STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	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 , , 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 and discharged on .

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 . No discharge date was documented. The health assessment documented a diagnosis of . The resident needed assistance with bathing, dressing, and self-, 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 .

A review of the agreement signed and dated 11/ by the Resident's daughter and 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 , 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 , , 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 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 wrote the notes before I started here. She no longer works here."

Class III