

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 02/08/2017
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 (CCR#2017000614 & 2017000828) Survey was conducted , 2017. Floridian Gardens Assisted Living Facility had the followoing deficiency identified at time of the survey :

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Z829 - Moratorium; Emergency Suspension - 408.814 FS Based on record review and interview the facility failed to honor the terms of the moratorium in place by admitting two residents. for one out of seven (#1) sampled residents. Findings included: A record review of Resident #1's file shows he was admitted on The facility's Transfer In and Out log shows he was transferred to the hospital for chest pain on from his primary care physician's office. On at 8:20 PM he was re- admitted to the facility from the hospital with new medications. During an interview via phone on at 1:51 PM, the Administrative staff from hospital stated, "The note said "The ALF (assisted living facility) was notified. ALF staff confirmed the resident lived there and could return." Unclassified		