STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	R 07/30/2018
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 Revisit Survey was conducted on [redacted] 2, 2018. Garden Valley Retirement Home LLC with Limited Mental Health components had the following deficiencies identified at time of the survey:

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 Assistant Administrator (Staff B).

Findings included:

Review of the Florida Health Finder database reflected Staff A as current Administrator of two facilities. The facility's roster in the Background Screening Clearinghouse showed Staff A as the current Administrator of two locations. Staff B was listed as the Assistant Administrator, hired on [redacted]. Review of the employment application reflected Staff B as the Assistant Administrator dated since [redacted]. Staff B's CORE Training (26 hours) was dated on [redacted]. There was no documentation that Staff B had taken or passed the CORE examination.

On [redacted] at 2:00 pm Staff B stated, "I did not take the CORE exam." Staff B stated, "I will enroll to take the CORE test as soon as there is an opening."

Uncorrected
Class III