STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	06/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
City Walk Active Living	534 Datura Street West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An assisted living facility biennial standard licensure survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS) was conducted on and City Walk Active Living, had licensure deficiencies found at the time of the visit.

This survey was conducted in conjunction with complaint inspections CCRs 2013004029, 2013005885 and 2013006002. Reference the separate reports.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and interviews, the facility failed to ensure direct-care staff received required training for 1 out of 3 sampled employee records (Resident #1). The required and Related (ADRD) level I and level II trainings were not conducted in a timely manner.

The findings included:

Employee record review was conducted on with the facility's Director of Administrative Services (DAS) present. Review of Employee #1's personnel record revealed the following. Employee #1 was hired . Her file contained two certificates for ADRD training: Level I was dated , more than 14 months late; Level II was dated , more than 6 months late. A certificate for the required annual continuing education dated did not list the number of hours. Review of the current staffing schedule revealed Employee #1 was listed as working in Sunshine East unit, located in the facility's secured unit.

In an interview conducted at 4:10 PM, the DAS acknowledged the above concern; she confirmed Employee #1 was a direct-care staff member who worked in the facility's secured unit and confirmed no additional documentation was available related to this issue. This was discussed with the Administrator on at 4:37 PM.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	06/18/2013

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, it was determined the facility did not maintain a safe living environment and ensure that all existing electrical and structural systems are maintained in good working order.

The findings include:

1) Observations on at approximately 12:20 PM found Resident #16's not have light fixture that worked and had a foul-like smell coming from it.

2) In an interview with Resident #16 on at approximately 12:20 PM, he confirmed that the light in the to be changed and stated his toilet does not work either.

3) During tour of the Sunshine Unit (West & East wings - secured unit), conducted on beginning at approximately 10:15 AM, the following concerns were identified:
a) The the left as you enter the West wing contained a air circulation fan that was heavily dust laden.
b) The shower the left as you enter the West wing contained a shattered ceiling light fixture and the shower drain was not secured to the floor
c) use of a 2 pronged extension cord that was draped over the closet doorway that had a 3 pronged device plugged in it.
d) closet door was difficult to open (drags on the floor)
e) a cracked window
f) a large hole behind the toilet that exposed the plumbing that measured approximately 2' X 3'. There was a strong musty odor in this
an extension cord, that was not currently in use, was draped over the entrance/exit doorway
h) broken blinds on window and coffee pot plugged in with coffee in the pot
i) Window at end of hallway (near 220 & 221) contained broken blinds
j) contained a large knot of cable wire that was and hanging from the ceiling
k) contained broken blinds on the window and the toilet in the heavily soiled with a yellow substance (there was a strong odor in this

During subsequent interview and tour of the above noted concerns on the Sunshine Unit conducted with Employee #10, on at approximately 2:35 PM, she acknowledged the concerns and stated she would report the items to be corrected. She stated that maintenance had been in last Friday to and had worked on the plumbing because there was a leak.

Class III

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AL 241-LMH - Records 58A-5.029(2) FAC
Based on interviews and record review, the facility failed to maintain required limited mental health documentation for 1 out of 3 sampled residents (Resident #2). The record did not include required documentation that certified the resident meets the criteria to be a limited mental health resident.

The findings included:

On [redacted] at 9:20 AM, a current list of limited mental health residents was requested and received from the Administrator; Resident #2 was on the list. Review of facility records and Resident #2's record conducted [redacted] revealed no documentation such as Form CF-ES 1006 issued by Department of Children and Families (DCF), received within 30 days of admission, showing he was a mental health resident receiving social security [redacted] benefits or supplemental security income or [redacted]

On [redacted] at 3:05 PM, this information was requested from the Administrator; a form titled Appointment Notice/Request for Information issued [redacted] by DCF was provided. At 4:10 PM she stated they could not locate the requested documentation. She confirmed there was no related documentation available.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interviews and record review, the facility failed to ensure an updated background screen was obtained and documentated in the employee record for 1 out of 4 sampled employee records (Resident #3).

The findings included:

Employee record review was conducted on [redacted] with the facility's Director of Administrative Services (DAS) present. Review of Employee #3's personnel record revealed her most recent Level II background screening expired on [redacted] Further review of the record revealed no evidence the background screening had been updated by the expiration date.

In an interview conducted [redacted] at 4:10 PM, the DAS acknowledged the above concern. She confirmed Employee #3 was a direct-care staff member and confirmed no additional documentation was available related to this issue. This was discussed with the Administrator on [redacted] at 4:37 PM.

Class III

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
City Walk Active Living
534 Datura Street
West Palm Beach, FL 33401

Re: Standard Biennial Survey, Limited Mental Health and Limited Nursing Services

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 , **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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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