STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	05/22/2016
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 complaint (CCR #2016003314) survey was conducted on , 2016. Floridian Gardens Assisted Living with extended congregate care and limited mental health components had the following deficiencies identified at the time of the visit:

0054 Medication - Records

Based on observation, interview and record review, the Assisted Living Facility's failed to immediately updated each time the medication is offered or administered for five (Residents #1, #2, #3, #4, and #5) out of seventeen sampled residents.

Findings included:

Observation on / at 10:22 AM revealed that Caregiver A sat in West Dining # -3 initialing residents' Medication Observation Records (MORs).
In an interview on at 10:24 AM the Caregiver A revealed that Resident #1 was a hospice resident, Resident #1 stayed in the Caregiver A was going to initial Resident #1's MORs.
Review of Resident #1's MORs revealed that they were not immediately updating MORs each time the medication is offered or administered.
Review of Residents #2, #3, #4 and #5's MORs revealed that they were not immediately updating MORs each time the medication is offered or administered.
Class III

0160 Records - Facilitv

Based on record review and interview, the Assisted Living Facility failed to have an up-to-date admission and discharge log.

Findings included:

Review of Resident #6's record revealed that Resident #1 admission date was on / / .

Review of facility's record revealed that admission and discharge log did not have discharge date for Resident #6.

In an interview on / at 1:56 PM the Administrator stated " they have not written here " . Administrator was referring that Resident #6's discharge date was not included in the in the admission

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and discharge log.

In an interview on at 1:58 PM the Administrator stated " Yes, on ". Administrator was referring that Resident #6's discharge date was .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016600314

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 22, 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 2016003314
XG90

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