STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	07/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nova Palms ALF	1600 Taft Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial re-licensure survey was conducted on . . . . . Nova Palms ALF had a licensure deficiency found at the time of the visit.

Note: The survey was conducted in conjunction with the revisit to CCR #2013002386. Please refer to the separate report.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment and to ensure that all existing architectural, mechanical, electrical and structural systems were maintained in good working order.

The findings include:

1. On . . . . ; at 12:00 PM, a tour was conducted of the two dining . . . . . Throughout both . . . . . the floors adjacent to the baseboards were observed to have a build up of dirt and grime. The floor area under a large metal cart located next to tables occupied by residents was observed to be dirty. The Administrator was interviewed on . at 4:30 PM and no additional information was provided.

2. On , during a tour of the residents' . . . . . at approximately 10:00 AM with the Administrator, the following was observed.

a. In . . . . # , occupied by two residents, there was ceiling damage observed in the ; the . . . . . was observed to be haphazardly patched; the baseboard in the observed to not be . . . . . to wall. The outlet wall box was missing and there were several thick spider webs.

b. The a/c vent in the hallway was dusty.

c. In occupied by two residents, there was ceiling damage observed in the .

d. In , there was ceiling damage observed in the .

An interview was conducted with the Administrator on . . . . . ; at approximately 11:10 AM during which she confirmed the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Nova Palms ALF
1600 Taft Street
Hollywood, FL 33020

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (5000-3547) Form

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