STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	**02/22/2017**
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDEN ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 NW 43RD STREET** **LAUDERDALE LAKES, FL 33309**	

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

0000 - Initial Comments

An unannounced Change of Ownership survey with Limited Mental Health was conducted on at Victoria Garden ALF Inc, License # 10631. The facility had a deficiency at the time of the visit.

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

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 3 residents (Resident # 3) observed during medication pass.

The findings include:

Observations on at 12 PM found Resident # 3 receiving the following medication: , 0.5 mg. At 12 PM observations during assistance with self- administration of medication revealed Staff B, a Home Health Aide (HHA), assisted Resident # 3 with self - administration of medications. Staff B did not review Resident # 3's Medication Observation Record (MOR) and obtained medications. Staff B stated the name of the medication, gave it to Resident # 3 from her hands with no gloves and placed it into Resident # 3's hand and watched him swallow the medication. Staff B did not sign the MOR immediately after and did not sanitize her hands after the process. Then she proceeded to put each of Resident # 16's medications in a cup, gave the medications along with a cup of water to the resident. Staff B repeated the same process.

During an interview on at 12:10 PM with the Administrator present, Staff B was informed of the process for assisting residents with self- administration of medications. Staff B and the Administrator acknowledged the findings.

Class III