STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966739	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open Retirement Home, Inc	342 SW 34 Terace Deerfield Beach, FL 33442	
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

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility complaint inspection survey (CCR #2013007656) was conducted on
The Open Retirement Home Assisted Living Facility had deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, it was determined that the facility failed to ensure that all existing kitchen architectural and structural systems were maintained and free of mold and mildew.

The findings include:

During the observation tour conducted with the Assistant Administrator on at 10 AM, it was noted that the storage area under the kitchen sink was in severe disrepair. Further observation revealed that a large wall board area located in the rear of the sink storage was missing and there was a heavy build-up of a black mold type substance under the missing wall area. It was also noted that the interior sides of the sink storage also had a heavy build-up of the black mold type substance. The wall board area surrounding the entire kitchen was also cracked and in disrepair.

An interview conducted with the Assistant Administrator during the observation revealed that there was severe wall damage due to a water leak in the kitchen. The water leak has been repaired. However, the wall damage and mold and mildew issues have yet to be repaired and treated.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Open Retirement Home, Inc
342 SW 34 Terrace
Deerfield Beach, FL 33442

RE: CCR #2013007656

Dear Administrator:

This letter reports the findings of a complaint 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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924