| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953432 | 09/06/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**EDEN GARDENS ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**12221 WEST DIXIE HIGHWAY**<br>**MIAMI, FL 33161** | |

SUMMARY STATEMENT OF DEFICIENCIES
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**0000 Initial Comments**

A standard survey was conducted at Eden Gardens ALF (License # 8209) on , 2016 through , 2016. Deficiencies were identified at the time of the survey:

**0008 Admissions - Health Assessment**

Based on record review and interview facility failed to provide a completed Health Assessment (AHCA Form 1823) for two out of 15 sampled residents (Resident #53, 24).

Findings include:

Record review of Resident's #53's file revealed the Health Assessment section for activities of daily living was incomplete and did not document the type of assistance needed for dressing, eating, and self-care.

Record review of Resident's #24's file revealed the Health Assessment section for activities of daily living was incomplete and did not document the type of assistance needed for eating, toileting, and transferring.

On at 11:32 AM Staff C acknowledge health assessments were incomplete for Resident #52 and #24.

Class III

**0010 Admissions - Continued Residency**

Based on observation, record review and interview, the facility failed to have an updated medical examination by a health care provider as part of the continued residency criteria after a significant change for two out of thirteen sampled residents (Resident #2, 17).

Findings include:

On , Observed Staff F, P, and H attempting to assist Resident #17 whose pants were down as his adult brief was being changed on the bed and later he was being dressed in the middle of the . His was present and the was open. All 3 Certified Nursing Assistants (CNAs) were needed to transfer him to the wheelchair and he was unable to assist.

On at 7:56 AM, observed Resident #17 in wheelchair. The resident stated that he was unable

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to walk. Observed that the resident had a ' risk' on his wrist.
Record review of Resident #17's file revealed that resident was admitted on . The last health assessment (AHCA form 1823) was completed on . Per the health assessment, the resident is an elopement risk Diagnoses listed were: Severe OA, / , Parkinson ' s , chronic , , , , , vision decline. The assessment further stated "Resident is AAO x 1". Activities of daily living were listed as independent with ambulation. The resident needed assistance with bathing and dressing, independent with eating, assistance with self-care, toileting, and independent with transferring.

On at 12:33 PM, Staff C stated regarding Resident #1's change in condition: Staff reported to her a couple of months earlier that the resident was unable to sleep, and that he stayed walking around the dining " night. She called the doctor. The doctor ordered to help him sleep. She thinks she forgot to write it down when staff reported this to her, and she doesn ' t remember writing down when she called the doctor. Staff did not report any more concerns to her after Resident #1 started the . He was doing better.

Class III

**0026 Resident Care - Social & Leisure Activities**

Based on observation, interview and record review, the facility failed to provide an ongoing activities program.

Findings:

On between 6:00 am and 3:00 pm, observed that no activities were conducted in the facility.

On between 6:00 am and 3:00 pm, observed that no activities were conducted in the facility.

On / at 9:00 am, the Administrator stated that she did not know why there were no activities on Friday or Monday . She stated that "They do activities at 2:00 pm."

A review of the activities calendar for 2016 posted on a bulletin board next to the medication that 'Exercise Time' was scheduled on from 10:00 am- noon and Music Appreciation was scheduled on the same day from 1:00-3:00 pm. Record review also showed that Table Games were scheduled on from 1:00pm- 3:00 pm.

Class III

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**0078 Staffing Standards - Staff**

Based on record review and interview the facility failed to ensure that 7 out of 29 sampled staff have within 30 days after beginning employment a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including (Staff H, I, , , V, W and X)

Findings included:

Record review of Staff I revealed that she was hired to work on and that there was no written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) within 30 days of being hired.

A review of Staff H's record revealed that her application was incomplete and had no date of hire on it. There was also no statement of freedom from in her record.

The administrator stated on at 12:05 pm that they were calling Staff H at home to see if she had it with her.
On at 1:17 pm Staff H stated: " I was hired on ".

A review of Staff R's record showed that the staff person was hired on as a caregiver had a exam documentation dated on / .

A review of Staff S's record showed that the staff was hired on as a caregiver had no exam documentation in the file.

A review of Staff V's record showed that the staff was hired on as a caregiver had no exam documentation in the file.

A review of Staff W's file showed that the staff was hired on as a cook/ dietary aid had an X-ray exam dated on / , and there was no further documentation that explained if Staff W had a need or not need a new X-ray in the file.

A review of Staff X's file showed that the staff was hired on as a dietary aid had no exam documentation in the file.

Interview on / Staff A at 10:47 am stated, " These are all the records we have for all the staff, there are no more records than what I am providing. "

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Interviewed on /  Staff A around 3:00 pm stated, " Those staff have another record. " However, Staff A did not provide the other files.

Class III

**0080 Training - Core & Competency Test**

Based on record review and interview facility administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Record review of administrator employee file revealed that the last 12 hours of continuing education in topics related to assisted living every 2 years was not completed.

Interview on /  Staff A at 10:47 am stated, " These are all the records we have for all the staff, there is no more records that what I am providing. "

Interview again /  at approximately 3:00 pm, the Administrator stated, " I had these continuing education documents (6 hours of health care administration class dated on / ) . It was sitting on the fax. " However, the continue education hours are not completed.

Class III

**0081 Training - Staff In-Service**

Based on record review and interview the facility failed to ensure staff who provide direct care to residents receive a minimum of 1 hour in-service training within 30 days of employment that covers Reporting major incidents, Reporting adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and to receive in-service training regarding the facility ' s resident elopement response policies and procedures for 7 out of 29 sampled staff (Staff H, Q, , , T, V and X).

Findings included:

Record review of Staff Q revealed that she was hired to work on  and that she was missing in-service trainings in Reporting major incidents; Reporting adverse incidents; Facility emergency

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procedures including chain-of-command and staff roles relating to emergency evacuation and the facility's resident elopement response policies and procedures; these trainings must be taken within 30 days of hire.

Record review of Staff H revealed that her application for employment was incomplete and did not have a date of hire. Also revealed that she was missing in-service trainings in Reporting major incidents; Reporting adverse incidents; Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and the facility ' s resident elopement response policies and procedures; these trainings must be taken within 30 days of hire.

On at 1:17 pm Staff H stated: " I was hired on ".

Observation on / at 10:20 am facility ' s staffing pattern showed Staffs (Q, S, H, T, V and X) currently working in the facility.

Record review showed Staffs ( , , H, T, V and X) did not have records at the facility with the following training documentation:
control; ( ), ADLs (Activities of Daily Living) & Behavioral needs, Elopement Response; Emergency preparedness and Evacuation; Incident Reporting; Residents rights; Recognizing reporting , neglect and ; Nutrition and safe food handling training.

Record review on / Staff S ' s record reflected date of hire on

Record review on / Staff H ' s record reflected date of hire on

Record review on / Staff T ' s record reflected date of hire on

Record review on / Staff V ' s record reflected date of hire on

Record review on / Staff X ' s record reflected date of hire on

A review on / of the facility ' s Background Screening clearing house roster reflected Staff ( , , S, H, T, V and X) as facility ' s employees.

Interviewed on / at 10:47 am Staff A stated, " These are all the records we have for all the staff, there are no more records than what I am providing. "

Interviewed on / with Staff A around 3:00 pm stated, " Those staff have another record. "

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However, Staff A did not provide the others files.

Class III

**0085 Training - Nutrition & Food Service**

Based on observation, record review and interview facility failed to provide documentation of the completion of Food Service Designee training for Staffs H, K and L.

Findings included:

Observation on / at 10:20 am facility ' s staffing pattern showed Staffs (H, K and L) currently working in the facility.

Record review on / revealed Staff H hired on as kitchen aid did not have Food Service Designee training in file.

Record review on / revealed Staff K hired on as kitchen aide had a Food Service Designee training in file dated on / .

Record review on / revealed Staff L hired on as dietary aide did not have Food Service Designee training in file.

Interviewed on / Staff A around 3:00 pm stated, "Those staff have another record." However, Staff A did not provide the others files.

Class III

**0093 Food Service - Dietary Standards**

Based on record review and interview the facility failed to encourage residents to participate in menu planning.
Findings included:
On at 10:16 AM Resident #40 stated " I do not like the food. "
On at 11:07 AM Resident #41 stated " the food is not good. "
On at 11:17 AM Resident #31 stated " the food is awful. "

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On at 11:35 AM Resident #22 stated " the food is not good. "
On at 11:59 AM Resident #33 stated " the food is not good. "
On at 12:13 PM Resident 42 stated " the only thing I do not like about this place is the food. "
On at 12:20 PM Resident #43 stated " I have been for three years the food is not good. The food needs improvement. "
On at 8:09 AM Resident #24 " the food is not good. "
Lunch observations on / at 12:30 PM found residents were served a bowl of brown bean soup, a sandwich with bologna meat with mayonnaise, lettuce and tomato on the side.
Class III

**0161 Records - Staff**

Based on observation, record review and interview the facility failed to ensure that Staff G had a complete employment application, with references furnished. The facility also failed to have a job description on file for Staff F and G.

Findings included:

A review of the facility ' s staffing pattern showed Staff F and G (caregivers) currently working in the facility.

Record review revealed Staff G (hire date unknown) did not have employment application and/or references in the personnel file. Staff F was also missing job description.

Record review revealed Staff F (hired on ) did not have job description in file.

A review of the facility's Clearinghouse roster reflected Staff F and G (resident care) as facility ' s employees.

Interviewed on at 1:17 pm Staff G stated, " I was hired on . "

Interviewed on / around 3:00 pm Staff A and C stated, " Those staff are missing information; however, they are new employees. "

Class III

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**0162 Records - Resident**

Based on record review and interview the facility failed to maintain a completed resident record for four of thirteen sampled residents (Resident 31, 36, 75, 65).
Findings include:
A review of the staff communication book revealed Resident #65 was complaining Resident #31 was harassing her. Record Review of Resident #65 ' s and #31 ' s file revealed there was no documentation of the incident & no interventions noted.
Record review of Resident #36 ' s record showed that the resident received ( ), and file did not include a copy of the Department of Children and Families form CF-ES 1006.

Record review of Resident #75 ' s file revealed, resident is under guardianship and she signed her own contract amendment for 2016.

Record review of the facility ' s resident observation log documented that Resident #10 had a history of that result in the resident being transferred to the hospital with injuries. On at 2:53 PM Resident #10 ' down and hit his head, staff observed the resident with a cut on the right elbow. Staff contacted the doctor (Dr.) and per Dr. order, he was transferred to hospital. " On " resident from time to time loses his balance. " On at 7:30 PM, " resident was found on the floor on the patio area from his forehead on the front right side. " Rescue was called and resident sent to hospital and was discharged on . On at 11:30 AM " resident was reported to have on the 3-11 shift on . Resident again today at around 7:00 AM. Doctor was called and per doctor ' s order " resident was sent to the hospital. On at 10:23 PM " resident was found on the patio by staff, alleged that he since the pavement was wet he hit his head and got a bump, injured his knee and leg. ' Resident #10 was again sent to the hospital. On " resident came back with a on the forehead and knee and hip was bandage. " On at 2:57 PM, " the resident alleged to the 3-11 shift that he down. Staff observed the resident with small cuts and and a bump on the forehead, also he was losing balance and very weak. Staff notified the doctor again and per doctor ' s order " , the resident was sent to the hospital. Based on record review the facility had not had any preventions in place to prevent Resident #10 from falling other than sending the resident to the hospital after a .
On at 1:00 PM during exit Interview with administrator, she acknowledged deficiencies found.

Class III

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**0167 Resident Contracts**

Based on record review and interviews, the facility failed to ensure that the resident contracts contained signed addendum for eight out of eleven sampled residents (Residents #9, 35, 36, 37, 39, 74, 77, and 78).

Findings include:

Record review of Resident #9, 35, 36, 37, 39, 60, 64, 65, revealed there was no addendum in resident ' s file.
Record review of Resident #9 ' s file showed that the initial contract was signed on /
Record review of Resident #35 ' s file showed that theinitial contract signed on /
Record review of Resident #36 ' s file showed that theinitial contract signed on
Record review of Resident #37 ' s file showed that theinitial contract signed on /
Record review of Resident #39 ' s file showed that theinitial contract signed on

On / at 11:25 AM Staff C stated addendums to contracts are done annually.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Eden Gardens Alf
12221 West Dixie Highway
Miami, FL 33161

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 Supervsior at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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