STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	07/17/2018
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 WEST 9TH STREET** **RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2018004743) was conducted on . . . . . and . . . . at Victoria Gardens ALF (Lic#5594). The facility had a deficiency identified during the survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to submit a Day 1 Preliminary Adverse Incident Report within the first business day, and a completed follow-up Day 15 report to the Agency for Health Care Administration (AHCA) for 1 of 1 sampled residents (Resident#1)

The Findings Included:

During a complaint survey on at approximately 10:30AM a record review was conducted for Resident#1 and revealed a adverse incident occurred on . . . . . between Resident#1 and Staff A. Staff A was accused of pulling a knife out on Resident #1 during a verbal altercation. Further review revealed law enforcement and {confidential agency}were contacted and an investigation was completed. During an interview with the Administrator at this time she stated she faxed the Day 1 preliminary report to AHCA on . . . . . On . . . . . she was notified via email from AHCA Risk Management department, that the adverse incident report must be submitted electronically.

On at approximately 11:00AM, a review of the preliminary Day 1 report revealed it was submitted electronically on . . . . . On . . . . . , AHCA requested additional information. There is no documentation of the facility responding. On a full Day 15 report was submitted. On . . . . . AHCA requested additional information and there was no documentation that additional information was submitted. On AHCA sent another request for additional information. No documentation of requested information was sent. On . . . . . AHCA administratively closed the report due to requested information not received. Further review revealed no correction action summary found on the 15 Day full report, resulting in the report being closed incomplete.

During an interview with the Administrator on . . . . . at approximately 12:30PM, she states she submitted the report to AHCA. She acknowledged the findings and submitted additional documentation for review, however the documentation did not contain the needed information.

Class III