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
	AL11910727	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POMPANO RETIREMENT VILLAGE	501 S.W. 2ND PLACE POMPANO BEACH, FL 33060

(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 The deficiencies were not corrected during this revisit survey. The Pompano Retirement Village Assisted Living Facility is not in compliance the requirements for ALFs, related to the allegations reviewed.	{A 000}		
{A 152} SS=G	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must 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 shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident 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 a comfortable height to ensure easy access by the resident. 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, 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 to be used in the event of an emergency. (d) Residents who use portable bedside	{A 152}		

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{A 152}	Continued From page 1	{A 152}		

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 shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility did not maintain a safe living environment and did not ensure that all existing architectural, structural systems and appurtenances are maintained in good working order. This deficiency was not corrected during this revisit survey.

The findings are:

In various observations on from 9:50am to 10:25am accompanied by the administrator, the following was noted:

1. Residents #21 and 22 were smoking cigarettes a few feet away from the awning-covered patio area located next to the main dining approximately 35 feet away from the above-ground, flammable, propane gas tank located on the southwest. This tank had a clearly-posted sign on its surface indicating that smoking is prohibited within a distance of 50 feet from the tank.

2. Resident #A3, A6 and B7 had air conditioning units with excessive dust build-up on their filters or coils.

3. The central food pantry had several rodent or

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{A 152}	Continued From page 2 vermin fecal droppings on its shelves next to packaged, unprepared resident food, bottled water and dining supplies. All the above observations were made in conjunction with and acknowledged by the facility administrator on . . . . In an interview with the administrator on . . ...at 9:55am, she stated that residents #21 and 22 were smoking cigarettes within the area that was deemed unsafe by the local fire authority and the facility had planned to paint the floors surrounding the patio area to mark the allowable smoking areas to the residents, but it had not done so as of . . . Class II	{A 152}		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Pompano Retirement Village
501 S.W. 2nd Place
Pompano Beach, FL 33060

Dear Administrator:

This letter reports the findings of a 3rd revisit survey to complaint #9926 conducted on 2012by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

All deficiencies shall be corrected immediately.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

R C Boyles AHFE Supervisor
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BB17

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