

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968268	(X3) DATE SURVEY COMPLETED 09/05/2017
NAME OF PROVIDER OR SUPPLIER ELITE GARDEN, LLC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4319 NEPTUNE RD SAINT CLOUD, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The re-licensure survey was conducted on . Elite Garden LLC, license # 12178 had deficiencies found at the time of the visit. 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3) Based on observations, record reviews, and interview, the facility failed to ensure the unlicensed staff who provided assistance with self-administration of medications followed the correct procedure for 1 of 1 medication passes (#8). Findings: Observations on at 9:25 AM noted that staff A, a caregiver assisted resident #8 with self-administration of medications in the following manner; she retrieved the medication from the cart. Brought the medication container to resident, put a pill in a cup, handed the cup to resident, signed the Medication Observation Record (MOR) and observed the resident take the medication. She did not read the label to the resident and signed the MOR before the resident took the medication. In an interview with the manager on /17 at 1:30 PM who said the staff must have been nervous because they have gone over the process many times. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview the facility failed to ensure personnel record contained all the required components to include current certification on both First Aid and for 1 of 4 records (B). Findings: Personnel record review for staff B who worked from 11 A to 7 PM revealed First Aid and certification that expired on . The review revealed no evidence she had current certification in both First Aid and . In an interview with the staff B on at 1 PM who stated she was not sure if she had taken the classes. In an interview with the manager on at 1 PM who stated the staff probably had current		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968268	(X3) DATE SURVEY COMPLETED 09/05/2017
NAME OF PROVIDER OR SUPPLIER ELITE GARDEN, LLC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4319 NEPTUNE RD SAINT CLOUD, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
certification. An opportunity was given to provide the current First Aid and . by electronic mail (e-mail) no later than on An e-mail was not received. Class III		