STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964693	03/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Southland Suites Of Ormond Bea	550 Wilmette Avenue 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
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial relicensure survey along with Limited Nursing Services monitoring visit was conducted on ..... 4 and , 2014. Southland Suites of Ormond Beach had Licensure 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, record review and staff interview, the facility failed to provide appropriate health care consistent with recognized community standards for ..... control procedures for resident with communicable ..... and for 1 of 10 sampled residents (Resident #1).

The findings include:

An interview was conducted with the resident #1 on ..... at 10:45am. The resident stated he had just returned from a doctor visit. He stated he had a ..... that was very itchy. The doctor ordered him some medication. The resident was accompanied by his private duty aide from an outside agency to the appointment. The resident was observed sitting on the sofa in his about trying to scratch his back. A fine ..... red ..... was observed on both his arms.

An interview was conducted with the private duty aide on ..... at 11am. When asked if the resident had a she stated all over his body and he was constantly scratching. She also stated that they had just returned from a ..... appointment and the doctor confirmed the resident had ..... The aide was observed wearing a yellow disposable gown. When asked why she was wearing the gown, she stated she assumed because he had the ..... When asked if the facility had given her any instructions regarding she stated "no".

Observation of the resident's apartment revealed a small foyer with ..... left and straight ahead was the sitting area. Observed large white bag filled with yellow disposable gowns in ..... Observed bar soap only no liquid soap for handwashing in ..... no paper towels. In the sitting area couch and chair was draped with sheets. Couch had stains under neath the sheets. There were several stained areas on the carpet in sitting area. ..... located off to left of sitting area with another ..... Inspection of the bed revealed sheets were stained with yellow drainage on right side of bed and patches of reddish brown substance scattered on sheets and bedspread . A large area of brown substance was observed on the carpet underneath the air conditioner unit. Bed was inspected for evidence of ..... or bed bugs, none were observed.The second ..... bar soap only no liquid soap for handwashing and no paper towels. Soiled laundry was observed in a basket by the door and was not lined with plastic bags to remove without handling.

An interview was conducted with the housekeeper on ..... at 11:30am. When asked how often are the resident

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cleaned. She stated the thoroughly cleaned once a week, including the . The aides are responsible to tidy the empty the trash and make the bed everyday. She was asked how often are the carpets were cleaned in the resident , she stated there was no schedule but she tried to shampoo carpets once a month.

She was asked what was the procedure for cleaning when a resident was identified with an or . She stated she was not aware of any specific cleaning procedure. When asked if the facility supplies liquid hand soap and paper towels in the for the staff to wash their hands, she stated " no " . When asked where did the staff wash their hands after providing the resident with care, she stated there were sinks at the ends of the hallways.

An interview was conducted with Wellness Director (WD) on at 1:30pm. When asked if resident #1 had a body she stated he had an ongoing for about seven months. He has been treated for the and itching several times, without much success. He continues to have with itching. When asked if he is currently receiving treatment for the , she stated he has treatment that is applied daily and he received oral medications for itching. When asked if the current oral medications were providing relief of the itching, she stated " no " . When asked if the physician was aware she stated he has changed the medications in the past. She also stated that he had gone to the dermatologist this morning and returned with a diagnosis of . Oral medication and cream were prescribed. The WD also stated that the resident had been treated for in 2013 and treatment re-applied , however the did not resolve.

Review of the record revealed Resident #1 was noted on with multiple episodes of . The resident continued to have multiple episodes of loose very foul smelling stools. The physician was notified on and a stool culture was ordered. The results on showed . The physician was notified and an was ordered. Disposable gowns were placed in the residents the resident was informed he would have to remain in his the was clear.

An interview was conducted with the private duty aide on at 11:15am. When asked if the facility had informed her that the resident had in the stool. She stated "no" she assumed the gowns were in the of the . When asked if the resident was still having episodes of , she stated "yes". When asked how did she wash her hands after providing care to the resident she stated I use hand sanitizer as there is no liquid soap and paper towels available. She was asked how did she handle the bed linens and clothing, she stated I put them in the basket at the door and the facility staff wash them. When asked if she was given specific instructions by the facility regarding what control measures were necessary, she stated "no".

An interview was conducted on at 10:45am with the WD. When asked what control measures were put into place for Resident #1 regarding the stool she stated disposable gowns were put in the . When asked if the private duty caregivers were informed of the and what measures were necessary, she stated they were aware. When asked how they had been informed she stated from the facility staff.

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During the interview the WD was asked what was the facility policy regarding control measures for residents with . She stated the resident would remain in their apartments until the was cleared. The residents would be served meals in the medications would be brought to the resident. When asked where did the staff wash their hands after providing personal care, she stated there were sinks at the end of the hall ways. When asked if the facility provided soap and paper towels in the resident for staff use, she stated "no" they wash there hands after they leave the .

An interview was conducted with the administrator on at 11:05am. When asked how are the employees informed when a resident has an or She stated it was discussed in the morning meetings and to be communicated to the other shifts. When asked if the staff had been informed that Resident #1 had stool and She stated they only found out yesterday about the When asked if the staff had been informed of the , she stated I like to think they received the information. When asked what was the procedure for cleaning of Resident's apartment to ensure and stool are not transmitted to others. She stated there was no specific procedure she was aware of but put a call into the corporate office for direction.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to provide a safe and sanitary living environment for 1 of 10 sampled residents. (Resident #1)

The findings include:

An observation on at 10:30am of Resident #1's apartment revealed the following: a small foyer with left and straight ahead was the sitting area. Observed large white bag filled with discarded yellow disposable gowns in . Observed bar soap only no liquid soap for handwashing in no paper towels. In the sitting area the couch and chair were draped with sheets. The couch had stains under neath the sheets. There were numerous stained areas on the carpet in sitting area and . The located off to left of sitting area with a second . There was no hand soap or paper towels for handwashing and a used leg bag for the was found sitting in basin. Inspection of the bed revealed sheets were stained with yellow drainage on right side of bed and patches of reddish brown substance scattered on sheets and bedspread . A large area of brown substance was observed on the carpet underneath the air conditioner unit. Bed was inspected for evidence of or bed bugs, none were observed. Soiled laundry was observed in a basket by the door and was not lined with plastic bags to remove without handling.

An interview was conducted with the housekeeper on at 11:30am. When asked how often are the resident cleaned. She stated the thoroughly cleaned once a week, including the . The aides are responsible to tidy the , empty the trash and make the bed everyday. She was asked how often are the carpets were cleaned in the resident she stated there was no schedule but she tried to shampoo carpets once a month. When asked if she had been informed that Resident #1 had stool or , she stated "no". She was asked if additional cleaning of the was provided when a resident had an or

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She stated if the attention the aides would let her know.

An interview was conducted with the Wellness Director on at 1:30pm. When asked if she was aware of the environmental issues identified, she stated she was aware of the large stain under the air conditioning unit. She stated that happened several weeks ago when the residents wife and spilled coffee. She stated the carpet should have been cleaned. She also verified there was no hand soap or paper towels in the and that the staff wash their hands after they leave the

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Southland Suites of Ormond Beach
550 Wilmette Avenue
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054