

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 02/13/2017
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 inspection (CCR #2016014141) was conducted at Floridian Gardens Assisted Living Facility (License # 12489) on 02/13/2017. A deficiency was identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview the facility failed to follow the 45 day notice of residency termination for one out of four (#1) sampled residents. The facility did not follow its own bed hold policy bed while the resident was in the hospital.

Findings included:

A review of the admission and discharge log shows Resident #1 was admitted to the facility on 02/01/2017 and discharged on 02/08/2017.

A review of the resident record showed no documentation a 45 notice given to Resident #1 or her daughter. The demographic sheet verified that the resident was admitted on 02/01/2017. No discharge date was documented. The health assessment documented a diagnosis of 02Z85.00. The resident needed assistance with bathing, dressing, and self-feeding. The resident required supervision with toileting and transferring. She was independent with ambulation and eating and on a puree diet. The Facility Agreement was signed and dated on 02/01/2017.

A review of the agreement signed and dated 11/15/2016 by the Resident's daughter and 02/01/2017 by the Administrator the Bed Hold & Discharge Policy stated that the facility "considers a bed hold when the facility holds a bed for a resident during the time, the resident is temporary absent from the facility." The document further stated that the facility "considers a bed hold when the resident's personal belonging are occupying his/her assigned room, while the resident is admitted to the hospital or in need for temporary skilled care Services at a Skill Nursing Facility. At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incompetent, the guardian shall be given at least 45 days' notice of a non-emergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction."

Review of Resident # 's file 'Transfer Out form' dated 02/13/2017 at 12:00 PM documents resident was

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transferred to Larkin Community hospital via ambulance and that her Daughter was contacted. The Observation Log states, " - Patient has episodes and restlessness. SN made assessment and decided sent to the hospital for treatment." On a note was recorded stating: Follow up: As per charge nurse resident is not qualified to be readmitted, The family resident was notify." The file contained no documentation a 45 notice given to Resident #1 or her daughter, and there was no documentation of certification by a physician's certification that the resident required a higher level of care. Interviewed on at 1:30 PM, Staff C stated, "The nurse Norma wrote the notes before I started here. She no longer works here." Class III		