STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968608	**10/26/2018**
NAME OF PROVIDER OR SUPPLIER **FLORIDIAN GARDENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **17250 SW 137 AVENUE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Monitoring visit for residents' wellness combined with a complaint (2018015300) was conducted on and concluded on . Floridian Gardens Assisted Living Facility with Extended Congregate Care and Limited Mental Health Components license #12489 had the following deficiency at the time of the visit:

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Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, interview and record review, the assisted living facility failed to adhere to a moratorium on admissions. One of six sampled residents who was hospitalized after she and was injured. (Resident #2). Resident #2 was taken for emergency hospital care to treat injuries including a cut on the forehead. The resident returned twelve hours later. The facility did not consult the Agency for Health Care Administration to determine whether the resident should be readmitted.

Findings included:

A review of facility records showed that a moratorium on admissions was imposed by the Agency for Health Care Administration on , 2018 after a resident and several other residents and were injured. The facility was barred from admitting new clients, and from readmitting existing clients after temporary absences without first conferring with the Agency.

On at 10:05 AM during a monitoring visit, when asked about recent during the month of , the Administrator stated that only one resident had since the last agency visit. She identified the person who as Resident #2.

A record review of Resident # 2's revealed that residents was admitted on , Health assessment dated , Diagnoses: , Acute , Osteopenia. Nursing/ services- Hospice Service, Special Precautions- precaution, Precaution, universal Precaution. Physical Limitations- Functional decline, wheel chair, and behavioral status- Patient alert, oriented X2. Activities of Daily living, ADL's; Ambulation, bathing, dressing, self-Care ( ), toileting, eating, and Transferring Needs assistance.

Facility record review showed an internal incident report regarding Resident #2 which stated that on at 8:10 PM, while doing the rounds, the residents was found sitting on the floor. Upon assessment it was found that she had a small redness and cut to the forehead. Hospice care was called and it was recommended resident to be taken to hospital.

A review of the Resident Observation Log Notes: as per supervisor of the shift, the resident was laid to bed at the normal time. At the time of the one of the rounds of the shift, the resident was found on the floor lying on her stomach with a on her forehead with hematoma present. Immediately the ALF nurse of the shift assisted the resident to be placed back in bed. The resident's hospice service was called. The nurse over the phone recommended the resident to be sent to the

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hospital for evaluation showed diagnoses: , , , , visual , , and right . . . . . Her physical or sensory limitations showed decreased memory. The resident was alert and oriented and needed and universal precautions.

Unclassified