STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968281	**04/18/2016**
NAME OF PROVIDER OR SUPPLIER **EL EDEN CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10460 NW 129 STREET HIALEAH GARDENS, FL 33018**	

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

0000 Initial Comments

A Change of Ownership Survey was conducted on , 2016 along with a bed increase survey. El Eden Corp with Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed have updated health assessments after significant changes in activities of daily living and health care for one out of six (#1) sampled residents .

Findings included:

Observation on at 12:00 p.m. revealed Resident #1 seating at the dining her lunch with no assistance.

Record review on / / to Resident #1 ' s health assessment (AHCA ' s Form 1823) signed on / / did not have a diet specified.

Record review on / / to Resident #1 ' s Form 1823 reflected that the resident needed assistance with all daily activities.

A review of Resident #1 ' s record reflected a Hospice plan of care signed on / ; however, Resident #2 ' s Form 1823 did not indicate hospice care.

On / / to facility ' s Administrator confirmed that Resident #1 was under Hospice ' s care, and her Form 1823 did not reflect this.

Class III

0054 Medication - Records

Based on observation, record review and interview the facility failed to properly sign the Medication Observation Records (MORs) to indicate what medications were given during assistance with self-administration for one of six(#6) residents sampled. The facility staff signed the record for medications which the resident had not yet taken.

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Findings included:

Observation on at 10:20 a.m. of Resident #6 ' s medication card showed that (3.125 mg /tab) was still in its bubble compartment on the card.

A review of Residents #6 ' s MORs showed medication were signed as given from / (a.m. / p.m.) - (a.m.) (/ mg).

On / at a.m. Staff C stated, " This is a small pill, I thought that I put the medications in the resident's hand; I asked him, and he stated that he got it."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the assisted living facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

Observation on at 9:16 a.m. revealed Resident #4 seated at a desk in the backyard.

During the facility tour on at 9:17 a.m. observed that beside the screen porch (against the wall was overloaded with:

One portable commodore
Three walkers
One hospital bed with frame
Two plastic (white / gray) can (debris)
Two cans of paint (debris)
Three empty gallons containers.
In addition, another portable commodore stood at the side in the backyard.
The wood desk had a mattress on top and the floor had a hole approximately a foot wide.

On / at 9:17 a.m. , Staff C stated, " The Residents have access to this area, and they like to sit on the wood desk. "

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Class III

Z814 Background Screening Clearinghouse

Based on observation and record review, the facility failed to record a roster of facility employees in the AHCA Background Screening Clearinghouse database for two of two sampled employees (C and D) .

Findings:

Observation on at 9:10 a.m. revealed Staffs C and D working in the facility, caring for a census of six residents.

A review of the staff schedule reflected the facility had Staff C and D included as the facility ' s employees.

The background screening clearinghouse website showed the facility did not register Staff C and D to the facility's roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
El Eden Corp
10460 Nw 129 Street
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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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