STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	09/10/2013
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-09/10/2013

Revisit Repeat Tags:
0000-Initial Comments-
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

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 follow-up survey was conducted on , 2010 at Golden Abbey in Ormond Beach Fl. Deficiencies were identified.

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

Based on observation and interviews, the facility failed to ensure that all existing electrical systems (call lights) were mainatined in good working order in resident and for 2 of 4 hallways. 1-26) affecting 26 residents. This was previously edted on , 2013.

The findings include:

During a tour of the facility on , 2013 at 8:20am the call lights were tested in the resident and on Hallway 1 and 2 1-26). None of the call lights would turn on when the string was pulled to activate the system. In 12. 13, 25 and 26," not working" stickers were affixed to the call light switch plates.

An interview was conducted with the Administrator on at 10:15 am. When asked what had been done to correct the call light system, he stated the front hall (halls 1 &2) call lights had not ever worked. The call lights on the other hallways (3 &4) did work. He further added that he had not attempted to contact an electrician to investigate why the call lights did not work. When asked how were the residents in those were able to contact staff, he stated the staff check the residents every 2 hours. He was also asked how did he determine which residents needed to be in a working call light. He stated there was no such system in place. When asked if the residents had been made aware the call lights not working on the two hallways, he stated " they don't use them".

An interview was conducted with Employee #1 on at 9:10 am. When asked if she was aware that the call lights on the two front hallways did not work, she stated "yes, they have not worked since she started working at the facility a year ago." She was asked how did the residents contact her if they needed assistance, she stated

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they let us know when they need something.

During an interview with Employee #2 on at 9:30am, when asked if she was aware the call lights were not working on the two front halls, she stated she had not known any residents to use the call lights.

An interview was conducted with Resident #1 on at 9:15am. When asked if the call lights in her working, she stated she didn't know. She had only been at the facility for two weeks and had not yet had a need to use it. She was asked if the administrator or any staff had informed her upon admission that the call lights in her not working. She stated "no".

An interview with resident # 2 on at 9:45am revealed he had been at the facility since 2013. When asked how he contacted staff when he needs assistance, he stated he rides around in his wheelchair and finds someone or if he is in bed, he waits for someone to come by. When asked if he ever used his call light in his , he stated he was not aware there was one.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

The deficiency should be corrected no later than 2013.

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 (904) 798-4201.

Sincerely,

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

KW/sm
Enclosure

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