

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/08/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953432</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>05/03/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDEN GARDENS ALF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12221 WEST DIXIE HIGHWAY<br/>MIAMI, FL 33161</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>A Complaint (CCR #2016010073) Second Revisit Survey was conducted on May 03, 2017. Eden Gardens ALF (License # 8209) had the following deficiency was identified at the time of the survey:</p> <p><b>0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC</b></p> <p>Based on observation and interview the facility failed to ensure medications are kept locked.</p> <p>Findings included:</p> <p>Observation made on . . . . . at 10:37 AM found . . . # . . . shared by Resident #5 who is not in the . . . the time of the interview, and Resident #4. Medications belonging to both residents were observed unlocked on the dresser. Resident #4 was present in the . . . the medications, but not all the medications belong to that resident.</p> <p>Observation made on . . . . . at 10:47 am revealed medications ( . . . 80 mg (inhaler), . . . . . Nasal Spray 50 mcg and 4 bottle of . . . . . Solution 10 gram) that belong to Resident #5 (on top of the dresser). Resident #5 also has a prescription in file as self-administration sign by doctor on . . . . . All medications were reflect on the medication observation record (MOR). Record review revealed a doctor order for those medications as self-administered, dated on . . . . .</p> <p>Interviewed on . . . . . at 10:47 am, Resident #4 stated, "These are my medications ( . . . . . 0.12 % rinse and true Metrix Test Strips), I like to have them on my nightstand, and it is easy to remember. My . . . . . will not touch them. I do not touch hers neither."</p> <p>Class III</p> |                                                                                              |                                                           |