STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	**08/14/2019**
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

0000 - Initial Comments

An unannounced complaint investigation, 2019012468, was conducted at Senior Gardens Assisted Living Facility, in Orlando, Florida, on . . . . . Deficient practice was found at the time of the complaint investigation.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interviews, the facility failed to maintain an accurate admission and discharge log which failed to document six of nine residents (Resident #7, #8, #9, #11, #13 and #14) living in the facility.

Findings include:

On . . . . . , at 10:15 AM, in an interview with Staff F, Staff F was asked to provide a copy of the current admission and discharge log.

On , at 10:30 AM, in an interview with Staff F, Staff F provided a -written copy of the census of the facility. The -written list provided by Staff F included Residents #6, #7, #8, #9, #10, #11, #12, #13 and #14.

On , in a record review of the admission and discharge log, the log did not document the following residents having been admitted to the facility, Residents #7, #8, #9, #11, #13 and #14.

On . . . . . , at 11:30 AM, in an interview with the administrator, the administrator stated when asked about the admission and discharge log deficiencies, she "Does not have time to check everything."

(photo evidence provided)

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interviews the facility failed to provide records for two of nine residents (Residents #13 and #14) as requested by the agency during a complaint investigation.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	**08/14/2019**
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

On , at 10:22 AM, in a tour of the facility, the agency observed the facility providing care to nine residents.

On , at 10:30 AM, in an interview with Staff F, Staff F was asked to provide a list of current residents. Staff F provided the agency with a -written note listing nine resident names.

On , at 10:51 AM, in an interview with the administrator, the administrator was requested to provide the resident records for Residents #6, #7, #8, #9, #10, #11, #12, #13 and #14.

On , in a record review of resident records, the records failed to include records for Residents #13 and #14.

On , at 11:30 AM, in an interview with the administrator, the administrator stated she has a friend that runs an assisted living facility in the Miami area that is coming to help her. The administrator stated some of the residents are day care participants. When asked, the administrator stated she could not provide any documentation which would show which residents are day care participants.

The administrator could not explain not having records for Residents #13 and #14.

Class III

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

Based on record review, observation and interviews, the facility failed, as required, to ensure two of three workers were properly listed on the facility background-screening roster.

Findings include:

On , in a record review of the facility work schedule for the month of , the work schedule documented the first names of two facility workers scheduled to provide direct care to residents.

On , at 10:22 AM, in a tour of the facility, the agency observed Staff G providing direct care duties to three residents which including toileting, transferring and providing a meal.

On , at 10:51 AM, in an interview with the administrator, the administrator stated the two first

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	**08/14/2019**
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

names listed on the work schedule were staff G and H.

On , in a record review of the agency background screening web site, the web site failed to list Staff G and H as having been documented on the facility background-screening roster. The web site documented Staff G had a background completed on and staff H on .

On , at 11:30 AM, in an interview with the administrator, when asked about Staff G and H not being listed on the facility background-screening roster, the administrator stated she "Does not have the time for everything."

(photo evidence provided)

Unclassified

Z827 - Unlicensed Activity - 408.812 FS

Based on record reviews, interviews and observation, the licensed facility of this complaint investigation is documented to be operating an unlicensed facility which is the subject of complaint 2019012382.

Findings include:

On , in a record review of the state records, the records documented they had conducted an investigation listed at the address noted in the agency complaint investigation, 2019012382. The report documented their report was closed with verified findings of inadequate supervision and medical neglect. The report documented the caretaker responsible as the administrator of the licensed facility listed in this complaint.

On , in a tour of the unlicensed location, the agency observed three residents, Residents #2 (being fed), #3 (sleeping in front of the television) and #4 (sleeping in his room).

On , at 10:45 AM, in an interview with the operator of the unlicensed location, the operator stated she is the administrator of the licensed location named in this complaint. The operator stated she has four residents, Resident #1, #2, #3 and #4. The operator stated Resident #1 is with her family at the present time. The operator stated the primary direct caregiver is Staff F, who works at the licensed location and is paid from funds from that location. The operator stated Resident #3 was living at the licensed location and she moved him to the unlicensed location.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	08/14/2019
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

On , in a record review of the licensed location's background-screening web site, the web site documented Staff F is listed as an employee of the licensed location.

On , in was observed by the agency medication in secured storage, out of control of the resident, for Residents #1 and #3.

On , at 10:45 AM, in an interview with the operator of the unlicensed location, the operator stated Resident #1, #2 and #3 required assistance with the self-administration of medication. When asked, the operator stated Resident #4's medication is secured but Staff F and her place it in a pill organizer for him.

On , at 10:45 AM, in an interview with the operator of the unlicensed location, the operator stated Resident #1 requires assistance with transferring. The operator stated Resident #2 is her cousin but could not provide any proof. The operator of the unlicensed location states Resident #2 requires total assistance with all his activities of daily living based on a .

On , in a record review of Resident #3's 1823 Agency for Health Care Administration Health Assessment, the Assessment documents Resident #3 was placed to live at the licensed location. The Health Assessment Document's Resident #3 needs assistance with toileting, medication and transferring.

On , at 11:30 AM, in an interview with a local pharmacy, the pharmacist stated he provides medication for Resident #2 and #4 to the licensed location.

On , at 10:30 AM, in an interview with Staff F, Staff F stated she works at the unlicensed location providing care to the residents at that site. Staff F stated Resident #3 was moved from the licensed location to the unlicensed location because of his behavior.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record reviews and interviews, the facility placed residents at-risk by exceeding its licensed capacity to operate.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	**08/14/2019**
NAME OF PROVIDER OR SUPPLIER **SENIOR GARDEN ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 EAGLE FEATHER DR** **ORLANDO, FL 32829**	

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

On , in a record review of the agency web-site, the web-site documented the licensed capacity for this facility was 6 residents.

On , at 10:22 AM, in a tour of the facility, it was observed that the facility direct caregivers (Staff F and G) were providing care for nine residents.

On , at 10:30 AM, in an interview with Staff F, Staff F was asked to provide a list of the names of the residents. Staff F provided a -written list which reflected the names of Resident's #6, #7, #8, #9, #10, #11, #12, #13 and #14.

On , at 10:51 AM, in an interview with the administrator, the administrator stated the residents are day-care participants. When asked to provide documentation which showed them as day-care participants, the administrator could not.

On , at 11:30 AM, in an interview with the administrator, the administrator when asked about the overcapacity, stated, she "does not have the time to check everything".

Unclassified