STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968780	05/19/2016
NAME OF PROVIDER OR SUPPLIER **GARDENS ASSISTED LIVING FACILITY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4122 W MAIN ST** **MIMS, FL 32754**	

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

0000 Initial Comments

On a Change of Ownership survey with Limited Nursing Services and Extended Congregate Care (CHOW with LNS and ECC) was conducted at The Gardens Assisted Living license #12610. The Gardens Assisted Living had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility did not ensure staff who assisted 2 of 3 sampled residents (# 1 and #2) with self- administration of medication followed the correct procedure.
Findings:
1. Observations on at 12 PM noted staff A, a caregiver, checked Medication Observation Record (MOR). She took medications from a basket, put a pill in a plastic cup. She then took the another bubble pack and put another pill in the same cup. She signed the MOR. Resident #2 sat near her. She told the resident "This is your pain med and your for agitation". She held the resident's hand and elbow, tapped the cup as to help the pills in the resident's mouth. The resident who is ; said the medications were bitter.
2. Observations on at 12:10 PM noted staff B checked the MOR. She took a medication from a basket, put a pill in a plastic cup and signed the MOR. She crushed the medication and put 2 spoonful of yogurt in the cup with the medication. The resident sat near her. She told the resident "This is your ". She held the cup, the resident tried to scoop the yogurt. The staff placed the spoon in the resident's mouth.
The staff did not bring the medications in their properly labeled container to where the residents sat. She did not read the label to the residents, and signed the MOR before the residents were observed to take the medications.
During an interview at 3:30 PM on with the administrator, who offered no comment.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility did not ensure 3 of 4 personnel records (A, B and C) contained a healthcare provider statement that indicated freedom from yearly and did not make sure staff C provided a healthcare provider statement that indicated freedom from communicable including .
Findings:
1. Personnel record review for staff #A, revealed freedom from communicable including statement dated / . Continued review revealed no evidence to confirm freedom from for 2016.
2. Personnel record review for staff #B, revealed a freedom from communicable including

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statement dated . . / . . Continued review revealed no evidence to confirm freedom from for 2016.
3. Personnel record review for staff #C, the owner and Registered Nurse, revealed no evidence to confirm freedom from communicable including .
During an interview at 3:30 PM on the administrator said the healthcare provider statement was overlooked.
Class III

0079 Staffing Standards - Levels

Based on observations, record review and interview the facility did not ensure a written work schedule that reflected its 24-hour staffing pattern for a given time period was maintained.
Findings:
Review of the facility's staff schedule provided by the facility, noted it was a calendar. The calendar/schedule listed names of the staff who worked each day of the week, but did not indicate the hours each staff was assigned or actually worked.
During an interview at 1:30 PM on with the administrator, who stated the schedule always remained the same.
Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (#C) to attend the mandated in-service training.
Findings:
Personnel record review for staff #C, the co-owner and Registered Nurse, revealed no evidence to confirm he attended a 1-hour in-service training regarding 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and . There was no evidence he attended CORE training and was therefore exempt from the requirement.
During an in an interview at 3 PM on / , the administrator said the training was overlooked.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment for 3 of 3 residents (#1, #2, and #3).
Findings:
Observations during the facility tour on at 9:30 AM noted the carpet in the dining the of residents 1, 2, and 3 had multiple black/brown spots.
During an in an interview at 3:30 PM on / , the administrator said those areas were high traffic

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areas and in the dining the resident may have accidentally spill food. She was aware that it was time to have the carpet cleaned or maybe replaced.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure 1 of 2 sampled resident records (#1 and #2) contained all the required components that included semi-annual weights.
Findings:
Resident record review for resident #1 revealed she was admitted on . Health assessment report 1823 dated / indicated a weight of 116 pounds. Continued review revealed a weight log that indicated from / to / unable to weigh. On the log indicated she was unable to stand. The resident was under the care of hospice. her weight was due on and .
Resident record review for resident #2 revealed she was admitted on / . Health assessment report 1823 dated / indicated a weight of 112.7 pounds. Continued review revealed a weight log that indicated from / / to / unable to stand. The resident was under the care of hospice. Her weight was due 2016.
During an interview at 3:30 PM on / / the administrator said hospice measured the residents' and she was not aware they still needed to be weighted.
Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility did not maintain an employee roster on the Agency's Background Screening Clearing House that listed all the facility employees subject to a background screening.
Findings:
Review of the facility's Background Screening Clearing House roster on revealed the roster included 3 individuals and the administrator.
Observations on at 9:30 AM noted staff (B) provided care to the residents.
Review of the facility staff schedule for 2016 revealed the schedule listed other individuals, different from those listed on the employee roster. Staff A, B, and C, were not listed on the log but were scheduled to work.
During an interview at 3:30 PM on the administrator said she was not aware of the roster.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gardens Assisted Living Facility (the)
4122 W Main St
Mims, FL 32754

RE: Change of Ownership w/LNS & ECC

Dear Administrator:

This letter reports the findings of a state licensure CHOW 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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