

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968875	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOME AT RIVERWOOD

**6873 SW US HWY 27
FORT WHITE, FL 32038**

(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 2022006333 and 2022006343) was conducted at Our Home at Riverwood on through Deficiencies were identified at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER OUR HOME AT RIVERWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 6873 SW US HWY 27 FORT WHITE, FL 32038		
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A 026	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview the facility to provide an ongoing activities program for residents. Review of the facility's Activities Calendar revealed there were activities scheduled on at 10:00 AM, 11:00 AM, 2:00 PM, and 3:00 PM, and on at 10:00 AM, 11:00 AM, 1:30 PM, and 3:00 PM. Observations in the facility on at 2:15 PM and 3:15 PM, and on at 11:00 AM revealed none of the scheduled activities were being conducted. During an interview on at approximately 5:06 PM, Resident #7 stated there were no activities provided today and its like that on most days. During an interview on at approximately 5:10 PM, Resident #1 stated the staff don't conduct activities with the residents. Resident #1 stated they always have the TV on in the living room and that's about it. During an interview on at approximately 3:43 PM, Staff A, Medication Technician, stated Staff D, Medication Technician is responsible for activities. Staff A confirmed the bean bag toss scheduled for 3:00 PM on did not take	A 026			

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A 026	Continued From page 2 place. During an interview on _____ at approximately 12:20 PM, Staff D, Medication Technician confirmed she is responsible for providing activities. Staff D stated the Administrator told her that activities are canceled all this week and next week. During an interview on _____ at approximately 1:05 PM, the Vice President of Operations stated there have been no resident activities conducted because they are transitioning Staff D into the position of Activities Coordinator. Class III	A 026		