

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964933	(X3) DATE SURVEY COMPLETED 02/08/2014
NAME OF PROVIDER OR SUPPLIER Serenity House Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 15322 Matis Road Hudson, FL 34669	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-02/05/2014

0079-Staffing Standards - Levels-02/05/2014

Revisit Repeat Tags:

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

0077-Staffing Standards - Administrators-58a-5.019(1) Fac

0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit was conducted in conjunction with a second revisit.

The Serenity House Assisted Living Facility had uncorrected deficiencies at the time of the visit.

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 insure that 7 of 7 sampled residents (Residents #1-7) were residing in a safe living environment, free of hazards that could cause injury.

Findings include:

On at 10:25 AM, the surveyor observed a large pile of dirt on the side of the building, near the system. There was large hole directly next to the pile of dirt. The surveyor also observed a fenced area just behind the facility. There was a horse and a pony inside the fenced area. (Photo taken)

When interviewed on at 10:40 AM, the administrator stated that the "T-joint" still needed to be replaced in the system and "my friend is going to do it. He has the parts, he just needs to come out and finish it." The administrator stated she planned to fill in the hole and replace the sod after the system was repaired. The administrator also confirmed that the facility's residents are allowed to go outside of the building and walk in the yard of the facility.

An inspection report from the local health department dated was reviewed and it was noted that the report stated "Area around the dwelling is unsafe for residents to walk around outdoors.....more dirt/sod is needed to level the area around the tank."

On at 10:15 AM, the administrator stated that Resident #1 was in a rehabilitation facility. The administrator further stated that Resident #1 had a broken shoulder, the result of falling while walking in the yard of the facility.

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On at 11:20 AM, Resident #2 was interviewed and stated that after Resident #1 and injured his shoulder, he told Resident #2 that he was walking in the yard and the pony got loose from the fenced area, approached him from behind, bumped him and knocked him over.

When Resident #1's record was reviewed on, it was noted that on his health assessment (AHCA form 1823) dated under "special precautions", the medical provider noted "ambulatory instability."

On at 1:55 PM, the health care surrogate/representative for Resident #1 was interviewed and advised that the administrator contacted him the day Resident #1 and told him that one of the horses had bumped Resident #1 and knocked him over. The representative went on to state that there had been issues with the horses "roaming around" since Resident #1 moved into the facility more than a year ago.

On at 12:45 PM when interviewed by telephone, the administrator said that she didn't actually know if the horse knocked Resident #1 over because she didn't see it. The administrator stated there had been an ongoing issue with the smaller pony getting out of the fenced area.

Uncorrected Class II

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on observation, interview and record review, the administrator of the facility failed to provide the necessary oversight of the facility, including ensuring the facility was in good repair and was a safe living environment and free of hazards, for 7 of 7 sampled residents (Residents #1-7).

Findings include:

On at 10:25 AM, the surveyor observed a large pile of dirt on the side of the building, near the system. There was large hole directly next to the pile of dirt. The surveyor also observed a fenced area just behind the facility. There was a horse and a pony inside the fenced area. (Photo taken)

When interviewed on at 10:40 AM, the administrator stated that one of her friends was going to repair the system. The administrator stated she planned to fill in the hole and replace the sod after the system was repaired. The administrator also confirmed that the facility's residents are allowed to go outside of the building and walk in the yard of the facility.

An inspection report from the local health department dated was reviewed and it was noted that the report stated "Area around the dwelling is unsafe for residents to walk around outdoors.....more dirt/sod is needed to level the area around the tank."

On at 10:15 AM, the administrator stated that Resident #1 was in a rehabilitation facility. The administrator further stated that Resident #1 had a broken shoulder, the result of falling while walking in the yard of the facility.

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shoulder, he told Resident #2 that he was walking in the yard and the pony got loose from the fenced area, approached him from behind, bumped him and knocked him over.

On at 1:55 PM, the health care surrogate/representative for Resident #1 was interviewed and advised that the administrator contacted him the day Resident #1 and advised him that one of the horses had bumped Resident #1 and knocked him over. The representative went on to state that there had been issues with the horses "roaming around" since Resident #1 moved into the facility more than a year ago.

On at 12:45 PM when interviewed by telephone, the administrator said that she didn't actually know if the horse knocked Resident #1 over because she didn't see it. The administrator stated there had been an ongoing issue with the smaller pony getting out of the fenced area. The administrator also acknowledged that during a prior survey conducted on , both the health department and the Agency for Health Care Administration had spoken to her about the horses being loose in the yard due to observing piles of horse feces in the yard outside of the fenced area.

Uncorrected Class II

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

Based on observation, interview and record review, the assisted living facility failed to maintain a safe living environment, free of hazards such as large, uncovered holes on the property and unsecured animals; which can pose a threat to 7 of 7 sampled residents (Residents #1-8).

Findings include:

On at 10:25 AM, the surveyor observed a large pile of dirt on the side of the building, near the system. There was large hole directly next to the pile of dirt. The surveyor also observed a fenced area just behind the facility. There was a horse and a pony inside the fenced area. (Photo taken)

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On at 11:20 AM, Resident #2 was interviewed and stated that after Resident #1 and injured his shoulder, he told Resident #2 that he was walking in the yard and the pony got loose from the fenced area,

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On at 12:45 PM when interviewed by telephone, the administrator said that she didn't actually know if the horse knocked Resident #1 over because she didn't see it. The administrator stated there had been an ongoing issue with the smaller pony getting out of the fenced area.

Uncorrected Class II



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Serenity House Assisted Living Facility
15322 Matis Road
Hudson, FL 34669

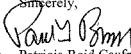
Dear Administrator:

This letter reports the findings of a second state licensure survey revisit and a state licensure survey revisit that were conducted on 5-8, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected and the deficiencies that were uncorrected. Section 408.811(4), Florida Statutes, requires that you correct these uncorrected 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 Cauffman
Field Office Manager

PRC/kpr

Enclosures: State ((5000-3547) Forms

