STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	04/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broxton's Aclf	**2233 Pate Pond Road Caryville, FL 32427**	
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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

0000-Initial Comments
On [redacted] an unannounced complaint survey CCR 2014004152 was conducted at Broxton's Assisted Living Facility. Deficiencies were cited.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview the facility failed to provide a safe and decent living environment for the 17 residents residing in the facility. [redacted] were observed to have unknown substances on the walls, furniture was broken and signs of pests were observed.

The findings are:

During the entrance tour on [redacted] starting at approximately 9:30 AM, there were environmental issues observed in several [redacted]. One of the men's [redacted] in the main hallway was observed to have a broken plant stand and a brown substance on the walls. There was also a chair stained with a brown substance in this [redacted]. The ceiling in [redacted] was observed with a black substance (mold) on the ceilings. There were roach eggs observed on the door frame of [redacted] was observed to have a reddish brown substance on the far wall by the bed, a hole in the wall from a possible missing light fixture and areas near the ceiling of a built up black substance. [redacted] was observed with a hole in the wall where a light fixture was with exposed wiring, a dresser that is broken (missing the front panel of a drawer) and a torn cushion from some type of furniture leaning up against the wall. The kitchen was observed. There was one area in the main hallway that has the tile cracked and broken with missing pieces of tile.

An informal interview with the administrator during the tour on [redacted] starting at approximately 9:30 AM was conducted. She stated that they had been making repairs to areas such as the [redacted] and in resident [redacted]. She stated they were cleaning also but had not cleaned today due to rainy weather. She stated the torn cushion belonged to a resident who did not want to throw it away. Photos were taken of the environmental concerns.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on clinical record review and staff interview the facility failed to maintain current records for 2 or 3 residents reviewed for weight loss. (#1, 2). No semiannual weights were documented in the residents chart.

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The findings are:

A review of the clinical record for resident #1 revealed the last recorded weight in the chart was of 2013.

A review of the clinical record for resident #2 revealed the last recorded weight in the chart was of 2013.

An interview was conducted with the secretary on at approximately 12:30 PM. She stated resident #1 had refused to be weighed but could not produce any supporting documentation. She did not give an explanation for the resident #2 not having weight documented. She stated she was not aware that the weights had to be documented in the residents charts. She was not able to produce any type of weight records for residents. She stated she would have to get them from the doctors office.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on clinical record review and staff interview the facility failed to file an initial adverse incident report within 1 business day for 1 of 3 residents reviewed for discharge. Resident #1 had been discharged to the hospital secondary to a with

The findings are:

On resident #1 had a at the facility. She was found on the floor in her the staff. The staff call Emergency services and the resident was taken to the hospital where it was determined she had sustained a

A review of the clinical record for #1 revealed no documentation related to the residents condition at the time of the

An interview was conducted on at approximately 1:12 PM with care giver A. She stated she does anything and everything for the residents. When asked about the resident #1 that she stated, "I don't know because when it took place I was working with another one of the clients. She usually goes to her lunch for a nap. I heard her hollering come here momma come here. I went to her she was on the floor. I ran and got the administrator and the secretary. We got her up and put her on the bed and she was hollering and that is when we called the paramedics". When asked if there had been a lot of residents she stated, "No most of the residents get around on there own". She stated that resident #1 was able to move around and walk around on her own, she used a cane".

An interview was conducted with care giver B on at approximately 2:15 PM. When asked if she was working the day the resident #1 she stated, "Yes I heard her yelling and came in to see what was wrong with her. I let the administrator know and she called and they got her to the hospital.

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An interview was conducted with the secretary on [redacted] at approximately 9:45 AM. She stated at that time no adverse incidents had been filed. Further interview with the secretary revealed she was the person responsible for submitting the adverse incidents and she confirmed that she had not filed an adverse incident from resident #1 [redacted] and stated she had simply forgotten.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Broxton's Aclf
2233 Pate Pond Road
Caryville, FL 32427

Dear Administrator:

Re: CCR #2014004152

This letter reports the findings of a state licensure 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 me at 850-412-4540.

Sincerely,

for Jonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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