STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	06/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Abbey Ormond Beach	1410 Hand 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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR # 2014004886, was conducted on , 2014. Golden Abbey Ormond Beach had deficiencies at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure centrally stored medications where kept in a locked cart at all times for 1 of 1 medication carts observed in resident areas.

The findings include:

During a tour of the facility on at 9:15 a.m. a medication cart was observed on the hall outside of resident . The medication cart was unlocked. The top drawer was opened and medications belonging to residents of the facility were observed. After approximately 5 minutes the Lead Worker at the facility walked down the hall from the front of the facility. The Lead Worker was advised the medication cart was found unlocked. When asked who had been using the medication cart she stated she had been and had left it unlocked when she went to answer the front door.

Class III

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

Based on observation and interview, the facility failed to maintain a safe living environment free from hazards by failing to ensure 37 of 37 residents have safe access to 3 of 4 marked emergency exit doors. (emergency exit closest to emergency exit closest to activity exit)

The findings include:

During a tour of the facility on at 9:20 a.m., the emergency exit closest to was found to have an palm tree and chair in front of the exit doors, blocking egress. There was a lighted exit sign, directly above the door. A second emergency exit was found past the dining living closest to . The emergency exit had an palm tree and a chair in front of the exit doors, blocking egress. There was a lighted exit sign hanging directly above the door. The door to this emergency exit could not be opened. A visit back to the exit with Employee B on at approximately 10:00 a.m., found Employee B could not open the emergency exit doors. Employee B tried the key and the handle.

During the tour of the facility on at 10:15 a.m. an emergency exit sign was observed over the door in the back corner of the activity . A table and four chairs were observed directly in front of the exit door. Several residents were observed in the activity . Employee A was in the activity asked to open the

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emergency door. She stated she had not tried to open the door using the key and did not know if the door could be opened. During the observation Employee B tried to open the emergency exit door using the keypad and the door would not open.

During further interview with Employee B on at 11:50 a.m., she stated the Administrator informed her emergency exit in the activity automatically open if there was a fire. She stated she did not know how the system would open the door. During an interview with Employee D on at 11:45 a.m., she stated the emergency door in the activity is permanently locked. She stated if there was a fire she would need to take residents to another exit.

During an observation with the Ormond Beach Chief Building and Fire Inspector (Inspector) on at 2:15 p.m., the Inspector moved the plant and chair to the side from the exit door closest to He tried to open the door and then found the bolt concealed under a plastic cover. The Administrator observed the Inspector open the door and stated the plastic cover was placed over the deadbolt so residents do not open the door.

The Ormond Beach Chief Fire Inspector and the Administrator toured the activity at approximately 2:25 PM, where an exit door was located. The fire inspector reported, at this time, that the exit door to the activity not listed on the facility's evacuation plan. He informed the facility that tables and chairs must be at least 3 feet from the exit door, and confirmed that the table and chairs were currently closer than the required 3 feet. During an interview with the Administrator on at approximately 2:25 PM, when asked when the emergency doors were last tested to see if the activity would open, he reported he was unsure. The Activity Director reported, at this time, that the last time the doors were tested was "sometime last year". In a follow up interview with the Administrator on at approximately 2:28 PM, he revealed that he did not utilize the alarm system when conducting fire drills and had no way of ensuring that the marked exit door in the activity open safely.

Class II

0160-Records - Facility 58A-5.024(1) FAC
Based on interview and record review, the facility failed to update their admission discharge log for 1 of 37 residents to include the most recent resident admitted in to the facility. (Resident #5)

The findings include:

During an interview with the Administrator of the facility on at 10:00 a.m. he stated the facility had 37 residents. Review of the facility admission/discharge log found 36 residents were currently residing at the facility. The Administrator reviewed the log and stated he must have been including the resident that would be admitted during the current week.

During a further interview with the Administrator on at 11:05 a.m., he stated he found the missing resident. He stated he had added Resident #5 to the log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Administrator
Golden Abbey Assisted Living
1410 Hand Ave
Ormond Beach, FL 32174

Re: CCR #2014004886

Dear Administrator:

This letter reports the findings of a complaint licensure survey conducted on , 2014, by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (5000) Form, which indicates there were deficiencies noted during the inspection.

You are hereby directed to provide a written plan of correction to the Jacksonville Field Office for the deficiencies identified during the inspection, within five calendar days of receipt of this directed plan of correction (DPOC). The plan should be directed to the attention of Mrs. Jana Meyering, Health Facility Evaluator and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Jacksonville Field Office
Attention: Jana Meyering
921 N. Davis Street, Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201
Fax: (904) 359 - 6054

The inspection resulted in findings of non-compliance in the following areas:

1) A0152- Physical Plant - Safe Living Environment - Class II

The Assisted Living Facility failed to provide a living environment that was free from hazards by preventing resident access to 3 labeled exit doors which resulted in unsafe living conditions for 37 of the 37 residents, living at the facility.

Your plan of correction must include the following:

1) Documentation of in-service training for all staff regarding emergency preparedness

and evacuation procedures. Documentation should include that all staff were trained and are knowledgeable in the operation of all doors and door codes at the facility.

2) Removal of any locking mechanism on emergency exit doors, wherein the lock impedes the doors ability to open independently when the fire alarm system in sounded. Removal of any furniture or items located in front of any marked exit door.

3) A written, detailed plan of how the facility will ensure the safety and wellbeing of the residents regarding access to exit doors in all situations.

4) A written, detailed plan of how the facility will monitor and document that all exit doors are free from all items, including furniture, that would delay, hinder, or stop egress in the event of an emergency. The plan should indicate that monitoring will be done on a daily basis.

Nothing in this Directed Plan of Correction limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call ..... Kim Smoak, Survey and Certification Support Branch, at 850-412-4516.

Sincerely,

Jana L. Meyering
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/RED/sm