STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911212	06/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kelly's Assisted Living Facility	**1441 - 1451 NW 20th Street Fort Lauderdale, FL 33311**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-06/13/2013
0079-Staffing Standards - Levels-06/13/2013
0093-Food Service - Dietary Standards-06/13/2013
0165-Risk Mgmt & Qa; Adverse Incident Report-06/13/2013

Revisit Repeat Tags:

0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

0000-Initial Comments

An Assisted Living Facility complaint inspection revisit survey was conducted on 06/13/2013. Kelly's Assisted Living Facility had an uncorrected deficienciey identified during this visit: A 152.

(This survey was conducted in conjunction with complaint inspection CCR# 2013006237, referenced on a separate report.)

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

Based on record review and interview, the facility failed to provide residents with a clean living environment and maintain furniture and fixtures in good working condition. This has the potential to affect most of the 25 current residents of the facility.

The findings included:

A tour of the physical plant located in Buildings 1441 and 1451 was conducted by two Agency Surveyors on [redacted] beginning at approximately 2:30 PM while accompanied by the Administrator and her Designee:

1. The following concerns identified in the [redacted] inspection report were observed to not be corrected and remained unsightly:

   a. In building 1441, in resident [redacted]:
      i. The [redacted] curtain was torn and had black/green substance covering an area around 18"x24" located at the interior bottom of the curtain;
      ii. A plastic mattress cover was cracked; and,
      iii. The dresser was still missing a drawer.

   b. In building 1441, in resident [redacted], a plastic mattress cover had cracks that were repaired with duct tape.

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2. The following new but related concerns were identified during this survey and were unsightly:

a. In building 1441, in the two community , the toilet bowls had unsightly stains near the top of the bowl rims, and excessive toilet brush marks in the sides and bottoms of the toilet bowls. Exposed plumbing for the toilets and sinks were excessively rusty; the community near resident had a lightbulb missing from the light fixture.

b. In building 1441, in resident
   i. A linen mattress cover was excessively stained;
   ii. The tall dresser had a drawer breaking apart the other dresser had a drawer missing; and,
   iii. The surface of the wall material on the front bottom of the closet near the window was chipped and/or scrapped in an area about 12"x18".

c. In building 1441, in resident , two light bulbs were out in the light fixture over the

d. In building 1451, in resident , the toilet seat was stained.

e. In building 1451, in resident .
   i. the wall was in disrepair; a resident occupying the it looked like someone ruined the wall.
   ii. In building 1451, in resident , the bedspread was soiled and had rust-colored stains near the foot of the bed.

These concerns were acknowledged by the Administrator and her Designee during the times of observation, and confirmed with the Administrator further on at 12:30 PM.

This is an uncorrected citation from the complaint inspection.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Kelly's Assisted Living Facility
1441 - 1451 NW 20th Street
Fort Lauderdale, FL 33311

RE: CCR #2012010466

Dear Administrator:

This letter reports the findings of a complaint survey revisit that was conducted on , 2013 by a representative of this office. Attached is the provider's copy of the State Revisit Report, which indicates the previously cited deficiencies found corrected. Also attached is the provider's copy of the State (3020) Form, which references the uncorrected and new deficiencies that were identified on the day of the revisit.

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,

/s/ Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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