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
	AL11965386	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWOOD RESIDENCE AT BOYNTON	2400 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426

(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 Assisted Living Facility Complaint Inspection #2012009823 Survey was conducted on _____ Homewood Residence at Boynton Beach, had a deficiency found at the time of the visit.	A 000		
A 152 SS=D	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 bedroom 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 bedrooms 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 observations and interviews, the facility failed to ensure adequate linen service was provided for two of eight sampled residents (Resident #4 and #5), evidenced by excessively soiled linens observed in beds that were made up for the day.

The findings include:

During a tour of resident conducted beginning at 11:10 AM with the health and wellness director present, the following concerns were noted:

1. Resident #4's bed was confirmed by the health and wellness director as made up for the day. Close observation of his pillow, bottom sheet, two liners and the mattress revealed excessive soil and/or stains in an area near wear the resident rests his head during sleep; the sheet and liners emitted a foul odor. In interviews conducted with staff present at the time on at approximately 11:00 am, revealed no specific knowledge of the source or cause of the odor/soil/stains.

2. Resident #5's bed was confirmed by the health and wellness director as made up for the day.

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A 152	Continued From page 2 Close observation of her bottom sheet and liner were soiled in the center of the bed and odor was present. The health and wellness director acknowledged the findings; she stated facility policy was to change the linens weekly and as needed. These concerns were discussed with and acknowledged by the administrator on at 1:32 PM. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Homewood Residence At Boynton
2400 South Congress Avenue
Boynton Beach, FL 33426

Re: CCR #2012009823

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Monica Thurman-Smith

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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