STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hillandale	6333 Langston Avenue New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0160-Records - Facility-10/15/2013
0165-Risk Mgmt & Qa; Adverse Incident Report-10/15/2013

Revisit Repeat Tags:

0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A second revisit was conducted 10/15/13 in conjunction with a complaint survey, CCR #2013010392.

Hillandale Assisted Living Facility had an uncorrected deficiency at the time of the visit.

A0030 was identified. This deficiency was previously identified at the complaint survey and at the revisit survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review, the facility failed to maintain a safe and decent environment, free of bed bug infestation for nine of nine sampled residents (Residents #1-9). The facility failed to take effective measures to treat a recurring infestation of bed bugs at the facility over the course of several months, causing multiple residents to sustain bed bug bites. (photos obtained)

Findings include:

During a complaint investigation conducted at the facility on , the surveyor observed Resident #1 at approximately 11:25 AM. The surveyor observed dark pink spots on both of Resident #1 ' s upper and lower arms and healing circular scrapes on one of her feet and one ankle.

During an interview with Resident #1 on that same date at 11:25 AM, Resident #1 stated that she was waking up with bites from being bitten at night. Resident #1 said the local health department representative had checked her few weeks earlier and confirmed bed bugs in her . Resident #1 said she saw two live bugs earlier this week and killed them herself.

On that same date at approximately 11:40 AM, the surveyor interviewed Resident #2. Resident #2 stated that she had been waking up " itchy " for several months and had found bites on her body multiple times. At the same time, Resident #2 was observed to have two dark pink raised welts on her feet.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hillandale	6333 Langston Avenue New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On that same date at approximately 12:05 PM, the surveyor interviewed Resident #4. Resident #4 stated that both she and her had been bitten by bed bugs. At the same time, Resident #4 was observed to have round pinkish bumps on her legs.

On that same date, beginning at approximately 12:45 PM, a tour of the facility was conducted with a representative of the local health department. During the tour, the health department representative confirmed an infestation of live bed bugs in six of the twelve resident in the facility, including (shared by Resident #1 and Resident #2) and (belonging to Resident #4).

During the tour at approximately 12:55 PM, the surveyor observed multiple dark reddish brown spots and stains on the sheets belonging to Resident #2. The surveyor also observed a small dark bug crawling on the corner of the mattress. The health department representative confirmed that the bug was a bed bug and noted that the stains on the sheets were likely stains and she was documenting them as indicative of bed bug activity.

During the tour, at approximately 1:05 PM, the surveyor observed a dark brown insect crawling on the pillow on the bed in # . The health department representative confirmed it was a live bed bug.

On that same date at approximately 3:15 PM, the surveyor interviewed the mother of Resident #8 by telephone. The resident ' s mother stated that Resident #8 had been reporting bed bugs at the facility for " about a year. " The resident ' s mother also said that Resident #8 visited her home frequently and transported her belongings back and forth. The resident ' s mother said there were now bed bugs at her home as a result and she was initiating treatment but was concerned that they would transfer to her home from the facility a second time since the facility was not treating the infestation.

On that same date, the surveyor reviewed a report from the local health department from an inspection of the facility that took place on . The surveyor noted that the report was " unsatisfactory " due to " infestation/presence " and noted live bed bugs were observed in 8, 10 and 12. The report also indicated that the facility did not currently have a contract with a pest control company for treatment.

On that same date at approximately 3:45 PM, the surveyor interviewed the administrator. The administrator stated that the facility was currently not under contract with a pest control company and the bed bugs were not currently being treated.

On , the surveyor reviewed a report from the local health department from an inspection of the facility that took place on . The surveyor noted the report was " unsatisfactory " due to " infestation/presence " and confirmed live bed bugs in # 1, 3, 6, 8, 9 and 12. The report stated residents must be removed from the and again indicated the facility did not currently have a contract with a pest control contract for treatment.

Uncorrected

Class I

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hillandale
6333 Langston Avenue
New Port Richey, FL 34652

Dear Administrator:

Re: **CCR# 2013010392** and 2nd Revisit to CCR# 2013004529

This letter reports the findings of a complaint survey and a second state licensure revisit survey that were conducted on , 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hillandale
6333 Langston Avenue
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a second revisit to a complaint survey, CCR# 2013004529, by representative(s) of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= J

1) A0030: Your facility failed to maintain a safe environment, free of bed bug infestation and did not take effective measures to treat an infestation of bed bugs at the facility over the course of several months, causing multiple residents to sustain bed bug bites.

Directed Corrective Actions:
1) The Assisted Living Facilty is required to immediately relocate all of the residents of the facility to other assisted living facilities or homes of family members.
2) The Assisted Living Facility is required to during the relocation process, any belongings transported from the facility must be sealed in plastic bags and laundered in a dryer at hight heat to prevent transporting bed bugs to other locations.
3) The Assisted Living Facilty is required to follow all recommendations of licensed pest control company for a treatment to effectively eradicate the bed bug infestation at your facility, including the tenting and treatment of the entire facility to include all resident areas.
4) The Assisted Living Facilty is required to contac the Pasco County Health Department and AHCA's St. Petersburg Field Office once the treatment has ben completed and request an inspection. No residents may return to the facility until a satisfactory re-inspection has been conducted by both DOH and AHCA and the facility has received written notification from AHCA that residents may return.
5) The Assisted Living Facilty is required to develop a policy and procedure to prevent future infestation of bed bugs that includes the following:

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161

a) During intake interviews, ask questions regarding unexplained bite marks and ask about infestation at prior residences, including ALFs.

b) Prevent access to resident areas prior to the intake interview and inspection of clothing and belongings.

c) Thoroughly inspect the resident's belongings for signs of infestation during the intake.

d) Launder patient clothing and belongings using high heat for drying if there are concerns about infestation.

e) Discuss bed bug prevention with any health care providers coming into the facility and consider inspecting any medical equipment brought in.

f) If the facility is concerned about an infestation, immediately prevent access to the affected , seal clothing and bedding in plastic until laundered and dried on high heat and inspect common areas frequented by the resident.

g) All facility staff must be trained on the policy/procedures and documentation of the training must be available upon request.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call . **Catherine Anne Avery**, Survey and Certification Support Branch, at (850) 412-4505.

Sincerely,

Brenan Stevens, for
Patricia Reid Caufman
Field Office Manager

PRC/kpr