STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910366	06/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Country Residence	14327 N. 69th Drive Palm Beach Gardens, FL 33418	
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 Relicensure survey was conducted on . . . . and completed on . . . . . at A Country Residence. The facility had a deficiency found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations and interviews, the facility failed to ensure a safe and decent living environment by not applying appropriate control standards regarding toileting hygiene. This had the potential to affect any residents using this to potentially affect all 9 residents receiving direct care assistance from the facility's 7 direct caregivers.

The findings include:

Observations made during a tour of the facility conducted on beginning at 8:42 AM while accompanied by Employee A (the facility Administrator's designee and lead caregiver) revealed the following concerns:

1. The common identified as the one used by facility staff had partially-used rolls of toilet paper and paper towels stored on the back of the toilet. A paper towel dispenser was installed on the wall but was empty. There was no dispenser present in this . . . . . dispense the toilet paper in a sanitary manner.

2. A private resident . . . was observed with a partially-used roll of toilet paper stored on top of the overhead cabinet, there was no toilet paper holder present to hold the roll in place on the wall, the toilet paper would not have been accessible by residents.

3. The rear common resident had a partially-used roll of toilet paper stored on the back of the toilet rather than in the toilet paper dispenser located on the wall.

These conditions were observed again on . . at 2:29 PM with the Administrator present.

In interviews conducted during the observations above, Employee A confirmed and acknowledged the lack of proper storage for the toilet paper and paper towels. In an interview conducted on at 10:02

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AM, another caregiver on duty, Employee C, acknowledged and confirmed the same concerns. Both stated for as long as they can remember, the staff [redacted] had a toilet paper dispenser. In an interview on [redacted] at 2:29 PM, the facility's Administrator acknowledged this was not acceptable [redacted] control practice for a health care setting.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
A Country Residence
14327 N. 69th Drive
Palm Beach Gardens, FL 33418

Dear Administrator:

This letter reports the findings of a State Relicensure 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 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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