STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964677	**08/19/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orchid Terrace	**111 Moorings Park Drive Naples, FL 34105**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
This is the Extended Congregate Care (ECC) survey conducted on . at Orchid Terrace, an Assisted Living Facility (ALF) having a census of 72 residents, with 34 residents receiving ECC services.

The following is a description of non-compliance:

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

Based on record review, observation, and interview the facility failed to ensure a safe living environment that is free from hazards for 2 (Residents #3 and #4) of 16 residents identified by the facility as using side rails on their beds.

The findings include:

During tour of the facility on , between 9:45 a.m. through 11:00 a.m., side rails were observed on resident beds. The Administrator, present during the tour, acknowledged that some residents use side rails.

Upon interview on . at 11:30 a.m., the ECC (Extended Congregate Care) Supervisor stated that approximately 10 residents had side rails that were not attached to the bed, but had a rail that slipped under their mattress (to hold the side rail in place). Residents #3 and #4 were identified, by the ECC Supervisor as being part of this group of 10 residents.

Observation of the bed for Resident #2 at 12:30 p.m. on with the Administrator present, revealed 2 quarter side rails located at the head of the resident's bed (one side rail on each side of the bed). The surveyor pushed on the each side rail and each one slid easily out from the side of the bed, creating a large gap (approximately 12 inches) from the side of the mattress. The Administrator stated, "These (side rails) were brought in by the resident's family, they are used to help (the resident) get out of bed independently." The Administrator acknowledged, at this time, that the side rails were not attached to the bed to prevent movement that would create a gap between the side rail and the mattress.

Observation of the bed for Resident #4 at 12:45 p.m. on , with the Administrator present, revealed one quarter side rail located on the right side at the head of the resident's bed. The surveyor was able to slide the side rail out from the side of the bed creating a large gap (approximately 12 inches) from the side of the mattress. The Administrator acknowledged, at the time, that the side rail was not attached to the bed to prevent movement that would create a gap between the side rail and the mattress.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Orchid Terrace
111 Moorings Park Drive
Naples, FL 34105

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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