STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968558	**04/25/2017**
NAME OF PROVIDER OR SUPPLIER **EDEN'S GARDEN ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1598 GILES ST NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on . Eden's Garden Assisted Living Facility LLC (license #12428) had deficiencies at the time of the visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview the facility failed to ensure medications were kept in the original container labeled by a pharmacy with the directions for taking the pills.

Findings:

Observation of the medication pass for resident #1 revealed one medication to be taken twice a day. The medication bottle and the Medication Observation Record (MOR) revealed the pills were , 100mg capsules, take 1 capsule twice a day. The bottle was filled with a quantity of 60 pills on , with no refills available. No other containers for were stored in the facility.

In an interview with the administrator on at 9:05AM, she stated the resident gets a new refill each month. The administrator stated in the past she, poured medication from one bottle to another.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure orders for medications were maintained in the resident's record for 1 of 2 sampled residents (#1)

Findings:

Observation of the medication pass for resident #1 revealed one medication to be taken twice a day. The medication bottle and the Medication Observation Record (MOR) revealed the pills were , 100mg capsules, take 1 capsule twice a day.

Review of the record for resident #1 revealed no orders by the provider for the medication.

In an interview with the administrator on at 12:15 PM, she stated she had looked for the order but could not find it. She said she did not realize the orders had to be in the resident's record.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 2 sampled staff employees (Staff A & B).

Findings:

Review of the Agency's Background Screening website for 2 sampled staff revealed that the facility did not have a Roster on the Agencies website.

In an interview with the administrator on at 1:30 PM, she confirmed that she had not created a roster.

Unclassified