 sampled staff (A and B) had received the required in- service training.

Findings:

Review of the staff schedule revealed Staff A and B worked alone at the facility on different days of the week.

Personnel record review for Staff A hired revealed that she was not a nurse or Certified Nursing Assistant and had no evidence to confirm that she had obtained the following training:
A 3 hours of in-service training within 30 days of employment that covered. Resident behavior and needs and providing assistance with the activities of daily living.
A 1- hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

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SUMMARY STATEMENT OF DEFICIENCIES
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Personnel Record review for Staff B hired revealed there was no documentation to confirm that she had received training regarding the Facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

During an interview with Staff B on at 4 PM she stated she and Staff A had obtained the above training and the documentation was not in their personnel records as required.

Class

0162 Records - Resident

Based on record review and interview the facility failed to ensure that Health Care provider's orders were obtained for the use of half bed-rails, and a Trapeze and obtained semi-annual weight for 1 of 2 sampled residents (#2)

Findings:

Observations during the tour of the facility on at approximately 10:30 AM, revealed resident #2 was lying in bed with half-bed rails on each side. The resident stated at the time she was not capable of removing the Half-bed rails. Further observations revealed she used a trapeze that was above her head to assist her with mobility in the bed. Observed in the an concentrator. The resident stated at the time she was capable of doing her own and changing the concentrator to the appropriate levels.

During an interview with Staff B on at approximately 11:30 AM, she stated resident #2 was receiving hospice services.

Record review for resident #2 revealed there were no health care provider's orders for the Half-bed rails, and the Trapeze. Review of the hospice record revealed there was a telephone order signed by the hospice Registered Nurse dated for the Half-bed rails, and the Trapeze. There was no health care providers orders found in the record.

Further record review revealed resident #2 was admitted on , the only weight that was recorded was the admission weight.

During an interview with Staff B on at approximately 2 PM, she stated she had searched the record and could not find any health care provider's order for the Half-bed rails, and the Trapeze. She stated there were no weights recorded for Resident #2.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Eden's Garden Alf LLC
1598 Giles St Nw
Palm Bay, FL 32907

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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