STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965781	11/17/2015
NAME OF PROVIDER OR SUPPLIER **AZALEA GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 MAYO STREET** **HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced Assisted Living Facility abbreviated biennial relicensure survey was conducted on 11/17/15 at Azalea Gardens. The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to ensure that 1 of 31 residents (Resident #8) is treated with respect ,and dignity.

The findings include:
During an observation tour conducted on / at 10:00 AM, of # , it was noted that the a shared semi private , with two beds, one bed against the east wall and one bed against the left wall (west). The bed against the west wall 105 B was noted to have two signs posted above the bed. One sign was above the headboard which read " Attention caregivers please elevate Resident #8's head when she is lying in bed and after changing". A second sign on the west wall which read"Resident needs to be changed every 2 hours and her prescription cream needs to be applied during every diaper change. Thank you Administration"

In an interview conducted with the administrator on / at 10:10 AM, she stated that one of the staff must have made the sign , she understands that it should not be posted and will remove it immediately.
Review of Resident #8's file showed an admission date to the facility on / . Resident #8's Health Assessment form (AHCA form 1823) dated / showed under the section or behavioral status : it was noted to read ; and , she needs assistance with her activities of daily living and some of her diagnosis include : and .

In an interview attempt conducted on / / at 2:25 PM with Resident #8, she was unable to give consent to the signs.

During an interview conducted on / at 1:47 PM with a confidential source, she states that the sign over resident's bed has been there a very long time, she does not like the sign because it makes her feel like she does not know how to do her job. She further stated that administration posted the sign.

Class III

0078 Staffing Standards - Staff

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	AL11965781	**11/17/2015**
NAME OF PROVIDER OR SUPPLIER **AZALEA GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 MAYO STREET HOLLYWOOD, FL 33020**	

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

Based on record review, and interview, the facility failed to ensure 1 of 3 (Staff C) current staff members have a statement from a health care provider that the individual does not have any of signs and symptoms of a communicable .

The findings include:

A review of Staff C's personnel record, whose date of hire was ,revealed a form titled Employee Annual Physical, however the form lacked a date and a signature from a health care provider..

In an interview conducted on at 2:12 PM, Staff C states that she has been employed since in her duties she passes medications, and assists the resident with their activities of daily living.

A review of the facility ' s posted schedule for the month of 2015 showed that Staff C works as a caregiver on Mondays,Tuesdays, Thursdays, and Fridays on the 3-11 shift and on Saturday she works on the 5-12 shift.

In an interview with the Administrator on / at 3:32 PM she reviewed the file and confirmed the findings.

Class

0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to ensure that the administrator or person designated by the administrator as responsible for the day-to-day supervision of food service staff, obtain annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The findings include:

In an interview conducted on / at 12:44 PM with the Administrator, she stated that Staff E/ Dietary Supervisor, is the Food Service designee. A review of the facility's personnel roster Staff E, is listed as the Dietary Supervisor. A review of the personnel files of Staff E/Dietary Supervisor and Staff D/ Administrator, both lacked documentation of the required 2 hour training in nutrition and food service in an assisted living facility.
In an interview conducted on / at 12:49 PM with the Administrator, she confirmed that neither herself or Staff E, have the required training.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview conducted on 11/17/15 at 12:50 PM, with the facility's consultant Dietician she confirmed that the food service designee and the administrator have not received the required 2 hours of Nutrition & Food Service training given by her.
In an interview conducted on / at 1:20 PM, with the Food Service Designee, she confirmed that she has not received the required 2 hours of Nutrition & Food Service training.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Azalea Gardens
1701 Mayo Street
Hollywood, FL 33020

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/dmb

XG90

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