STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	09/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Hope Manor	2251 Nw 29th Court Oakland Park, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial relicensure survey was conducted on . . . . . Good Hope Manor, had licensure deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview, the facility failed to ensure regular and therapeutic menus to be used by the facility, are reviewed to ensure the meals are commensurate with the nutritional standards established in this rule.

The findings include:

During a tour of the kitchen on . . . . with the Maintenance Supervisor at 10:00 AM, a list of residents receiving therapeutic diets was not observed. An interview with the Cook at this time, revealed she was not aware of any residents on a special diet, she stated everyone gets the same thing. The facility did not have any sugar free condiments or snacks observed. During an interview with the facility Owner on . . . . . at 11:13 AM regarding . . . . . diets she identified 13 residents as . . . . . and 8 were . . . . . dependant.

Observation of the lunch meal being served . . . . . at 12:00 PM noted all of the residents received the same meals and portion sizes. During an interview at 1:00 PM with the facility Owner regarding diets for the residents identified as . . . . . and . . . . . dependant 6 randomly selected 1823's were reviewed. Two of the residents were ordered no added

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sugar diets, 2 were ordered low concentrated sugar and 2 were ordered no concentrated sugar.

During a phone interview on at 1:45 PM with the facility dietician she stated the residents on low concentrated sugar and no added sugar diets should receive smaller portion sizes and the condiments should be sugar free. A review of the facility menus reviewed by the Dietician did not contain information for no concentrated sweets and no added salt diets. The facility did not have sugar free condiments or a list posted in the kitchen indicating which residents have physician ordered therapeutic diets.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a safe and comfortable living environment for the residents.

The findings include:

During a tour of the facility on at 10:20 AM with the Maintenance Supervisor the following was revealed in resident

a) no lid for the back of toilet tank.

b) & 10 toilet tank cover cracked sharp edges exposed.

c) residents refrigerator has black growth all over inside, bottom left dresser draw broken, 1 shower knob was missing exposing sharp edge, toilet seat broken when maintenance lifted cover bugs were flying inside and toilet was a brown mess. The facility owner was called to at 10:36 AM to observe the findings.

d) the plastic shower curtain had black growth all over and the bottom of the shower was heavily soiled.

e) inside of the tub is heavily soiled.

f) door does not operate and no seat or cover on toilet, the tub

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has wet red stains inside.

g) seat pealing and covered in brown, the bathtub shower drain was out and drain was fill of unidentifiable mess.

h) has brown stained mess all over seat and inside. The tub had soiled sheets and dirty clothe laying on the bottom of the tub.

i) the bottom of the tub had black growth all over and around drain.

j) has chair with wet brown soiled towel on it, soiled shower curtain, plastic toilet seat covered with brown mess. Interview at 11:00 AM with the resident he stated he keeps the window open because it smells sometimes.

k) is cracked sharp edges exposed and the shower floor had orange stains all over bottom.

l) the toilet seat was too small for the bowl leaving a hazard if the resident sits on the seat.

m) had 3 broken tiles in the shower.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, the facility failed to ensure that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days in 1 of 3 staff records reviewed.

The findings include:

A record review of Staff " B ' s " personnel file revealed that the last Level II Background Screening was completed on , her date of hire was . Her employment application dated revealed the last date of employment was from .

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In an interview conducted on at 1:50 PM with the Human Resource Representative of the facility, she stated that she was unaware that if an employee is unemployed for more than 90 days a new background screening would have to be completed and also confirmed that she had not conducted a new background screening on this employee or checked her prior work references.

In an interview conducted on at 1:55 PM with Employee " B " she stated that she worked at a home health agency until 2012 not as previously documented on her application. She subsequently documented that she worked for this home health agency until 2012.

In an interview conducted on at 2:10 PM with a Representative from the home health agency she verified that Employee " B " ' s dates of employment were from

In an interview conducted on at 2:19 PM with a representative from the Agency for Health Care Administration background screening department she confirmed that the last background screening on Employee " B " was conducted on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 representatives 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 form 5000-3547
XG90

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