STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	**04/30/2017**
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 wellnes monitoring survey was conducted on . Floridian Gardens, with a Limited mental Health component, license # 12484, had the following deficiencies at the time of the visit:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Base on observation, record review and interview, the facility failed to treat 1 out of 2 (#1) sampled residents with consideration and respect, free of

Findings included:

On at 8:10 A.M. observed in # , Resident # 1 in bed with half bed rail up and a recliner chair restraining her from getting out of bed. Observed that resident was not able to remove the recliner chair or the bed rail on her own.

During an interview on at 8:17 A.M., the Administrator stated staff put the recliner chair in this position to prevent Resident #1 from falling out of bed, because the resident kept putting her legs down.

Class III