STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	09/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Personal Elder Care Ii	5739 Orchard Way West Palm Beach, FL 33417	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility biennial relicensure survey was conducted on . Personal Eldercare II, had a licensure deficiency identified at the time of this visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, interviews, and record review it was determined the facility failed to encourage residents to participate in activities within the facility and community for 5 of 6 sampled residents (Residents #1, #3, #4, #5, and #6). In addition, it was determined the facility failed to consult with the residents in selecting, planning, and scheduling activities for 5 of 6 sampled residents (Residents #1, #3, #4, #5, and #6).

The findings include:

The activity calendar that was posted for resident reference indicated the following activities for Friday as follows:
9:00 AM - 10:00 AM Sittersize
1:30 PM - 2:30 PM board games
6:00 PM - 7:00 PM ice cream social
There were no activities observed as being provided by the facility on , from 8:00 AM - 2:00 PM, during the survey.

During interview with Resident #1, conducted on , beginning at approximately 9:07 AM, he stated activities are not even offered anymore. He stated "it out due to lack of interest". When asked if anyone from the facility has ever asked what kinds of activities he would be interested in, he replied, "no".

During interview with Resident #3, conducted on , beginning at approximately 1:20 PM, he stated "activities are not offered". He stated, "he watches television".

During interview with Resident #4, conducted on , beginning at approximately 9:20 AM, he stated, "he did not know about any activities". He stated he just watches television.

During interview with Resident #5, conducted on , beginning at approximately 9:32 AM, he stated, "no activities are offered". He stated, "he spends time on the porch smoking cigars".

During interview with Resident #6, conducted on , beginning at approximately 9:45 AM, he stated "activities are not offered". He stated he does not want to participate in anything that is on the calendar, anyway. He was asked if anyone ever talked to him about things that he does enjoy. He replied, "no".

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During interview with Employee B, conducted on [redacted] at approximately 11:10 AM, she was asked what activities she assists with on her shift. She replied, "she does not offer activities because the residents just want to watch television and smoke.

During interview with Employee C, conducted on [redacted] at approximately 11:00 AM, she was asked how she gets residents to participate in activities noted on the schedule. She stated, "basically the residents are on their own". They refuse and just want to watch television.

During interview with the Administrator, conducted on [redacted] at approximately 1:30 PM, she was asked for a copy of the activities calendar that is posted. She provided this for review. She was informed that 5 of 6 residents stated activities are not offered and that they are not interested in the activities that are posted anyway. She stated that the residents refuse to participate in the activities. She was asked if she or anyone ever talked to the residents about what they would like to do. She stated they have talked about it in the past at Resident Council meeting. She stated, some will attend religious services on Sunday, when it is offered. (Religious services are not noted on the calendar that was posted). She stated the residents just want to watch TV or smoke. She was asked if she or any staff member documents that they have talked to the residents about what activities they would enjoy and document any refusals to participate. She acknowledge this documentation does not exist.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Personal Elder Care II
5739 Orchard Way
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a state licensure 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

L. Mayo-Moore, Supervisor

Arlene Mayo-D.. is
Field Office Manager

AMD
Enclosure

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