

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER SUMMER TIME LODGE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 909 NORTH WYMORE ROAD WINTER PARK, FL 32789		
(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 Complaint Inspection CCR#2013002876 was conducted on There was a deficiency found at the time of the visit.	A 000			
A 152	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			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0999

RP2N11

If continuation sheet 1 of 3

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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 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 provide and maintain a home-like and decent environment in which to provide for the safe care of the residents. Findings: During the tour of the facility on at approximately 9:30 AM the following random were chosen, Observations were made as follows: Had ceiling tile in the shower and was damaged. The ceiling tile that was over the toilet had black and brown substance and there were cracks in the ceiling tile in the shower The ceiling tile in the shower was crack. The shower curtain had black mildew like substance on it. The bottom of the was rotting. had black mildew like substance on the wall next to bed#1. There was a hole on the wall in the closet. The wall behind bed #1 was dirty, the was dirty. There was a hole in the ceiling tile in the shower.	A 152			

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A 152	Continued From page 2 There was a spider web on the wall next to bed #1, the lamp shade was full of dust and the mini _____ was torn, the border on the wall next to the dresser was broken. There was black mildew like substance by the window, the ceiling tile in the shower was cracked and the light fixture in the ceiling was broken The wall paper was peeling off the wall located next to the window, the ceiling tile in the _____ /shower was cracked. The administrator stated on _____ at approximately 12:30 PM that the above items would be taken care of. Class III	A 152		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Summer Time Lodge, Inc
909 North Wymore Road
Winter Park, FL 32789

Dear Administrator:

Re: CCR #2013002876

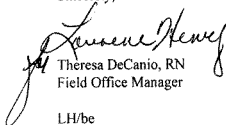
This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

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 2013, 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 surveyor(s). Should you have any questions please call Lorraine Henr at

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

