STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910091	01/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Lakeland	2111 Lakeland Hills Blvd. Lakeland, FL 33805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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

Assisted Living Facility

A complaint survey, CCR# 2013011860, was conducted on .

The Emeritus at Lakeland, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation and interview, the facility failed to honor resident rights to live in a decent environment for 1 (#3) of 3 residents sampled regarding strong odors in residents'

Findings include:

During the facility tour on , Resident #3's #53 was observed to have a very strong in the entire . There was an un-bagged soaked depends brief found lying half way out of the trash can and there was a strong odor near the resident's bed.

When interviewed on , the administrator stated 2:30 p.m., he was aware of the odor in and they were working on eliminating the odor.

Class III

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

Based on observation, the facility failed to provide a clean environment for 3 (#41, 51 & 53) of 12 sampled for odors and no trash cans available in the for 5 (#41, 42, 49, 50 & 62) of 12 sampled for trash cans.

Findings include:

During the facility tour on # 40,41,42,45,48,49,50,51,53,55,56,62 were observed to determine if the facility provided a clean living environment regarding odors and trash can availability.

I had a soaked depends brief laying on the floor in the I there was no trash can available. The used depend brief was not bagged which allowed the odor to escape into the .

I had soaked depends brief lying half way out to the can. The depend brief was no

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bagged which allowed the odor to escape into the

had a soaked depends brief laying half way out of the can. The depends brief was not bagged which allowed the odor to escape into the also had a strong odor around Resident #3's bed.

41, 42, 49, 50 and 62 did not have a trash receptacle available in the

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Emeritus at Lakeland
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

Dear Administrator:

Re: **CCR# 2013011860**

This letter reports the findings of a complaint survey that was conducted on . 2014, by representative(s) 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 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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