STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	**04/24/2018**
NAME OF PROVIDER OR SUPPLIER **HOPE GARDEN ASSISTED LIVING & ECC, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 NW 59TH WAY** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

An unnanounced Relicensure survey with Extended Congregate Care was conducted on at Hope Garden Assisted Living & ECC, Inc., License #8658. The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to determine the appropriateness of continued residency of 1 out (Resident #4) of 7 residents to ensure the resident's needs could be met at the facility (including all aspects of care treatment). As evidence of the facility failure to have Resident #4 reassessment by the primary Healthcare Provider and the findings documented on a Resident Health Assessment form (1823). This assessment is to be used by the facility in addition to consultantion with the Healthcare provider to ensure that the facility is capable of providing care and services with respect to the resident's current chronic that has existed more than 30 days (not improving) .

The findings included:

Record review on for Resident #4 found he was admitted to the facility on with a diagnosis of , , Gait, , , ( ), ( ) and . Record review revealed on Resident #4 was sent out to an area hospital on for right foot pain. The final report from the hospital revealed Resident #4 had a right medial foot that measured 1.4x1cm with macerated edges, barely able to palpitate dorsalis , pulse. The final report also noted that the resident had right medial great toe eschar as well. The resident was discharge with a consult for further treatment.

During an interview on at 12:55PM documentation was requested of the care such as staging, measurements, or documentation that the is improving, none were produced. The Administrator stated he would have to call the home health agency and have them send over notes. The Administrator confirmed at this time, he had no other documentation in the facility about the or documentation to show the was improving. The Administrator returned to the facility with the notes regarding the care.

Record review revealed according to the most recent home health agency notes dated , and stated Resident #4 had began treatment in , 2017 with two chronic on his right foot (wounds) with unspecified severity and , , . Notes dated on by the HHA Registered Nurse stated Resident #4 had drainage,

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surrounding fragile bed was red and edges were flat. All notes from the home health agency dated from 2017 - 2018 state the has been the same due to chronic condition and no changes have been noted.

A face-to-face interview was conducted on at 1:45 PM with Resident #4 care physician and the facility administrator who at this time confirmed that the resident does have a chronic foot . The physician stated that Resident #4 issue will continue to be chronic due to the issues that he currently have. The Physician further stated that he can prescribe all the creams to try and heal this but a wont heal from the outside in he stated we have to fix the issue from the inside out. The Physician also stated that this is not but has fluctuated between a and during this 8 month period. It was also stated by the physician that poor issues is the cause of this chronic open because usually a takes about 4 - 12 weeks to be properly healed, the physician stated "if there is no flow getting down to the toe and its already in a bad spot at the end of your body, then it will never heal". The physician recommended to the Administrator at this time the only way to seek healing for this is to have a couple studies completed to see if treatment can be rendered.

During a follow-up interview with the Administrator on at 2:05PM, he confirmed that it had been over 30 days and Resident #4 still required treatment for /II wounds to the right foot and there was no documentation that the wounds have steadily improved. He also confirms that the facility failed to keep information on file and coordinate with the third party service in order to determine if Resident #4 remained appropriate for continued residency and that the facility had no plans in place nor have spoken to the resident's representative to discharge the resident or transfer to a higher level of care. Therefore, the facility was unable to provide documentation indicating the resident had been reassessed by his primary care provider and the findings documented on a Resident Health Assessment form (AHCA form 1823). The facility had failed to illustrate that this assessment was used by the facility in addition to consultantion with the Healthcare provider to ensure that the facility is capable of providing care and services with respect to the resident's current chronic that has existed more than 30 days (not improving) and that continued residency at this facility was the best option for the resident's care needs.

Class III

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

Based on observation and interview, the facility failed to maintain a clean, safe and decent living environment resident at the facility.

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The findings include:
A tour was conducted at the facility on at 8:34 AM, the following physical plant issues were noted:

1. All air condition vents needs to be cleaned and dusted
2. Strips are missing on the bottom of all of the . This causes a tripping hazard for all residents
3. Closet doors in Bldg #1 and Bldg #2 are off the hinges
4. Hallways between both buildings is being used as storage, various items observed in the hallway such as buckets, mirrors, space heaters, various boxes, doors, mattress and chairs
5. Baseboards unattached to the wall in bldg. #2 by med cart
6. Tiles falling off of the wall in # by the vanity
7. All walls throughout the house (both buildings) had various scrapings, patches and dirt marks that requires painting
8. Medcart extremely unorganized, resident medication was not alphabetized and not separated which can cause medication errors and slow down the medpass process.

An interview was conducted with the Administrator on at 4:37 PM regarding all the findings during the initial tour of the facility. The Administrator acknowledged and confirmed the findings; at this time he stated that he will begin working on these issues.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, it was determined the facility failed to maintain the employment status off all employees within the clearinghouse, specifically related to reporting initial employment within 10 business days for 1 of 4 sampled staff (Staff A).

The Findings included:

During interview and facility record review of their clearinghouse roster conducted on beginning at approximately 8:40 AM, Staff A name could not be located The Administrator cofirmed the employments of Staff A, according to records she had been employed since . The employee schedule also confirmed Staff A is a fulltime emplpoyee at the facility. The Administrator could not provide an explanation as to why Staff A was not listed noted on the clearinghouse roster.

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Unclassified