STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	04/01/2016
NAME OF PROVIDER OR SUPPLIER **FLORIDIAN GARDENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **17250 SW 137 AVENUE** **MIAMI, FL 33177**	

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

0000 Initial Comments

A Biennial Survey was conducted on - . Floridian Gardens Assisted Living had the following deficiencies at the time of the visit:

0010 Admissions - Continued Residency

Based on observation, interview and record review, the Assisted Living Facility failed to keep a resident who no longer meets the criteria for continued residency and also failed to have an updated health assessment (AHCA form 1823) that showed one (Resident #3) out of 32 sampled residents' change in activities of daily living levels.

Findings included:

A review of Resident #3's file revealed that the health assessment (AHCA form 1823) completed on indicated that Resident #3 needed assistance with activities of daily living (including ambulation, bathing, dressing, eating, self care, toileting and transferring).

On at 12:20 PM, observed Resident #3 in West wing dining . Caregiver R fed Resident #3 with puree, placing a full spoon containing puree into Resident #3's mouth.

On at 2:21 PM Observed Caregiver H and Caregiver I transferring Resident #3 from wheelchair to bed. Resident #3 was unable to assist while being transferred, and was completely dependent on the staff.

In an interview on at 1:06 PM the Administrator acknowledged that, to meet the continued residency criteria, Resident #3 needed assistance with activities of daily living. Resident #3 did not receive hospice services.

Class III

0025 Resident Care - Supervision

Based on observation, interview and record review the facility failed to provide appropriated care and services to meet the needs of four (#18#19#20and #4) out of 32 sampled residents accepted for admission to the facility.
Findings as follow:

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In an interview on at 10:56 AM Resident #25 revealed that there was not enough staff in the facility. The reisdent further stated that the staff that were today ( ) in the facility were in because survey was at the facility. The resident also said that every time he presented a complaint to the Administrator, she stated that she was the boss and made the rules, and residents have to follow them; if not they have to leave the facility. The resident stated that during the weekends the facility was a mess and there was not enough staff.
Observation on revealed that Residents # 18, #19 and #20 were in bed.
On residents 18, #19 and #20 stated that they were .
In an interview on at 09:59 a.m. Resident # 18 stated, "I use diapers. Staff changes me. Assist me with bath. Staff bath me early, but today they have not change me yet. I don't know why".
In an interview on at 10:08 a.m. Resident # 19 stated, "I have not received a change diaper since yesterday at 6 pm. I don ' t know why. Yesterday I changed myself, today at 5:30 I changed myself."
In an interview on at 10:14 a.m. Resident # 20 stated "they have not changed me this morning. Every day is almost the same. I use diapers. Sometimes I have to call for 2 or three hours. I hear staff talking but they are not coming here."
Health Assessment review showed:
Resident # 18 needs assistance with ambulation, bathing and dressing. Supervision with self-care, toileting and transferring. Resident is independent eating.(Assessment /)
Resident # 19 needs assistance with all the activities of daily living except eating (independent) (Assessment Date)
Resident # 20 needs assistance with all activities of daily living. (Assessment 02). Hospice Certified Nursing Assistance Care Plan ( ) states resident is feces .

Record review also documented the facility and residents have contracts executed as follows:
Resident #18 on /
Resident #19 on
Resident #20 on /
The Contracts state, the facility will provide assistance and supervision with the activities of daily living including ambulatory assistance, dressing in preparation for bedtime, eating and diaper changes. (among others).

On at 10:30 am, LPN (Staff #2) stated was not aware resident #20 was not changed.
On at 10:30 a.m. the facility Administrator stated the facility Staff (CNA) in charge of assisting the above mentioned residents was not feeling well and was slow doing job.
In an interview on at 4:05 PM Resident #32 was in bed stated " Resident #29 is my She here in the , she few months ago. I don't remember when. She was lying down on the

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floor; staff arrived about 20 to 30 minutes later."
In an interview on at 4:15 PM Resident # 29 stated " I here in my times; I do not remember when but one time was from the bed and another time I was trying to sit on the walker and did not have the breaks on. I was on the floor for a long time. They sent me to the hospital ER. The facility need to have a system that we can communicate with staff. They need to improve the food here. I'm and I do not receive a proper therapeutic diet. "
In an interview on at 4:15 PM the Administrator stated " I do not have any progress note, documentation or incident report for Resident #29 because she never here. Sometimes resident said things that is not true. If she here, her dad would tell you on the interview.
Record review of Resident #20 hospice ' s file revealed that Resident #20 had a in the sacrum area. onset was on and measured 3cm x 4 cm x 0.8 cm.
Doctor order for curing normal , , dry, medi honey , cover with gauze, and tape, daily cure.
In an interview on at 2:37 p.m. the hospice ' s Licensed Practical Nurse (LPN) stated: "
Resident has a sacrum . This is my third visit. Repositioning every 2 hours. is granulating. base was granulating. There was not draining. Measured 3 cm x 4 x 0.8. She was always clean.
We measure her daily. "
In an interview on 11:07 a.m. the hospice nurse stated " Hospice takes care of her 7 days a week for care, once a day. I personally come 2 times a week, always on Friday that I measure the . Actual measure: 3 x 3 x 07 healing. It was clean, no draining, pink, granulating. Using medi honey, covering it.
Record review for Resident #4 (admitted on) showed:
Health assessment (AHCA form 1823) dated / showed diagnoses: , , or behavioral, status alert but and forgetful at times, special precaution Universal Precautions, Acitivities of Daily Living (ADLs) Independent with (ambulation, eating, toileting and transferring), Assisting (bathing, dressing, self-care).
Record review of facility's observation log showed:
On the Certified Nursing Assistant informed Resident #4 had been observed with and pain in right wrist.
On . The facilities's LPN reported Resident #4 showed signs of and pain in the right wrist and Resident #4 did not remember what happened. The SN (Skill Nurse) evaluated Resident #4 and was sent to the hospital. The S/N recommended to be treated by the doctor. On
Re-admission physical exam showed "Surgery have ".
Resident #4 went to hospital on and Discharged diagnosis was Colle's of right

Hospital registration for Resident #4 admission dated discharge instruction: Chief complaint was right arm . HPI/ Subjective: times Female present to ED via ambulance from ALF, complaining of rights arm . Patient family report on her behalf as patient is AOx1 which is her

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baseline according to ALF, guardian reports unknowing cause of injury that began 2 weeks ago. Patient describe a but unclear of details.
Resident #4 returned to the emergency and Discharged diagnosis was to left wrist.
Record review revealed no documentation about the cause of the .
A review of Hosptial records revealed that on , Resident # 29 went to the emergency of pain. The resident stated that she out of bed 1 week prior and had come to teh emergency Monday . The resident stated that she was supposed to follow up with a physician outpatient but couldn't due to insurance issues.
A review of Resident #29's facilty file revealed no documentation of coordination of care to assist the resident in obtaining the medical services.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the Assisted Living Facility failed to honor residents' rights for one (#6) out of sampled 32 residents as well as to respond to residents' complaints for one (#27) out of sampled 32 residents. Also, based on observation and interview, Assisted Living Facility failed to provide a clean living environment.

Findings included:

On at 11:42 AM, observed that door of was opened and Resident #6 was in the the door open, using the toilet and the resident was not wearing underwear or anything else from the hips down. Caregiver O was next to Resident #6.

On at 11:43 AM the Caregiver O stated that it would not happen again.

In an interview on at 11:16 AM Resident #27 revealed that he has been in the facility for around a year but he was moved to his current two months ago and facility has not given him a key for the . Staff took long time to open the 's door when it was locked, and he needed to have access to his .

Review of facility's key request log revealed that a key for Resident #27 was given but it did not indicate when.

In an interview on at 1:28 PM the Administrator revealed that Resident #27 should have received a key when he moved into his current , but he did not.

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A tour of the facility of the 200 ' s on at 11:39 AM revealed that there was a strong odor in the hallway and close to the nurse station.

In an interview on at 11:34 the housekeeping supervisor revealed that there were four housekeepers in the facility but one of them was out due to an emergency.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the Assisted Living Facility failed to obtain a specified doctor order for an as needed prescription for one (#31) out of 32 sampled residents.

Findings included:

A review of Resident #31's medication observation record (MOR) revealed that Resident #31 had a doctor's order for / #3 (mg): take one to two tablets by mouth three times daily as needed. The medication was scheduled at 8 AM,4 PM and 12 AM. The doctor's order did not specify the reason for taking the medication orany limitations. Medication was received on at 4 PM and 12 AM, on at 8 AM and 4 PM, on / at 8 AM and 4 PM, on / at 8 AM 4 PM and 12 AM, on / at 8 AM, 4 PM and 12 AM, on at 4 PM and 12 AM, on / at 8 AM, 4 PM and 12 AM, and on at 4 PM. Documentation on Resident #31's MOR revealed: on at 8 AM that resident took one tablet, on at 4 PM that resident took two tablets, on at 9 AM that resident took two tablets, on at 9 AM that resident took one tablet, on / at 4 PM that resident took one tablet, on / at 9 AM that resident took one tablet, and on / at 1 PM resident took one tablet.
There was documentation in Resident #31's MOR completed by the physician showing that Resident #31 was able to request "as needed" medicines.

In an interview on at 11:10 AM the Caregiver P revealed that Resident #31 was not at the facility and she forgot to document that resident was not at the facility. On / she did not document that she gave medicine to Resident #31 because she went to an appointment.

In an interview on at 4:30 PM the Administrator revealed that she forgot to add in the doctor order for Resident #31 that the medication was for pain and facility had the documentation from the doctor showing that resident was able to request pain medication.

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Class III

0093 Food Service - Dietary Standards

Base on observation, record review and interview the facility failed to provide therapeutic diets prepared and served as ordered by the health care provider for two out of 30 (# 9 and # 26 sampled residents.
Finding included:
Observation on / 16 at 11:10 AM in # , Resident # 9 having breakfast scramble eggs, 1/2 tostada, hot cereal, juice and coffee.
Record review on showed Resident #9 ' (admitted on) health assessment (AHCA form 1823) dated did have special diet instruction "no added Salt", others: "No eggs or chicken".
Resident #29 (admitted on), health assessment dated , Diagnoses: II, , , , physical Status OK, Nursing make benefic for - Dependent did have Special Diet Instruction " regular" "calorie Control", other: please describe (NCS- Client Dependent " . the resident did not have on record an inform consent to refuse therapeutic diet.
On at 12:16 PM , observed posted on the wall "Special Diet Instruction / 2015". Per Staff F (kitchen Supervisor) stated that she was following the special diet instructions posted on the wall.
On at 12:17 PM, the facility Administrator stated "I will print the new special diet instruction list now.
' Special diet instruction 2015 showed that Resident # 9 ' name did not appear on the list.
Furthermore Special diet instruction 2016 did show Resident #9 name with " no added salt".
Review Resident #29's special diet instruction 2015 and 2016 showed "regular ".
On at 11:10 AM Resident # 9 stated "I do have a complaint. I am not supposed to eat with salt and they kept putting salt on my food. Look,my eggs are salty."
During a confidential family interview on , the family member stated stated the facility need to look up and follow the therapeutic diet for residents.
On / at 4:00 PM, Resident #29 stated "They need to improve the food here. I'm and I do not received the proper therapeutic diet here."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean living environment to facility residents.
Findings included:
During a facility tour conducted on at 9:20 AM the west wing nurse's station area had an

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extremelyy strong foul odor of " ".
On at 11:39 AM there was a strong odor in the hallway and close to the nurse's station.
During a facility tour conducted on , # had a strong foul odor. Facility administrator call west wing area CNA supervisor and stated this call housekeeper.
During a facility tour conducted on , # had on the door frame a red substance staining to the left site.
At 9:48 AM on , the Administrator cleaned the red substance from the door frame, then called Staff H (CNA) and stated " please clean this from here ".
At 9:50 AM on , observed that in # , at the entrance door at the ceiling near to the air conditioner vent had a yellow stain. : 410 had very strong foul odor .
At 9:50 AM on , the Administrator stated regarding : 410 there is a very strong fouled odor here.
At 9:55 AM on / , # had strong foul odors. The wall shower had a yellow stain. One side of the towel hanger was missing. # a strong foul odor and the tile with yellow stain, # had a very strong foul odor ( ).
During an interview on at 9:48 AM facility Administrator stated one cleaning staff had an accident and the facility had a new staff that it is not well trained.
In an interview on at 11:34 the housekeeping supervisor revealed that there were four housekeepers in the facility but one of them was out due to an emergency.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to execute a valid contract with a resident before or at the time of admission for one out of 30 (# 4) sampled residents.
Findings included:
Record review on showed that resident #4 ' (admitted on) Floridian Gardens Resident Agreement dated was signed by resident. Further review showed that Resident #4 ' did have a legal guardian appointed by the Miami Dade county court on / .
During an interview on at 2:05 PM facility administrator stated Resident #4 signed the contract because the legal guardian took too long to do it. She stated "I have to send a memorandum to the Legal guardian."
Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Base on observation, record review and interview, the facility failed to file an incident report within 1

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business day after the occurrence of an adverse incident for one out thirty (#4) sampled residents .
Finding included:
On during facility tour at approximately 9:30 am, Resident #4 was observed wearing a on her right hand.
Record review showed that Resident #4' (admitted on) received emergency treatment at the hospital on for a wrist to the right hand.
During an interview on at 2:10 PM, the Administrator stated "I did not file a one day incident report for Resident #4. I thought that that was not adverse incident. I will file the report now with the agency and the 15 days adverse incident report with the Agency online."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Floridian Gardens Assisted Living Facility
17250 Sw 137 Avenue
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a relicensure state licensure survey that was conducted on , 2016 - , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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