STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910671	12/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fort Lauderdale Retirement Home	401 Se 12th Court Fort Lauderdale, FL 33316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels 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 Assisted Living Facility standard biennial licensure survey was conducted on [redacted] Fort Lauderdale Retirement Home, had licensure deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interview, the facility failed to provide an ongoing activities program for a total of not less than twelve (12) hours per week. The facility also failed to offer programs that were diversified as individual and group activities in keeping with each resident 's needs, abilities and interests.

The findings include

Observation on [redacted] during a tour of the facility the [redacted] activity calendar posted on the board revealed the following: Haircuts every Monday and Tuesday from 10-1, Every Friday was Hygiene day "all day 9-5" every other Saturday was church no activity was noted on the off Saturdays and Church on Sunday. Bingo was noted from 2-3 on Mondays and cards from 1-4 on Tues. During an interview on [redacted] at 11:05 AM with the Owner/Administrator, she stated everyone gets hair cuts and cleaned up on Mondays and Tuesdays as for hygiene day on Fridays they also give haircuts. On Saturday and Sunday church had no hours noted on the calendar. The Owner/Administrator stated "that is all we have".

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Observation during the two days of survey and , there were no activities observed. Residents were observed outside, some attended a program on site and others watched TV.

Class III

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 ensure that residents are provided a decent living environment. As evidence by bed bugs and their excrement, in the mattress cover of 1 of 1 resident's bed observed (Resident #8).

The findings include:

In an interview conducted on at 1:00 PM with Resident # 8 he stated his bed had bed bugs and showed his legs which had red bumps on the lower extremities, and stated that they were bed bug bites.

On at 1:15 PM a tour was conducted with the Assistant Administrator and Maintenance Representative. Resident # 8's mattress was observed to have a clear plastic covering, the resident revealed the underside of the mattress and there was evidence of bug infestation (Photographic evidence was obtained). In an interview conducted on at 1:20 PM with the Assistant Administrator, she confirmed the findings and would contact the pest control company.

At approximately 1:30 PM the Administrator was observed driving Resident #8 to the Doctor to have his legs examined. In an interview conducted on at 2:00 PM with the Administrator , she stated that she took Resident #8 to the Doctor for an evaluation of his legs.

In an interview conducted on at 9:30 AM with the Administrator , she stated that Resident #8's Doctor could not confirm what type of bites Resident #8 had ,but prescribed for the bites.

A record review of the Department of Health, County Health Department Group Care Inspection Report dated revealed an Unsatisfactory result with the following violations:

Violation #29 - Beds 1 & 4 bed bugs and droppings observed: bed 5 bed bugs and droppings observed.

A record review of the Facility's Bed Bug Control Plan dated revealed that a corrective Bed Bug Control program was initiated on with evidence of bed bugs in Resident #8's a Bed Bug prevention service in .

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Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on observation and interview, the facility failed to ensure documentation of a written work schedule reflecting 24 hour weekly staff coverage that meets the assisted living facility minimum staffing ratios for a census of 79.

The findings include:

During an interview with the Owner/Administrator at 9 AM on , it was revealed the facility census was 79 residents. A request on was made to the Owner for the assisted living facility (ALF) staffing schedule.

A review of the facility staffing schedule dated revealed the facility had only 424 staffing hours per week. The facility is required to maintain a minimum of 498 staffing hours per week for a census of 79. Therefore, the facility had a staffing shortage of 74 hours weekly. Further interview with Owner/Administrator revealed the facility had no further documentation available for review.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation,interview and record review, the facility failed to provide a safe living environment, maintained free of hazards and in good working order.

The findings include:

During a facility tour conducted on at 10:00 AM with the Facility's Assistant Administrator the following was observed:
1. # was observed to have peeling paint in the overhead archway of the , the closet doors were difficult to open and close, and flies were present. Photographic evidence of the overhead peeling paint obtained.

In an interview conducted on at 2:00 PM with the Assistant Administrator she

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confirmed the findings and stated they already are working on getting that repaired.

A record review of the Department of Health, County Health Department Group Care Inspection Report dated revealed an Unsatisfactory result with the following violations:
1)Violation #6 - Hot Water Temperature 134.7 F Observed
2) Violation # 17- # headboard; Excess peeling paint observed, closet doors hard to open/close observed
3) Violation #20- ; odors observed: Dusty fan and shelves observed,unclean floors observed: dusty fan observed: strong body odors observed throughout facility: poor observed throughout the facility.
4) Violation #27 - flies observed present: Excess standing water on upstairs patio observed
5) Violation # 28 - Screen does not fit window in # no screen on window: # screen misaligned on window: # screen in disrepair.
6) Violation #29- Beds 1 & 4 bed bugs and droppings observed: bed 5 bed bugs and droppings observed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Fort Lauderdale Retirement Home
401 SE 12th Court
Fort Lauderdale, FL 33316

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives from 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 (30) 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/dso
Enclosure: State form 5000-3547
XG90

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