

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED 04/26/2017
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 Biennial Standard Survey was conducted from _____ until _____, Floridian Gardens with Limited Mental Health component, license # 12484 had the following deficiencies found at the time of the survey: 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview the facility failed to provide evidence of a negative () examination on an annual basis for 1 out of 20 sampled staff (Staff A). Findings included: Observation on _____ between 9:03 am and 2:23 pm revealed that Staff L was scheduled and working, assisting residents. Record review showed that Staff L's (hired on _____) last _____ test was on _____. Interviewed on _____ at 2:00 pm Staff A stated, "We did not notice that Staff L's _____ test result was expired because it recently happened." Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview, the facility failed to provide meals based on the dietary guidelines. The facility offered expired food to the residents. Findings Include: On _____ at 11:11 AM, observed one of six food items sampled (grits) was found expired (). On _____ at 11:13AM Staff U, he stated "I did not notice it." He immediately took all 4 packages of grits and threw them into the kitchen garbage can. Class III		