STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968178	01/11/2018
NAME OF PROVIDER OR SUPPLIER **HOLY GARDEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2904 NORTH 36TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced Monitoring Survey at Holy Garden ALF, Inc., License #12110 located at 2904 North 36th Ave, Hollywood Florida, 33021 was conducted on . There were 3 deficiencies found on the date of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 1 sampled resident (resident #1) met the minimum criteria to become admitted to the facility.

The findings are:

Review of resident #1's health assessment dated on indicated that the resident was diagnosed with , , and . Review of this resident's health assessment indicated that the resident had a communicable , which could be transmitted to other residents or staff, and that she required 24-hour nursing or , care. Further review of this health assessment also indicated that the resident needed to receive medication administration.

In an interview with the administrator on at 11:15 am, she stated that resident #1 was admitted to the facility on from a nursing home and that she was not aware of the resident's status and medication administration requirement as described in the health assessment dated on . She stated that the facility could not provide daily medication administration services to resident #1, shall the resident require this service and that she was in process of consulting with the resident's physician relating to this service.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have completed the resident health assessment for 1 out of 1 sampled resident (resident #1).
The findings are:

Review of resident #1 health assessment dated on indicated that the resident was diagnosed with , , , and . Review of the resident's assessment indicated that she needed supervision with her activities of daily living (ADLs), including ambulation, transfers, dressing and . Further review of this health assessment indicated that the physician did not comment to the extent and type of ADL supervision the resident needed to receive from the facility staff members and

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that the resident needed to receive medication administration.

In an interview with the administrator on at 11:15am, she stated that the health assessment for resident #1 was not complete since the resident's physician did not include comments to the extent and type of ADL supervision the resident needed. She stated that the facility could not provide medication administration services to resident #1, shall the resident require this and that she was in process of consulting with the resident's physician relating to this.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility did not properly execute 1 out of 1 resident contract (resident #1) based on the resident's time of admission.

The findings are:
Review of resident #1's agreement with the facility dated on indicated that the resident was admitted to the facility and the facility received $2697.00 from the resident to live in the facility and receive its related assisted living services. Further review of this resident agreement indicated that the resident did not sign the document to represent adequate execution of this agreement.

In an interview with the administrator on at 10:45am, she stated that resident #1 was admitted to the facility on at approximately 7:00pm and that she was aware that the resident agreement was not signed by the resident. She stated that she understood that if the resident did not have this agreement signed it could invalidate the agreement.

Class III