STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968970	**12/20/2017**
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

A re-licensure survey was conducted on . Senior Garden Assisted Living, license #12796, had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility retained a resident who required total care with all Activities of Daily Living (ADLs) was bedridden and was not receiving hospice care for 1 of 2 sampled residents (#3).

Findings:

On at 10:05 AM, resident #3 was observed lying in her hospital bed with half rails raised. The caregiver was assisting her with breakfast.

Review of the record for resident #3 revealed the most recent Health Assessment (1823) was dated . The 1823 documented diagnoses of , and . Total care for all ADLs was documented with the exception of eating, which required assistance. "Physical or sensory limitations" on page 1 of the form documented "Total Assist." She was documented as being bedridden. The form documented both Assistance with Self-Administration of Medication and Medication Administration were required.

Further review of the record revealed she returned from the hospital on after an admission for low . There was no documentation in the record to indicate when she was admitted or if her provider or family were notified.

Resident #3 was not receiving hospice care until .

In an interview with the administrator on at 1:30 PM, she stated she did not realize the health assessment indicated the resident would not be appropriate for re-admission to an assisted living facility after the hospital stay and confirmed she did not request clarification from the provider.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview, the facility did not document if a resident's health care provider or family were notified when a resident was admitted to the hospital for 1 of 2 sampled

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residents (#3).

Findings:

On at 10:05 AM, resident #3 was observed lying in her hospital bed with half rails raised. The caregiver was assisting her with breakfast.

Review of the record for resident #3 revealed the most recent Health Assessment (1823) was dated . The 1823 documented diagnoses of , , , , , , and , . Total care for all ADLs was documented with the exception of eating, which required Assistance. "Physical or sensory limitations" on page 1 of the form documented "Total Assist." She was documented as being "Bedridden." The form documented both Assistance with Self-Administration of Medication and Medication Administration were required.
Further review of the record revealed she returned from the hospital on after an admission for low , . There was no documentation in the record to indicate when she was admitted or if her provider or family were notified. Resident #3 began receiving hospice care on .

In an interview with the administrator on at 1:30 PM, confirmed she had no documentation about relating to the residents hospitalizations and if the family and the health care provider were notified.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on Personnel record review and interview, the facility failed to obtain an annual statement from a health care provider documenting freedom from ( ) for 2 of 2 records reviewed.

Findings:

Personnel record review for Staff A, the administrator, hired on revealed the last documentation to confirm freedom from was dated .

Personnel record review for Staff B, a caregiver hired on revealed the last documentation to confirm freedom from was dated .

On at 3:00 PM, the administrator confirmed the findings.

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Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on a review of the 2017 staff schedule and interview, the facility did not maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period and did not show that they met the required staff hours for 6 residents.

Findings:

The facility had a census of 6 residents on the day of the survey. Staffing requirements for 6 residents are 212 working hours per week.

Review of the facility's posted staff schedule for 2017 revealed that for every day in , there was one name handwritten in the box for the calendar date. No hours were reflected on the written schedule for most days. Some days had hours written, but did not reflect coverage for the 24 hours of that day. 4 had Staff B's name in the box with 10:00 to 3:30 written. 5 & 6 had Staff A's name and the hours written. 7- Staff B was written with the hours 10-10. No other staff were indicated as working on those days.

There was no way to hours work using the schedule provided.

On at 12:45PM, the administrator confirmed that the schedule did not reflect hours worked and did not show when there were 2 people working. She confirmed the schedule was incomplete.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview, the facility failed to have documentation the CEMP was approved by the local emergency management agency according to 58A-5.026(2)(c) (1) FAC.

Findings:

Upon request to review the facility's CEMP found no plan, current or previous, was available for review.

On at 8:50 AM, the administrator stated there was a draft plan that was sent to Orange County OEM on , but then she found out it was sent to the wrong person. She did not have

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acknowledgement from the County that the plan was received.

At 9:00 AM on , the administrator's designee stated the original facility plan was never sent to or approved by the County, but the current plan was submitted on and no response was received.

Class III