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
	AL11964605	A. BUILDING: _____ B. WING _____	01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY ACRES ASSISTED LIVING FACILITY INC	700 ANDERSON DRIVE BONIFAY, FL 32425

(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 complaint investigation (complaint numbers 2021010609 and 2021011347) was conducted at Happy Acres Assisted Living Facility Inc on . . . . . The facility had deficiencies at the time of the 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. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 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 observations, staff interview and resident interviews, the facility failed to provide a safe and decent living environment free from pests in 3 of 9 resident occupied buildings. (Buildings 4, 5 (both male and female sections), and 10) The findings include: A tour of the facility to observe for the presence of pests was conducted with Employee A (caregiver) on . . . . . beginning at approximately 9:47 AM and ending at approximately 11:00 AM. The following was observed on the tour: 1. Building 4 - Resident #3's bed and bedding had 2 live dark colored, apple seed sized bugs on his bed and pillow. The bedding had tiny, dark colored stains indicative of bed bug excrement. 2. Building 5 (female section) - Resident #1's bed and bedding had 2 live dark colored, ballpoint pin tip sized bugs crawling on the pillow. The bedding had tiny, dark colored stains indicative of bed bug excrement. 3. Building 5 (male section) - Resident #4's bed had one live dark colored, ballpoint pin tip sized bug crawling on the mattress. The bedding had tiny, dark colored stains indicative of bed bug excrement. 4. Building 10 - Resident # 2's bed had one live dark colored, apple seed sized bug crawling on	A 152		

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A 152	Continued From page 2 the covered box spring. The bedding had tiny, dark colored stains indicative of bed bug excrement. (Photographic evidence obtained) An interview was conducted with Employee A on at 9:47 AM. Employee A stated the health department had come a few months ago and found bed bugs, then they came and cleared the issue. An interview was conducted with the Administrator on at 10:13 AM. She stated the facility is constantly treating areas for bed bugs because the residents go to thrift stores and bring the bugs in to the facility. The Administrator further stated the facility no longer contracts with a pest control company and performs the treatments themselves. An interview was conducted with Resident #1 on at approximately 1:05 PM which revealed she had bites on her arms and . Resident #1 stated she has noticed bugs in her bed for about a month, but did not recall if she had reported this to staff. An interview was conducted with Resident #5 on at 10:30 AM. Resident #5 revealed she lives in building 5 has received bug bites from the bugs she has observed in her bed. Class III	A 152		