STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966286	**08/16/2017**
NAME OF PROVIDER OR SUPPLIER **THE EDEN INN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4064 SW 51ST STREET** **DAVIE, FL 33314**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at The Eden Inn ALF, License # 10495. The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to maintain evidence of a negative ( ) examination on an annual basis, for 2 of 3 sampled staff (Staff B and Staff C).

The findings included:

During interview and record review conducted with the Staff A (Staff in charge), on at 11:40 AM, she acknowledged that Staff B and C had a date of hire noted as and did not have current evidence of a negative statement of freedom of . Staff A provided no additional documentation of the required documentation.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to maintain a written work schedule that reflects a 24 hour staffing pattern on the schedule.

The findings include:

A review of the facility's 2017 staffing schedule listed the following:

1) Employee A was scheduled to work Sunday-Saturday
2) Employee B was scheduled to work Sunday - Saturday
3) The Administrator was scheduled to work Sunday - Saturday

Further review revealed the schedule did not clearly state the exact time each employee was scheduled to work to reflect a 24 hour staffing schedule.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966286	08/16/2017
NAME OF PROVIDER OR SUPPLIER **THE EDEN INN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4064 SW 51ST STREET** **DAVIE, FL 33314**	

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

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 3 sampled unlicensed staff members (Staff B) who provides assistance with self-administered medications had successfully completed the 2 hour continuing education training in providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility).

The findings included:

The personnel file for Staff B was reviewed for documentation of a minimum of 2 hours of continued education training in providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training. The only documented training was the initial 4 hour course completed on .

The designee was interviewed at 11:15 AM on and confirmed that the documentation was not present and available for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined the facility failed to ensure that all existing appurtenances are maintained, specially related to the maintenance of the inside of the ALF.

The findings included:

During observation on the initial tour and throughout the day, at 9:30 AM, the following concerns were identified: (Photographic evidence obtained).

1. The entire laundry door was heavily rusted.
2. The dining was stained with dirt and wheelchair markings.

During an interview with the designee on at 1:15 PM, the above stated items was acknowledged and confirmed.

Class III