Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964349	A. BUILDING: _____ B. WING _____	05/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON HAVEN	6320 ARLINGTON ROAD JACKSONVILLE, FL 32211

(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 A complaint investigation (complaint #2021007034) was conducted at Arlington Haven on . Deficient practice was identified at the time of survey. .	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to establish a clean, safe living environment evidenced by outstanding housekeeping and maintenance work that affected all residents of the facility. The findings include: On at 9:35pm a tour of the facility was conducted with a representative of the Department of Health. During the tour the following facility conditions were observed, and photographic evidence was obtained. The deck railing attached the , ramp was loose and leaning to the side. The wall in the downstairs , , bathroom had black growth around the toilet and along the walls. Review of the food in the pantry showed outdated food from 2018 and 2019. In , there was water damage observed on the ceiling tiles. had live roaches, which were also seen in other areas of the building. The facility also had live bugs (similar to gnats or fruitflies) flying within the building. In , the Resident #2 were observed smoking and the the odor was very pronounced	A 152		

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A 152	Continued From page 2 in the surrounding area. There were ashtrays with extinguished cigarettes present. The furniture appeared to have ash residue on it. There was a pill located in the room but both residents denied it belonged to them. Resident #4 stated she was unhappy with the condition of the facility and trash is not disposed of regularly at 9:55 am on ... . Resident bathrooms were observed to be visibly dirty. There were multiple toilets that did not flush properly, and stayed filled, and some had feces in them. Observations of trash receptacles within the building were overflowing and the facility was negligent in removing trash. The DOH noted the outside dumpster needed a drain plug to prevent leakage and vermin. A review of the schedule revealed that cleaning staff was available Monday -Friday from 9:30am -2:30pm. On at 12:09 pm an interview was conducted with the Administrator. Despite the schedule, he explained that they have no dedicated housekeeping staff to tend to the issues observed. At 2:50 pm on the Administrator confirmed he allowed the residents to smoke indoors. The DOH inspector confirmed they received an unsatisfactory inspection result from their review. Class III .	A 152		