STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966800	03/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atria At St Joseph'S	350 Bush Rd Jupiter, FL 33458	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Change of Ownership (CHOW) survey was conducted on [redacted] and [redacted] at Atria at St. Joseph's. The facility had deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews, the facility failed to ensure architectural systems and appurtenances were maintained in good working order for 3 of 10 resident [redacted] observed [redacted] #14, 15 and 16) in the facility's memory care unit.

The findings include:

During a tour of the facility's memory care unit conducted [redacted] at 10:00 AM with the facility's Life Guidance (memory care) Director, the following concerns were noted:

1. In the [redacted] resident [redacted] there was no toilet paper holder present, two holes were observed in the wall were the toilet paper holder had been, and two unfinished wall repairs just below that. The walls located to the left of the sink and between the sink and the shower were scuffed with chipped and worn paint and were unsightly. A rubber strip threshold in the shower was replaced with a smaller one, the old glue had not been removed prior to installing, it was discolored brown and black and was soiled and unsightly. A white powdery substance was observed on the floor behind and to the right of the toilet.

2. In the [redacted] resident [redacted], two unfinished wall repairs were observed: one near the toilet paper holder and one beneath the right end of the hand rail. The walls located to the left of the sink and between the sink and the shower were scuffed with chipped and worn paint and were unsightly. A rubber strip threshold in the shower was deteriorating and was cracked, the caulking was cracking and laced with brown and black substances and was unsightly.

3. In the [redacted] resident [redacted] three unfinished wall repairs were observed: one under the toilet paper holder, two under both side brackets for the hand rail. The walls located to the left of the sink and between the sink and the shower were scuffed with chipped and worn paint and were unsightly. A rubber strip threshold in the shower was deteriorating and was cracked, the caulking was cracking and laced with brown and black substances and was unsightly.

These concerns were discussed with and acknowledged by the Life Guidance Director at the time of observations.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Atria At St Joseph'S
350 Bush Rd
Jupiter, FL 33458

Dear Administrator:

This letter reports the findings of a State Licensure Biennial Survey that was conducted on , 2014 by a representative 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 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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