STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	06/08/2016
NAME OF PROVIDER OR SUPPLIER **GARDEN VALLEY RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18140 NW 90 AVENUE** **MIAMI, FL 33018**	

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

0000 Initial Comments

A Abbreviated Biennial Survey was conducted on , 2016. Garden Valley Retirement Home LLC (License #11388), with the Limited Mental Health component, had the following deficiencies identified at time of the survey:

0053 Medication - Administration

Based on observation, record review and interview the facility failed to ensure that licensed personnel administer medications to two out of four (# 1 and 2) sampled residents.

Findings included:

A review of Residents (#1 and 2) Medication Observation Records (MOR) reflected that Staff were signing their medications as given.

Interviewed on between 12:57 pm - 2:06 pm to Staff B,C ,D and A acknowledged that Staff C administered the medications to Residents (1 and 2) using a spoon because they cannot grab the medication and/or spoon themselves.

On / at 2:30 pm, the Hospice ' s Nurse stated, " I am the Nurse for Residents 1 and 2. I do not administer the medications; the facility ' s staff provides the medication to Residents 1 and 2."

Class III

0054 Medication - Records

Based on record re view and interview the facility failed to accurately record resident mediations on the Medication Observation Record (MOR).

Findings included:

A review of Residents 3 ' s at the Medication Observation Record (MOR) on / at 11:00 am showed that medication Atomastatin 80 mg 1tab daily was signed as already given on / at 12:00 pm; one hour later than the MOR was being reviewed.

Interview on / at 11:00 am revealed Staff B stated, " I assist all the Residents 1-4 with their medications early in the morning. However, I signed as given by mistake. "

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Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to notice of change of administrator to the Agency within 10 days. The facility also failed to have an appointed manager at the time of the survey.
Findings included:
Record review on / to AHCA ' s Background Screening website revealed that the Administrator of the facility was operating three other facilities.
On at 1:30 pm, the facility ' s owner stated, " I have send of the documents to AHCA for a change of administration; the new Administrator of the facility is Staff F. "
Record review on to AHCA ' s Background Screening website revealed that Staff F was hired on the facility as Administrator on . Staff F was listed as the administrator of three facilities.
A review of Staff F ' s file revealed that she was hired as the facility Administrator on / .
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the assisted living facility failed to provide a closet or wardrobe space for one of four residents (Resident #4) to hang his clothes in. The facility also failed to ensure that systems were in good working order and free from hazards.

Findings included:

During the facility tour on / at 9:20 am , observation revealed that # had no closet to hang Resident #4 ' s clothes in. Further observation on / at 9:20 am revealed that there was a blue plastic container for Resident #4 ' s clothes.

Observation on / at 9:20 am showed that the air conditioner door from the 2nd floor was loose; it needed to be fixed or replaced.

On at 9:20:00 am, Staff B stated, " # has no closet to hang the clothes, but Resident #4 has his clothes in this blue container. "

Class III

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0162 Records - Resident

Based on observation, interview and record review facility failed to have documentation of and sugar levels on file for one of four (#2) sample residents.
Findings include:
Record review on to Resident #2 revealed that the resident was receiving home health care service to administer daily.
Observation on at 10:47 am of the Home Health Nurse revealed that he reviewed Resident #2 ' s Home Health ' s record.
On 10:55 am, the Home Health Nurse at in the facility stated, " All the required documents are in the patient ' s Record. "
A review ofResident #2 ' s Home Health records revealed that there was no vital signs and/ or sugar level information in ther resident record. There was no communication log in the resident's file at thet time of the survey.
On / around 2:00 pm, observed Staff F calling the Home Health Nurse to ask for Resident #2 ' s documents. Staff F then stated " The Home Health ' s nurse states that he carries the information with him; however, he never has been asked for that information before. "
Class III

Z813 Results of Screening & Notification in File

Based on record review and interview facility failed to have documentation of eligible Level II background screening results in one out six staff' (A) files. The facility also failed to have a completed Attestation of Compliance with Background Screening for three of six (A, C and E) sample Staffs.

Findings included:

Record review on revealed that Staff A (hired on /) did not have documentation of eligible Level II background screening results and a completed Attestation of Compliance with Background Screening in the personnel file.

A review of the Background Screening Database on revealed that Staff A had an eligible Level II background screening.

A review of personnel records showed that Staff C (hired on /) and Staff E (hired on /) did not have anAttestation of Compliance with Background Screening on file at the time of survey.

On at 2:56 p.m., Staff F stated, " Staff A has his background screening update, but I cannot

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explain why the documentation is not in his file."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Garden Valley Retirement Home, Llc
18140 Nw 90 Avenue
Miami, 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 May0-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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