STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **GARDEN VALLEY RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18140 NW 90 AVENUE MIAMI, FL 33018**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018. Garden Valley Retirement Home LLC. (License # 11388), with a Limited Mental Health component, had the following deficiencies identified at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to complete two elopement drills per year.

Findings included:

A review of facility records revealed that the last elopement drills were completed on and .

On at 3:00 pm, Staff B stated, " I do not have an updated elopement drill."

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to have a qualified Manager (Staff B).

Findings included:

A review of the Florida Health Finder Database reflected Staff A as the current Administrator of two facilities. A review of the facility's roster in the Background Screening Clearinghouse Database reflected Staff A as the current Administrator of two facilities and Staff B as the Assistant Administrator as of .

A review of Staff B's personnel record showed that the staff had completed CORE Training (26 hours) on . There was no documentation that Staff B had passed the Core examination. Further review showed that there was no documentation that Staff B had a high School diploma .

On at 2:00 pm, Staff B stated, "I did not take the CORE exam, and I missed the time. I have to enroll to take the CORE training and the test. I have my High School Diploma, but it is not here right now."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **GARDEN VALLEY RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18140 NW 90 AVENUE** **MIAMI, FL 33018**	

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

Class III