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
	AL11911212	A. BUILDING: _____ B. WING _____	12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY'S ASSISTED LIVING FACILITY	1451 NW 20TH STREET FORT LAUDERDALE, FL 33311

(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 Relicensure with Limited Mental Health (LMH) and Generator Monitoring survey was conducted on at Kelly's Assisted Living Facility. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 152	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
	AL11911212	A. BUILDING: _____ B. WING _____	12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY'S ASSISTED LIVING FACILITY	1451 NW 20TH STREET FORT LAUDERDALE, FL 33311

(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 interviews, it was determined that the facility failed to ensure a safe living environment free of hazards, for 29 of 31 individuals residing at the facility. the findings included: On from 9:00 AM to 3:00 PM, many environmental concerns were observed and noted. There was an overwhelming unpleasant odor at the entrance of building 1451. The odor was pervasive throughout the entire building. The same unhealthy odor was also evident in building 1441. The Administrator and the Manager were informed. a. The entrance door of building 1451 was heavily stained with black marks masking the door's painting. b. There was a worn out chair kept in the medication room. The chair was heavily soiled. c. The toilet seat in the bathroom near bedroom #3 was , , and needed to be replaced. d. The cabinet of the bathroom sink near bedroom #3 was in disrepair. e. The air conditioning vent in bedroom 3 was filmed with dust with evidence shown on the ceiling. f. The bathroom near bedroom #4 and bathroom #5 had no mirror. g. The ceiling of bedroom #5 was plastered and	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
	AL11911212	A. BUILDING: _____ B. WING _____	12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY'S ASSISTED LIVING FACILITY	1451 NW 20TH STREET FORT LAUDERDALE, FL 33311

(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 not repainted. h. The dining room ceiling in building 1451 was plastered and needed to be repainted. i. There were six chairs placed outside of building 1441 that were totally worned out and dirty. j. The outside wall on the Southside of building 1441 was dirty, multiple stains throughout. k. There were two chairs observed outside of building 1451 with no seats. A wooden plancard was used as seat. l. There was a telephone line that hung right accross the exit door of building 1451 that posed a safety hazard. m. There was an severely delapidated white recliner observed on the Northside of building 1451. n. The exit door on the Northside of buidling 1451 was heavily soiled with black stains. o. The facility used discarded food cans as cigarettes buds holders. They were rusted and unsanitary. All the chairs outside of the facility were in total disrepair and needed to be discarded. The findings were discussed with the Administrator during the exit meeting on at 3:01 PM, She acknowledged the identified issues and said she will address them. Class III	A 152		