STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963806	02/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ormond In The Pines	101 Clyde Morris Blvd Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2013012493, was conducted on _ _ _ _ Ormond in the Pines had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, facility record review and staff interview, the facility failed to maintain a clean living environment for 1 out of 8 sampled residents (Resident #8).

The findings include:

An observation was made on _ _ _ at 11:40 AM of Resident #8's _ _ _ (313). The Director of Nursing (DON) was present at the time of observation and reported that this resident was receiving Hospice services and was bed ridden. The carpet in the resident ' s _ _ _ _ _ _ _ _ _ black spots and stains that covered approximately 50 percent of the carpet in that area. In an interview with the DON at the time of observation confirmed that the residents carpet was in need of cleaning.

In an interview with the maintenance director on _ _ _ at 1:20 PM, he reported that carpet cleaning is done on a weekly basis. He reported that he was notified today, _ _ , that _ _ _ _ needed to be cleaned.

A review of the carpet cleaning log was conducted. The log showed that _ _ _ _ was requested to be cleaned on _ _ _ and on _ _ _ _ There was a note under the _ _ _ request that said " not cleaned. Asked for assistance to remove resident from _ _ , but (Certified Nursing Assistant) CNA refused " . In a follow up interview with the Maintenance Director on _ _ _ at 1:25 PM, he reported that assistance was asked to remove the resident from the _ _ _ _ ' for staff to be present while he was cleaning the carpet, however, the CNA refused.

In a follow up interview with the DON on _ _ _ at 1:30 PM, she confirmed that the cleaning log stated it was unable to complete due to CNA refusal. She reporetd that she was unaware of this situation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Ormond in the Pines
101 Clyde Morris Blvd.
Ormond Beach, FL 32174

Re: CCR #2013012493

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on . 2014 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 surveyor. Should you have any questions please call this office at

Sincerely,

Jana Meyering
for

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JM/RED/sm
Enclosure

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