STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VALLEY RETIREMENT HOME, LLC	**18140 NW 90 AVENUE MIAMI, FL 33018**

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

0000 Initial Comments

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

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have an appointed manager at the time of survey.
Findings included:
A review of the Agency for Health Care Administration ' s (AHCA)Background Screening Database revealed that the Administrator of the facility was managing three facilities.
A review of AHCA ' s Background Screening Database revealed that there was no appointed manager for the facility at the time of the survey.
A review of the facility's plan of correction reflected that a manager had been appointed by ; however, the plan did not reflect the name of the manager.
Record review revealed that Staff B was hired on / / ; however, it did not reflect that she was hired as the manager of the facility. The facility's roster in the Background Screening Database did not reflect Staff B as the manager of the facility, and there was no written documentation that stated Staff B was the manager of the facility.
Record review on revealed that Staff B had 26 hours of CORE training; however, there was no documentation that stated the date/payment of the CORE Test.
Interviewed on around 2:00 pm, Staff A confirmed that Staff B did not appear on clearinghouse as the manager of the facility, and there was no document that appointed her as the manager of the facility. Also, there was no documentation that Staff B has registered for the CORE examination.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 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 [redacted], 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 [redacted], 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com