STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965941	**11/08/2016**
NAME OF PROVIDER OR SUPPLIER **GARDEN OF HEALTH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1910 NE 56 ST FORT LAUDERDALE, FL 33308**	

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

0000 Initial Comments

An unannounced re-licensure survey was conducted on 11/8/2016 at The Garden of Health, License # 10228. The facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, it was determined that the facility (ALF) failed to maintain a completed Resident Health Assessment (AHCA Form 1823), for 1 out of 2 sampled resident ' s records reviewed (Resident #1).

The findings include:

On / , a record review of Resident #1's AHCA 1823 form revealed an admission date of and her last medical exam dated for . Resident #1's AHCA 1823 assessment lacked the following documentation: medical diagnosis, diet order, nursing or services, and behavioral needs, and the type of assistance required for medications. In addition, Resident #1's file lacked a signed consent form for unlicensed staff to assist with self- administration of medications. Photo Copy obtained.

In an interview conducted on / at approximately 1:15 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

0162 Records - Resident

Based on record review, observations and interview, the assisted living facility failed ensure that 2 out of 2 (Resident #1 and Resident #2) sampled residents record reviewed included a signed consent form indicating that the facility uses unlicensed staff to assist with self-administration of medications.

The Findings Include:

On / , record reviews revealed Resident #1 was admitted to the facility on and Resident #2 was admitted on 10/1/2014. On 11/ observations and record review revealed that Resident #1 and Resident #2 receive assistance from the facility's unlicensed staff with self-administration of medications. Further record review revealed Resident # 1 and Resident #2's files lacked signed documentation authorizing consent to the facility's unlicensed staff to assist with

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self-administration of medications.

In an interview with the Administrator on / at approximately 1:21 PM, she stated the consent for unlicensed staff to assist with medications is not in Resident #1 and Resident #2's files. At 1:30 PM on /, she acknowledged the findings and stated no further information was available for review.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[illegible], 2016

Administrator
Garden Of Health (The)
1910 NE 56 St
Fort Lauderdale, FL 33308

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [illegible] 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 [illegible], 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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