STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911596	11/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Willow Wood	2855 West Commercial Blvd Fort Lauderdale, FL 33309	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency 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= C

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial licensure survey was conducted on - Willow Wood, had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, interviews and record review, the facility failed to obtain an updated AHCA Form 1823 (medical examination) and failed to ensure the medical examination was accurate, for 1 of 2 sampled residents (Resident #6).

The findings include:

Resident #6 was admitted to the facility on . She was observed on at 1:10 PM in her about 10 minutes with her Private Duty Aide (PDA) of seven years present. She was wheelchair-bound, was not communicative, held a small stuffed toy in her right hand, and her eyes were closed the entire time. In an interview conducted at that time, the PDA stated she is not able to do anything on her own and needed to be fed pureed foods. She further stated Resident #6 had recently been taken off hospice services. She was observed on at 8:40 AM being fed by her PDA.

Review of her most recent medical examination conducted revealed the following:
1. Diagnoses were listed as "[left] uterine
2. Physical and sensory limitations were listed as "needs help transferring"
3. or behavioral status was "pleasant, forgetful"
4. Special precautions listed "none"
5. Ability to perform activities of daily living (ambulation, bathing, dressing, eating, toileting and transferring) were all listed as "assistance" but there was no directions as to the extent and type of assistance needed.

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The most recent medical examination conducted prior to was dated

Further review of her records revealed:
1. A health care provider visit note dated disclosed additional diagnoses of to her right hand, decline of function, fatigue and ataxia.
2. A health care provide visit note dated disclosed additional diagnoses of , polymyalgia and .

In an interview conducted at 1:55 PM, the facility's Director of Memory confirmed the 5/10/11 medical examination was her most recent, it did not reflect many of her current diagnoses. She further stated she did not think they obtained updated medical examinations when she hospice services started or ended. She acknowledged the examination did not accurately reflect Resident #6's current conditions and needs.

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:

a) During a tour of the facility on at 10:20 AM with the Maintenance Supervisor the following was revealed: The carpet in the entrance way and hallway of the memory unit was heavily soiled. The chairs in memory unit sitting area were heavily soiled.

During an interview at 11:15 AM with the Director of Engineering he stated he has a houseman who cleans carpets but could not provide any evidence of documentation the last time the carpets were cleaned.

b) A tour of the second floor of the facility's Canopy building was conducted on at 10:20 AM with the Director of Assisted Living present. Unsightly stains were observed in the hallway carpet, a dark-colored stain about 12 inches in diameter, and a light-colored discoloration in an area about 12 inches in diameter were observed near 209 and 211.

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c) Resident room handle was missing from the closet door.

The Director acknowledged these concerns at the time of observation.

d) During the observation of the Main Dining Room the main building on 11/0 9:30 AM, the following was noted :

1) The floor carpeting was noted to have numerous heavily worn areas that also included thick black stains.

2) Numerous dining room and dining chairs (80) were heavily worn.

3) The ceiling area located over the serving areas had a large area (10' X 10') of peeling paint.

4) Ceiling air-conditioning vents (2) located above the serving station were noted to be covered in a black mold type substance.

e) During the observation of the medication storage room 8 AM located in the secured memory care unit the following were noted:

1) The wood floor area was littered throughout with trash and debris.

2) Room noted to have numerous areas of dried brown matter.

3) Room were noted to have numerous areas of dried brown matter.

4) The exterior of the mobile medication storage cart was soiled and had numerous areas of dried matter.

Class III

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Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, it was determined the facility failed to ensure that all direct care staff members are in compliance with the Level 2 background screening requirements, for 1 out of 5 sampled employee (Employee #4).

The findings include:

Record review on [redacted] of the personnel record for Employee #4 revealed a hire dated of [redacted] as Director of the memory care unit. The file did not identify the required results of a level 2 background screening. A telephone interview at 1:30 PM on [redacted] with the background unit revealed the agency does not have a background screening on file for the employee.

During an interview on [redacted] at 2:00 PM with the Administrator, the findings were acknowledged.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Willow Wood
2855 West Commercial Blvd
Fort Lauderdale, FL 33309

Dear Administrator:

This letter reports the findings of a state licensure 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 **2014** 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/dmb
Enclosure: State form 5000-3547
XG90

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