STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968178	03/06/2019
NAME OF PROVIDER OR SUPPLIER **HOLY GARDEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2904 NORTH 36TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced licensure monitoring inspection survey was conducted on [redacted] at Holy Garden ALF, Inc, License #12110. The facility had deficiencies identified at the time of the survey.

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observation, record review and interview, the facility failed to provide 1 out of 4 sampled residents (Resident #2), the required assistance with the resident's grooming activity of daily living.

The findings are:

In an observation on [redacted] at 2:55pm, both of Resident #2's [redacted] had overgrown and discolored [redacted] nails. During an interview with the resident at this time, she stated that she was not sure when it was the last time that the facility staff assisted her to cut her [redacted] nails. A photograph of Resident #1's left [redacted] is included with this report.

Review of Resident #2's health assessment dated on [redacted] indicated that she was diagnosed with [redacted] and was [redacted]. Review of this health assessment indicated that the resident required to be totally assisted with her activities of daily living (ADLs), including with her self-care and grooming activities. Further review of the ADL comments indicated that the resident needed to receive [redacted] with her self-care and grooming.

In an interview with the Administrator on [redacted] at 3:10pm, she stated that Resident #1 did not have any condition or diagnosis that would prevent the facility staff from grooming her [redacted] nails. She stated that she last trimmed the resident's [redacted] nails about 1 month ago and that she was aware that the resident's [redacted] nails were overgrown and discolored. She stated that she believed that the resident developed [redacted] in one of her [redacted] nails and that she did not notify the physician to confirm this and to receive directions on how to proceed with the resident's [redacted] nail care.

Class III

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

Based on observation, record review and interview, the facility failed to exercise the rights and facility procedures for 1 out of 4 sampled residents (resident #1) by not ensuring that the resident's use of the bed rails were reviewed by the resident's physician.

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	AL11968178	**03/06/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

The findings are:

In an observation on . . . . at 2:50pm, Resident #1 was sleeping on her bed at this time. Further observation of Resident #1's bed at this time indicated that it was equipped with bed rails on both sides.

Review of Resident #1's record indicated that the there were no physician notes or orders to represent a clinical need for the use of the bed rails on the resident's bed.

In an interview with the Administrator on . . . at 3:05pm, she stated that Resident #1 was not able to remove the bed rails on her bed without assistance. She stated that the facility did not have a physician note or order in the resident's record to represent a clinical need for the use of the bed rails on the resident's bed.

Class III