STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968455	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT MONTVERDE LLC, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15425 CR 455** **MONTVERDE, FL 34756**	

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

0000 - Initial Comments

On , an unannounced abbreviated biennial re-licensure survey in conjunction with Emergency Power Plan monitoring survey was conducted at The Gardens at Montverde LLC Assisted Living Facility (License # 12341), Montverde, FL. Deficient practice was identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview, the facility failed to ensure 1 of 7 reviewed residents (Resident #6) was treated with consideration and respect with recognition of personal dignity.

Findings:

On at approximately 12:05 PM, Resident #6 was observed in her room, eating her lunch in bed. Resident #6 was observed with her shaking, having difficulty eating from the several bowls of food resting on her .

On at approximately 12:30 PM, an interview was conducted with the Manager. When asked if the facility had a tray for serving a meal in a resident's room, he responded, no, not that he knew of. He further stated Resident #6 normally ate with the other residents at the table in the dining room and Resident #6 had recently returned from the hospital and had not been feeling up to coming out to the table.

On at approximately 5:10 PM, Resident #6 was again observed in her room, eating her meal in bed. Resident #6 was observed attempting to eat a piece of pizza and a salad, which was in the bowl resting in her .

On at 5:20 PM, an interview was conducted with the Owner of the facility. She confirmed it would be a good idea to purchase a tray conducive to serving a resident a meal in bed.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure unlicensed staff (Staff C) properly assisted 2 of 4 reviewed residents (Resident #7 and Resident #3) with self-administration of medication.

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

Findings:

On [redacted] at 12:00 PM, Staff C was observed assisting Resident #7 with self-administration of medications. Staff C was observed placing the tablet to be given into the medication cup and handing it to Resident #7 without reading the label.

On [redacted] at 12:08 PM. an interview was conducted with Staff C. She confirmed she forgot to read the label to Resident #7.

On [redacted] at 5:00 PM, Staff C was observed assisting Resident #3 with self-administration of medications. Staff C was observed placing the tablet to be given into the medication cup and handing it to Resident #3 without reading the label.

On [redacted] at 5:20 PM, an interview was conducted with the Owner of the facility. She confirmed Staff C should consistently read the labels of the medications to the residents.

Class III