

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968608	(X3) DATE SURVEY COMPLETED R 12/18/2018
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 Follow Up Visit to a Complaint Investigation (2018015300) was conducted on _____ and concluded on _____. Floridian Gardens Assisted Living Facility, with Limited Mental Health, Limited Nursing and Extended Congregate Care components. A deficiency was identified at the time of the visit: 0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC Based on observation, record review and interview, the facility failed to facilitate resident access to medical, dental and nursing services for 1 out 44 sampled residents (Resident 11). Findings Included: On _____ at 7:10 AM in _____ observed an open bedside drawer with several prescriptions and over-the-counter medications. There were prescriptions for _____ spr 50mcg, and _____ and _____ and over the counter medications for _____ C, spray, _____, tract _____ relief, _____ cream. Resident #11 stated he self-administered his medications. The door to the Resident's room was unlocked and ajar, and other facility residents were observed walking through the hallways unaccompanied by staff. Review of Resident # 11's Medication Observation Record (MOR) did not show the medications were prescribed. There was no documentation showing that the staff coordinated the resident's care with the dentist or doctor's office. A review of Resident #11's health assessment dated _____ showed the resident needed assistance with self-administration of medications. On _____ at 11:59 am the Administrator stated she was aware Resident #11 made his own doctor's _____. She stated the facility did not follow up with the physicians to coordinate care and services that has been provided. She stated Resident #11 required assistance with self-administration of medications and with coordinating his medical _____, but that he thought he was still as independent as before, even though he was declining. Uncorrected Class III		