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 07/12/2022

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 2nd revisit to a complaint survey (complaint number 2021010609) was conducted at Happy Acres Assisted Living Facility Inc on [redacted] to [redacted]. A standard biennial re-licensure survey with limited mental health specialty license review was conducted in conjunction. Deficiencies were found to be uncorrected at the time of the survey.	{A 000}		
{A 152} SS=F	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 [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] 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	{A 152}		

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 07/12/2022

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 keys to resident bedrooms to be used in the event of an emergency. (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 observations, staff and resident interviews and record review, the facility failed to provide a safe and decent living environment in 8 of 10 sampled residential buildings. (Buildings 1, 4, 5A, 6, 7, 8, 9, & 10) The findings include: Tours of the facility to observe for the presence of pests were conducted on from approximately 10:35 AM to approximately 2:30 PM and on from approximately 8:37 AM to approximately 9:40 AM. The following was observed during the tour: 1. Building 4 - multiple dark colored stains of varying sizes indicative of bed bug excrement on covered box spring of bed #3 in bedroom #1. 2. Building 5A - four small, brown colored bugs crawling on the covered box spring of bed #1. Two of the bugs approximately the size of chia seeds and two of the bugs approximately the size of apple seeds; small, multiple sized, dark colored stains indicative of bed bug excrement on mattress cover and box spring cover. One brown, apple seed sized bug crawling on top of the covered box spring of bed #2. (Photographic	{A 152}		

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 07/12/2022

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 evidence obtained) 3. Building 6 - multiple dark colored stains of varying sizes indicative of bed bug excrement on covered mattress and covered box spring of bed #1 and on fitted sheet and covered box springs of bed #2. 4. Building 7 - one small, brown colored, ... bug approximately the size of a chia seed on top of the covered box spring and multiple dark colored stains of varying sizes indicative of bed bug excrement on pillowcase of bed #2 in bedroom #4. 5. Building 8 - layer of accumulated gray , and black biological growth on the ceiling vent, a brown, discolored patch of ceiling surrounding the vent, and a loose top bathroom door hinge causing the door to drag on the floor for bedroom #3, broken bathroom doorknob in bedroom #4, and strong odor in bathroom between bedrooms #3 and #4. 6. Building 9 - cracked, loose tile surrounding the bathroom floor vent, black substance in the right corner of the tub and wall, rubber baseboard separating from base of tub in bathroom between bedrooms #3 and #4, and warped bathroom door in bedroom #1. 7. Building 10 - one small, brown colored bug approximately the size of an apple seed crawling on the covered box spring of bed #2 in bedroom #1 and one small, brown colored . . . . bug approximately the size of an apple seed on the covered box spring of bed #2 in bedroom #2. Bathroom noted with strong odor. An interview was conducted with Resident #3 on	{A 152}		

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 07/12/2022

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 . . . . . at approximately 11:05 AM. She stated she has been bitten by bed bugs and pointed to a raised area at the base of her left thumb approximately half the size of a lemon seed. An interview was conducted with Resident #2 on . . . . . at approximately 11:18 AM. She stated she has been bitten by bed bugs and pointed to a raised area approximately the size of a lemon seed on her right middle . An interview was conducted with Resident #11 on . . . . . at approximately 2:15 PM. He stated he has not seen live bugs in his home recently. Bed bug excrement was observed on the covered box spring at the time of the interview. An interview was conducted with Resident #12 on . . . . . at approximately 8:39 AM. He stated there is a bed bug crawling on his bed right now and pointed to a small, brown colored bug approximately the size of an apple seed crawling on the covered box spring. He stated staff will spray his room and use heat in the room when bed bugs are found, sheets are changed once a week, and his room is dirty. An interview was conducted with Resident #13 on . . . . . at approximately 9:24 AM. He stated he observed live bed bugs in his room but was unable to state when. He stated his room was sprayed and heat treated yesterday for bed bugs and the room is being heat treated again today. An interview was conducted with the Owner/Administrator on at approximately 10:40 AM. She stated buildings are cleaned daily, residents are required to keep their own rooms clean per their contracts, but staff provide assistance. She stated once bathrooms	{A 152}		

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 07/12/2022

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 4 are cleaned there are residents that urinate on the floor and bathrooms are not cleaned each time that happens, and those residents are grouped in the same homes. She stated staff are supposed to log anything that needs to be repaired in the maintenance book and the maintenance book only has blank pages because once repairs are completed those sheets are thrown away. On at 12:10 PM, an observation of Resident #8's room located in Building 1 revealed live bed bugs on the pillow and pillowcases. During the observation, Resident #8 stated, "Oh my gosh, it's a bed bug and not a deer tick?" Resident #8 continued, "that is a shame, we should not have to live like this". She also stated she "still feels the bed bugs crawling on her at night". Resident #8 removed the blanket and sheets which revealed tiny red stains on the mattress cover. Observation of Resident #8's arms revealed no bites or sores, however Resident #8 indicated she had previously been bitten. Resident #8 reported that facility staff just did the heat treatment in her room a couple weeks ago. On at approximately 12:30 PM, an interview was conducted with the Owner/Administrator who reported that she and staff were currently in the process of heat treating every building and have been since being advised the facility had bed bugs in . The Owner/Administrator reported that the facility owns (5) heat treating machines for the rooms and stated that she was trained to treat the bed bugs herself. The Owner/Administrator reported that she had provided a copy of her certification to the Field Office after the survey conducted on . The Owner/Administrator reported that the pest control company wanted to charge	{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 07/12/2022

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 5 her $40,000 to treat the facility and that if she had to pay this, the facility would have to shut down. The Owner/Administrator insisted that some of the residents who live in the facility shop at the local thrift store and keep bringing bed bugs to the facility. The Owner/Administrator reported that the pest control company advised her that she would not get rid of them and the facility would have to treat for at least a year before they could eradicate them. The Owner/Administrator reported that the facility does their own heat treatment and use the same spray that pest control uses. On at approximately 1:00 PM, Resident #8 was observed sleeping in her bed with her down in the pillow where bed bugs were observed to be present. On at approximately 1:00 PM, Resident #6 who resides in Building 1 reported that there were bed bugs in Building 1, bedrooms #3 and #4 but she wanted to keep it quiet. Resident #6 stated the bed bugs were in all their rooms. A record review of a bed bug inspection report dated from a pest control company revealed "Bed bugs are hitchhikers and can be introduced in many ways. Once that is identified, it must be corrected. If it needs a treatment we recommend it. If the source is not controlled, like your situation, bed bugs will be a constant issue that will need to be addressed on a frequent case-by-case basis. Sources of the introduction of these pests must be corrected for treatments to be successful. Even when we successfully treat for any pest, elimination is very rare." Class III	{A 152}		