STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968125	10/25/2016
NAME OF PROVIDER OR SUPPLIER **GARDEN OF ROSES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3629 SE 2ND ST** **BOYNTON BEACH, FL 33435**	

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

0000 Initial Comments

A licensure complaint investigation survey, CCR #2016008642, was conducted on 10/25/2016. At Garden of Roses (License #12067). The facility had deficiencies identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 2 out of 3 employees (Employees, A & B) had evidence of freedom from a communicable and an annual evaluation examination indicating freedom from ( ).

The findings included:

During review of Employee A's record, it was noted that the employee began working at the facility on . However, there was no documentation of an annual negative ( ) exam and no statement of freedom from communicable on file for Employee A.

During an interview with the Administrator on at around 10:00 AM, she confirmed that Employee A started working at the facility at the aforementioned date. However, she clarified that upon hiring Employee A had presented a document of freedom from that was expired. She discarded it and had asked her to obtain an updated physical.
Observation conducted at the facility on from 9:00 AM to 2:00 PM revealed Employee A was on duty. An interview with Employee A during that time revealed she had worked from Thursday 20 until the date of the survey or .

Review of Employee B's record revealed that she was hired on . Further review revealed, she did not have any documentation of an annual negative ( ) exam and no statement of freedom from communicable .

During an interview conducted with the Administrator and Employee B, it was confirmed that the employee worked both days and nights (a 24 hours shift) from the date of hire till .

During an interview conducted on with the Administrator, she acknowledged the findings and stated that she will have the files updated as soon as possible.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

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

Based on record review and interview, the facility failed to ensure that 1 of 2 employees (Employee B) had completed the mandatory medication training update, 2 hours annually.

The findings include:

During record review, it was noted that Employee B ' s file did not have the 2 hours required medication training update. Further review revealed that her last training was completed on / (4 hours).

During an interview with the Administrator on at around 10:00 AM, she acknowledged that Employee B had not completed the 2-hour medication training update and that she will make sure she attends the training as soon as possible. She further stated that Employee B did assist the residents with self-administration of their medications.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Garden Of Roses
3629 SE 2nd St
Boynton Beach, FL 33435

RE: CCR #2016008642

Dear Administrator:

This letter reports the findings of a complaint 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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