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
	AL11966739	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN	RETIREMENT HOME, INC	342 SW 34TH TERRACE DEERFIELD BEACH, FL 33442

(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, Complaint (#2025000609 and #2024011842), and Generator Monitoring survey were conducted on at Open Retirement Home, Inc. The facility had deficiencies related to the Relicensure at the time of the survey. Complaint number #2025000609 and #2024011842 were not substantiated.	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	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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 observation and interview, the facility failed to ensure the environment was free of unpleasant odor and the physical plant was accommodating or homelike for 6 of 6 residents. The findings included: On at 10:31 AM, upon entering the facility, an unpleasant odor was noted. The overpowering odor was stronger near bedroom #1 located on the South side of the facility. A quick tour of # revealed that it was not neatly organized. The beds were not made, the room was cluttered and there was a puppy barking constantly in the room. Resident #1 and Resident #2, two female ladies shared that room. Residents #1 and #2 said, soon after during an interview, that they were fine and had no problems. They did not voice any concerns regarding their room's condition. They were observed and noted to be independent. Both Resident #1 and Resident #2 were observed ambulating in the facility independently. Resident #3 and Resident # 4 shared # and did not report any problems. But Resident #3 was overheard screaming out for the puppy to	A 152		

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A 152	Continued From page 2 "shut up". Resident #3 was lying in bed and did not leave the room during the survey. Resident #4 walked around and was observed watching television in the family room. As the Surveyor walked throughout the building, the following environmental concerns were observed: a) The popcorn ceiling at the foyer had a hole and was flaking. There were multiple areas of the ceiling (including the living room, the bathroom on the Southside at the end of the hallway, and the family room ceiling) that were observed to have holes and were flaking b) The odor near bedrooms #3 and #4 was pungent and overwhelming. Resident #5, a hospice resident, could not voice an opinion regarding the environmental condition, and Resident #6 thought everything was fine. However, the odor in Resident #6's bedroom was even stronger. Resident #6 stated when interviewed on at 10:45 AM, she tried to keep the room clean. A statement that did not correspond with the condition of the room. c) The light switches in the hallway adjacent to # and the kitchen were covered with masking tape. The tape along with the light switch plate was heavily soiled with black marks. d) The shower in the bathroom at the end of the hallway across from # was used as storage. e) The hallway leading to bathroom near bedroom #4 was cluttered furnishings. f) A refrigerator was observed in # which is used to store foods for the facility. The Administrator said, when interviewed on at 10:45 AM, the refrigerator did not belong to Resident #5 who resided in the room. The refrigerator was used to store extra food for	A 152		

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A 152	Continued From page 3 the residents. The Administrator said on at 11:00 AM, that they did not use the shower located near bedroom #4. She said that all the residents used only one shower room located near the entrance of the facility. The Administrator also said that Resident #6 did not like to shower. The Administrator said she was told not to "force" the residents to do what they do not want to do, including shower. Yet, It was evident that the hygiene condition of # resulted in the environmental odor throughout the entire area to be unpleasant, pungent, and intolerable. Class III	A 152		