STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	**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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SUMMARY STATEMENT OF DEFICIENCIES
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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 admittitng 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