STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **APOLLO GARDENS RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2718 JOHNSON STREET HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

AMENDED REPORT

An unannounced Abbreviated Relicensure survey was conducted on through at Apollo Gardens Retirement Residence Care, Inc., License #7341. The facility had deficiencies identified at the time of the survey.

(An unannounced licensure complaint survey, CCR #20180163170 was conducted in conjunction with the above Relicensure survey. Please see separate report for findings.)

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on observation, interview and record review, the facility failed to document significant change maintain an accurate and complete Resident Health Assessment (AHCA form 1823) for Assisted Living Facilities, for 1 out of 4 sampled resident records reviewed (Resident #19).

The findings included:

During a record review conducted on at 11:00 AM of the Health Assessment 1823 AHCA form dated for Resident #19 revealed it did not accurately complete diagnosis's of and . It notes a diagnosis of , and no evidence that supports it; such as a swallowing test physician order or special therapeutic diet. In addition, the 1823 did not reflect the resident's current health status of receiving 3rd party services of Home Health psych Registered Nurse for monthly medication injections and monthly Psychiatrist services.

Records reveal an admission date of to the facility. During an interview with the Administrator and LPN (License Practical Nurse), on at 11:15 AM, they stated that they are unaware about the diagnosis , and confirmed the diagnosis and . A record review of the Medication Record reflect a physician order for medications to treat it.

The Administrator and LPN confirmed the findings of Resident #19 Health Assessments and no additional documentation provided.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

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	AL11910644	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **APOLLO GARDENS RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2718 JOHNSON STREET HOLLYWOOD, FL 33020**	

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

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required one hour training in Reporting Major Incidents Reporting Adverse Incidents /Facility emergency procedures, and Incident Reporting for 2 out of 4 sampled employees (Staff A and Staff B).

The findings included:

On . . . . the personnel files for Staff Staff A and B the following was revealed:

a) Staff A's file (hire date . . . .) was reviewed for documentation of the one hour Reporting Major Incidents Reporting Adverse Incidents/Facility emergency procedures, and Incident Reporting. No documentation of the trainings were in the file.

b) Staff B's file (hire date . . . .) was reviewed for documentation of the one hour Reporting Major Incidents Reporting Adverse Incidents/Facility emergency procedures, and Incident Reporting. No documentation of the trainings were in the file.

The Assistant Administrator during an interview at 3:15 PM on . . . . , acknowledged the findings and provided no further information for review.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status, for 1 out of 14 staff members reviewed (Food Service Director).

The findings included:

A review of current facility's staff schedule observed posted and employee roster on . . . . at 9:30 AM compared to the Clearinghouse Background Screening revealed that one current staff members not registered.

a) Food Service Director hire date . . . . .

The Administrator was present during the survey and confirmed he findings and no further documentation or information provided.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **APOLLO GARDENS RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2718 JOHNSON STREET HOLLYWOOD, FL 33020**	

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

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on employee record review and a staff interview, the facility failed to obtain a background screening compliance attestation affidavit in the employee file, for 2 of 4 sampled employees reviewed (Staff A and Staff B).

The findings included:

On , during a record review for Staff A and Staff B, the employee records revealed the following:

a) Staff A Hire Date - No Background Screening Attestation Affidavit in the employee record.

b) Staff B Hire Date - No Background Screening Attestation Affidavit in the employee record.

An interview was conducted with the Administrator on at 3:15 PM. At this time the Administrator could not provide any additional documentation.

Unclassified