STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966104	**04/30/2019**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT HIDDEN HAMMOCKS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5182 NW 58TH TERRACE** **CORAL SPRINGS, FL 33067**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Gardens at Hidden Hammocks (The) on . . . . . The provider had deficiencies at the time of the visit.

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

Based on observation, interview and record review, it was determined that the facility failed to ensure that all staff performed medication duties in a safe and sanitary manner, for 1 out of 3 sampled residents observed during the medication pass (Resident #3).

The findings included:

During a medication-pass observation conducted with the med tech (Staff A) at 11:45 AM on , it was noted that the med tech placed her index in the vial of to retrieve a pill for Resident#3. Further observations revealed Staff A did not have on gloves when retrieving the medication from the bottle.

A record review of Staff A's employee file was conducted with the Administrator and revealed she was responsible for providing medication assistance to the residents in the facility during her work shift from 7:00 AM-7:00 PM Shift. Further review revealed Staff A had completed training regarding medication assistance and control .

During an interview with the Administrator and Staff A on at 2:45 PM, the break in control was discussed . They acknowledged and confirmed the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the facility failed to prepare and serve therapeutic puree meals in an attractive manner by the watery consistency that does not hold firm and lost its nutrition value for 5 out of 5 puree and mechanical soft diet meals served for (Resident #1; 3; 4; 5; and #6)

The findings included:

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

Observation of the meal preparation and lunchtime during the survey process on , revealed 5 out of 5 therapeutic puree and mechanical soft meals were watery and spreading into each other on the plate. The facility failed to prepare and serve therapeutic puree and mechanical soft diets as ordered by the health care provider. Puree meals need to stay firm and hold consistency. The food loses its nutritive value if the food is watery. Mechanical soft does not mean food to be placed in a blender, it is soft foods.

During an interview with the Administrator, on at 2:00 PM, picture evidence of the puree lunch meal was presented. A record review of the physician orders for therapeutic puree and mechanical soft diet with the Administrator. A further record review of the Dieticians instructions for puree meals consistency and in-service was conducted. During an interview with Staff A and the Administrator, on at 2:20 PM, the discussion of the consistency regarding puree and mechanical soft diets was reviewed.

The Administrator acknowledged and confirmed the findings and no further information provided.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain in good repair the chair cushion seats upholstery in the dining room.

The findings included:

During a tour of the facility with Staff A on at 9:30 AM, the dining room chair cushion seats upholstery observed to be heavily stained. During an interview with the Administrator, on at 11:00 AM, the stained upholstery was identified. She stated that they were planning on replacing it.

The Administrator acknowledged and confirmed the findings and no further information or documentation was provided to review.

Class III