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 _____	R 02/10/2022

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 revisit to a complaint survey (complaint number 2021010609) 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}		

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 _____	R 02/10/2022

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 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 and staff and resident interviews, the facility failed to provide a safe and decent living environment free from pests in 3 of 6 sampled residential buildings. (building 5 - male section, building 6, and building 7). 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 9:42 AM and ending at approximately 10:40 AM. The following was observed during the tour: 1. Building 5 (male section) - one dark colored, ballpoint pen tip sized bug was observed crawling on the covered box spring of the bed. Employee A confirmed the pest to be a bed bug and stated this was Resident #1's bed. 2. Building 6 - one dark colored, ballpoint pen tip sized bug was observed crawling on the covered box spring of the bed. Employee A confirmed the pest to be a bed bug and stated this was Resident #3's bed. 3. Building 7 - one dark colored, ballpoint pen tip sized bug was observed crawling on top of the comforter on the bed. Employee A confirmed the pest to be a bed bug and stated this was Resident #2's bed. (Photographic evidence	{A 152}		

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 _____	R 02/10/2022

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 152}	Continued From page 2 obtained) An interview was conducted with the Administrator on at approximately 10:42 AM. She stated the facility had been heat treating the rooms for bed bugs weekly and they maintain a treatment log. Building 5 was treated 3 weeks ago, Building 7 was treated on . According to the Administrator, all buildings were sprayed with Temprid SC on . She stated the staff did find a live bed bug yesterday. She added that an exterminating company will charge $2,000.00 and will only guarantee the bed bug treatment for 30 days, so if you see a bug on day 31, you have to pay another $2,000.00. An interview was conducted with Employee A on at approximately 11:18 AM. She stated building 6 was last treated for bed bugs on . An interview was conducted with Employee B (maintenance) on /222 at approximately 10:53 AM. She stated she is inspecting each room weekly and is treating a room every day. She goes in and sets up one or two bed bug heaters depending on size of room, then places fans to circulate the air, as placing a fan in with the heater gives you 50-75 more . She leaves the heaters running in the room for hours and the temperature gets up to 130-144 degrees. She stated that should kill them all. After the heat treatment is complete, the staff clean the room, vacuum, place new bedding on the bed, and clean the bed rails. Then they spray the room with the Temprid chemical. She stated she is finding small, baby bugs about weeks after treating the rooms and then she treats the room again.	{A 152}		

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 _____	R 02/10/2022

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 152}	Continued From page 3 An interview was conducted with Resident #2 on [redacted] at approximately 11:05 AM. He stated he observed bed bugs in his bed 2 nights ago but he did not report it to the staff. An interview was conducted with Resident #4 on at approximately 11:09 AM. He stated he observed bed bugs on his bed 2 days ago and he reported it to the staff. He stated the staff then put some powder behind his bed. Class III	{A 152}		