RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016
AMENDED

Administrator
Floridian Gardens Assisted Living Facility
17250 Sw 137 Avenue
Miami, FL 33177

RE: CCR #2016009485

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,

A e o-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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	08/29/2016
NAME OF PROVIDER OR SUPPLIER **FLORIDIAN GARDENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **17250 SW 137 AVENUE MIAMI, FL 33177**	

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

0000 Initial Comments

A Complaint Survey (CCR 2016009485) was conducted on . Floridian Gardens Assisted Living Facility (Licence#12489) with Extended Congregate care and Limited Mental Health components had the following deficiencies identified at the time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to assist 1 out of 13 sampled residents (Resident # 4) with self administration of medications as prescribed.

Findings:

On at 9:15 a.m. observed Staff D (CNA) assisting resident #3 with self administration the medications.

Record review showed medications were prescribed as follows:
Amlopidine 10mg, one tab by mouth daily at 7:00 am.

On at 9:30 a.m. the Administrator acknowledged the facility failed to assist resident with self administration of medications at the time prescribed.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to provide documentation of a current negative ( ) examination for 1 of 6 employees (Staff F).

Findings:

Record review showed Staff F's negative test documentation was dated / /.

On at 3:00p.m. the Administrator acknowledged that the updated negative test for Staff F was not present.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	08/29/2016
NAME OF PROVIDER OR SUPPLIER **FLORIDIAN GARDENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **17250 SW 137 AVENUE MIAMI, FL 33177**	

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

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to provide documentation that 1 of sampled staff 6 (Staff A) had the required continuing education to assist residents with self administration of medications.

Findings:

Record review showed Staff A's (Administrator) last medication training was dated /

On the Administrator acknowledged that she had not received a medication training after /

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have a resident contract for one of six sampled residents (Resident #1), which included the correct amount the resident is paying for services. The facility also failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, for resident #1.

Findings:

Review of the contract executed between Resident #1 and facility showed resident is paying $1010.00 and the contract was signed by a family member.

Record review showed the facility had no documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, for Resident #1.

On at 2:00 p.m. Resident #1's family member stated that resident pays $733.00 and not $1010.00.

On at 2:30 p.m. the Administrator acknowledged Resident #1's contract was not accurate.

Class III