AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus at Barrington Place
2341 West Norvell Bryant Highway
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013009227

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

Enclosed 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 (386) 462-6201.

Sincerely,

Allison D. Hahn, HFS for
Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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14101 N W Hwy 441, Suite 800
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963839	08/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Barrington Place	**2341 W. Norvell Bryant Highway Lecanto, FL 34461**	
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:

0000-Initial Comments

On unannounced complaint survey CCR #2013009227 was conducted at Emeritus at Barrington Place Assisted Living Facility in Spring Hill, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on interviews and observations the facility did not maintain an environment free from hazards (mold) for 1 of 11 resident for resident #3.

Findings:

On at approximately 10:15 AM during an entrance conference with the Administrator. The Administrator stated that the facility was in the process of being remodeled. She admitted that there was mold discovered in one of the resident's She said that the resident was moved to another does not have mold and they are waiting for the contractor to come and make the repairs. She stated she is not aware of any other mold problems in the facility.

On at approximately 10:30 AM an interview was conducted with the facility Maintenance Director in reference to mold being found in resident The Director stated that there was mold discovered on the closet ceiling in resident #3 He said he has gotten a painting contractor scheduled to come in and replace the contaminated drywall. He said he has also informed his housekeeping staff to check the resident's for mold or leaks and to report it to him immediately.

On at approximately 11:50 AM it was observed in resident that the closet ceiling was covered with a dry black powdery substance which appeared to be mold. Pictures were taken of the ceiling and the Citrus County Department of Health was notified of the findings.

Class III