STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	06/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Abbey Ormond Beach	1410 Hand Avenue Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2013006553, was conducted on , 2013. Golden Abbey Ormond Beach had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview with the administrator, the facility failed ensure that the Resident Health Assessment (Agency for Health Care Administration form 1823) was completed in full to include what type of assistance is required with self-administration of medication for 3 out of 3 sampled residents (Residents #1, #2 and #3) and what type of diet was required for 1 out of 3 sampled residents (Resident #2).

The findings include:

A review of Resident #1 ' s chart revealed an admission date of and diagnosis of and A review of Resident #1 ' s Resident Health Assessment (Agency for Health Care Administration form 1823) dated , section 2B, assistance with self-administration of medication, was left blank.

A review of Resident #2 ' s chart revealed an admission date of and a diagnosis of and A review of Resident #2 ' s Resident Health Assessment (Agency for Health Care Administration form 1823) dated , section 2B, assistance with self-administration of medication, was left blank. Further review of section 1B, special diet instructions, was left blank.

A review of Resident #3 ' s chart revealed an admission date of and a diagnosis of , Parkinson ' s, and . A review of Resident #2 ' s Resident Health Assessment (Agency for Health Care Administration form 1823) dated , section 2B, assistance with self-administration of medication, was left blank.

In an interview with the administrator on at 4:37 PM, he confirmed that Resident #1, #2 and #3 ' s Resident Health Assessment (Agency for Health Care Administration form 1823) were incomplete. He reported that he would talk to the doctor and get it corrected.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on and staff interview, the facility failed to maintain existing appurtenances in working condition (call lights) in 4 out of 8 observed , #13, #25 and #26).

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The findings include:

An observation of resident 12, 13, 25 and 26 on at approximately 3:00 PM, revealed each resident an attached private a tub/shower combination. On the wall, next to the tub/shower was a call light system with a string attached. Upon pulling the string on the call light system, no light or sounds were present.

In an interview with the supervisor on at approximately 3:02 PM, she reported that the call lights have " never worked " .

In an interview with the administrator on at approximately 3:15 PM, he reported that the call lights in 12, 13, 25 and 26 were not functional. He reported he did not have them fixed because it was going to be " $12,000 " .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Re: CCR #2013006553

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2013 by a representative of 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 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

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