

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953640	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/14/2025
NAME OF PROVIDER OR SUPPLIER HOPE GARDEN ASSISTED LIVING OF BROWARD INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2011 NW 59TH WAY LAUDERHILL, FL 33313		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted on at Hope Garden Assisted Living of Broward Inc. The facility had deficiencies related to the Relicensure at the time of survey.	A 000			
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees had proof of required training of the facility's policies and procedures regarding () for one (Staff D) of three sample employees. The findings include: A record review conducted on for Staff D, with a date of hire of as a Caregiver, revealed that Staff D's record did not include written documentation of 1-hour training in () policy and	A 090			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 090	Continued From page 1 procedure within 30 days of hire. During an interview conducted on _____ at 3:13 PM, the Administrator confirmed the lack of written documentation of 1-hour training in () policy and procedure within 30 days of hire for Staff D. The Administrator stated, "I don't have it" Class III	A 090			