STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	07/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE GARDEN ASSISTED LIVING & ECC, INC	2011 NW 59TH WAY LAUDERHILL, FL 33319

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

0000 Initial Comments

An unannounced re-licensure survey was conducted on 28 2016 at Hope Gardens Assisted Living Facility (license#8658). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview, the assisted living facility (ALF) failed to record the result of a significant change in a resident's medical examination on an Agency for Health Care Administration (AHCA) Form 1823, for 1 out of 2 (Resident # 1) residents.

The findings include:

On , a review of Resident # 1's AHCA 1823 form revealed an admission date of and her last medical exam dated for with the following diagnosis: , , AMS, , , , , history of and . The AHCA 1823 does not indicate that Resident # 1 had a significant change and was placed on hospice care.

On , a record review of Resident # 1's file revealed she is receiving Hospice Care since // . The Hospice care plan reveals the following diagnosis: . The hospice notes reveal Resident # 1 is receiving Hospice nurse services once a week and has routine home care completed by the hospice aide.

In an interview conducted on at approximately 2:15 PM, the Administrator acknowledged the findings and stated no further information was available for review.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 2 residents (Resident # 6 and Resident # 7) observed during medication pass.

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The findings include:

Observations on 7/28/2016 at 10 AM found Resident # 6 receiving the following medications: 2mg, Chlorpramizine 25mg, 9.5 mg, and 20 mg. At 10 AM on observations during assistance with self- administration of medication revealed Staff A (unlicensed staff) assisted Resident # 6 with self - administration of medications. Staff A sanitized her hands, obtained the medications from a locked medication cart and placed them on a dining table in the presence of another resident of the facility. Staff A walked away from the unsupervised medications into another get Resident # 6. Staff A returned to the dining table and popped each of Resident # 6's medications with a ball point pen in a small dixie cup. Staff A gave the medications along with a cup of water to the resident. Staff A did not state the names of the medications to Resident # 6. Staff A observed Resident # 6 take his medications and signed his/her Medication Observation Record (MOR).

During an interview on at 11 AM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her errors with assisting Resident # 6 during self administration of medications.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that 1 out of 3 staff members (Staff A) received the initial 4-hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

Observations conducted on at 10 AM, found Staff A (unlicensed staff) hired since 2008, providing assistance to residents with self administration of medications.

Record review of Staff A's personnel file, revealed no documentation of 4 hours of training on Assistance with Self-Administered Medication and Medication Management. During an interview conducted on at 11 AM, the Administrator stated he could not locate Staff A's proof of training in medication assistance.

On at 3 PM, the Administrator acknowledged the findings and stated no further information was available for review.

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	AL11953640	**07/28/2016**
NAME OF PROVIDER OR SUPPLIER **HOPE GARDEN ASSISTED LIVING & ECC, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 NW 59TH WAY** **LAUDERHILL, FL 33319**	

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hope Garden Assisted Living & ECC, Inc
2011 NW 59th Way
Lauderhill, FL 33319

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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