| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968679 | 07/08/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**GRANNY'S GARDEN HOME ALF, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11173 SW 112 STREET MIAMI, FL 33176** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on . Granny's Garden Home ALF with a Standard License #12558 had the following deficiencies found at the time of the survey:

**0008 Admissions - Health Assessment**

Based on observation, interview and record review it was determined the Assisted Living Facility failed to ensure a comprehensive Health Assessment was properly completed for 1 of 5 sampled residents (#4) after admission to the facility.

Findings included:

On / at 10:40 AM record review for resident #4, showed that their Health assessment was on the resident file and in the section of Medical history and diagnoses stated; " No medical problem:. There was not a diagnoses at all on it.

On / at 12:30 PM on an interview with Administrator and owner, they both stated that they have been requesting a new health assessment from the doctor, but it has not been provided. They were going to request a new one again.

Class III

**L240 LMH - Licensing**

Based on observation, record review and interview, the facility failed to request a Limited Mental Health (LMH) license while providing services to one or more limited mental health residents for 1 out of 5(#4) sampled residents.
Findings included:
On at 8:13 AM during the tour was observed that resident #4 was not in his # and when asked the administrator were was the resident he stated that resident was in a program.
On / at 9:35 AM, Resident's mother stated, " A state agency requested him to be supervised 24 hours, but I cannot do it because I work. That is the reason why I decided to put him in the facility. He is attending a day program. He is receiving SSI but I am in charge of all that, I received the money and I pay the facility every month.
On / at 10:00 AM during an interview with the administrator and the owner they both stated that this specific resident was admitted in last year and they thought that they were allow to have one or two residents without having a LMH license.

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

On / at 12:45 PM, during the exit conference, the Administrator agreed that the facility has this specific resident who is LMH and that they have given already the 45 days notice to the mother of the resident since .
On at 9:31 AM a phone interview was conducted with Case Manager Supervisor at Fellowship, she stated that resident is attending to the program every day and that his diagnoses are and .
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Granny's Garden Home Alf, Llc
11173 Sw 112 Street
Miami, FL 33176

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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