STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	01/09/2017
NAME OF PROVIDER OR SUPPLIER **GARDEN VALLEY RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18140 NW 90 AVENUE** **MIAMI, FL 33018**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2016013184) was conducted on 09, 2017. Garden Valley Retirement Home Llc. (License # 11388) with Limited Mental Health component had deficiencies identified at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review and interview the facility failed to follow the procedure outlined by the state when assisting 4 out of 6 sampled residents (# 2, # 3, # 4 and # 5) with self-administration of medications.

Findings included:

On / at 7:40 am upon arrival to the facility, observed 4 containers with medications inside on top of the dining ; each container had a resident name; there were no residents sitting at the table. Residents # 2, # 3, #4 and # 5 came to have breakfast approximately 20 minutes later and took the medications.

Review of the MOR revealed that the medications for Residents # 2, # 3, # 4 and # 5 had been signed off prior to the residents taking them.

Staff C stated on / at 7:45 am, "I never do it this way because I know that we cannot do it like that. I did today because the incoming caregiver is running late and I wanted to help her, but I know that is not the correct way. "

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview the facility failed to sign the medication observation record (MOR) after administering medications for 4 out of 6 sampled residents (Residents # 2, # 3, # 4 and # 5).

Findings included:

On / at 7:40 am upon arrival to the facility found 4 containers with medications inside on top of the dining ; each container had a resident name; there were no residents sitting at the table. Residents # 2, # 3, # 4 and # 5 came to have breakfast approximately 20 minutes later and took the

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medications.

Review of the MOR revealed that the medications had been signed prior to the residents taking them.

On /. at 8:40 am the Staff C stated, "I told you that I did it that way today because the other caregiver is running late and I wanted to help her."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Assisted Living Facility failed to ensure that medications were secured at all times.

Findings included:

On / at 7:40 am upon arrival to the facility found 4 containers with medications inside on top of the dining ; each container had a resident name; there were no residents sitting at the table; also observed that the medications cabinet was unlocked.

On /. at 9:05 am showed Staff A that the medications cabinet was unlocked since the tour of the facility.

Staff A stated on 01/ at 9:06 am, "you train the caregivers over and over and they still do it wrong."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide proof of a negative statement on an annual basis for 2 out of 7 sampled employees (Staff C and D).

Findings included:

Record review revealed that Staff C's last statement was dated / / . Record review revealed that Staff D's last statement was dated /

Staff A stated on / /1 at 11:20 am, "I will let them know that they need a new examination done.

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Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to provide an accurate staffing schedule.

Findings included:

Upon arrival to the facility on / / at 7:40 am was received by Staff C who stated that she worked the night and that the incoming caregiver was late.

Review of the staffing schedule revealed that it had no month and no year and that Staff C was schedule to work on Monday from 7a to 3p; there was no day on the staffing schedule where she was listed to work at night.

Staff D and Staff E arrived to the facility on / / at 9:00 am to work; their names were not written in the staffing schedule.

On / / at 9:25 am Staff B stated that the person listed as working from 11p to 7a went to Cuba and when she came back she did not want to work anymore.

On / / / at 10:15 am the facility owner (Staff G) stated that she had that staff on call; however her records were not in the facility and she did not know that the staff had taken the records with her.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to keep an up to date admission and discharge log.

Findings included:

Record review revealed that there were 8 residents listed as admitted in the admission / discharge log.

Staff A stated on / / at 9:10 am that one of them (Resident #6) was at the hospital and they did not know if she was coming back.

The facility owner stated on the phone on / / at 9:30 am that one of those resident was not

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coming back to the facility because she would be going to a rehab center for 3 months after being discharge from the hospital and that they would not hold the bed (Resident #7), and that the other resident was in the facility for only a few days.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file a one day incident report and a 15 days incident report for one out of 6 sampled residents (Resident # 6) that from the bed and had a laceration on her left eyebrow and required to be transferred to the hospital.

Findings included:

Review of Resident # 6 record revealed that Resident # 6 had a on / / and wounded her left eyebrow and that they had call 911 and the resident had been transferred to the hospital by the rescue; also revealed that the facility had done an internal incident report.

On / at 9:15 am Staff B stated that they had sent the report to AHCA but she could not find it. Spoke to supervisor 9:18 am on the phone and she stated that the last incident report sent from Garden Valley Retirement Home was in 2010.
On / / the facility owner stated at 10:20 am that they did not send the report to AHCA because they had determine that they did not need to send it.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Garden Valley Retirement Home, Llc
18140 Nw 90 Avenue
Miami, FL 33018

RE: CCR #2016013184

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on , 2017 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 , 2017.** 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 2016013184
XG90

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