STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elderly Living Center Of Holly	810 Oleander Holly Hill, FL 32117	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced beinnial relicensure survey was conducted at Elderly Living Center of Holly Hill on . Deficiencies were identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and staff interview, the facility failed to obtain accurate information on the AHCA 1823 (Resident Health Assessment) for 2 of 2 sampled residents whose records were reviewed (Resident #5 and #6), and failed to obtain the assessment within 30 days of admission for 1 of 2 sampled residents (Resident #6).

The findings include:

A record review conducted for Resident # 5 found a Resident Health Assessment dated . and signed by the examiner. The assessment indicated the resident needed assistance with the self-administration of medication, and specified that he required administration by staff.

A record review for Resident #6, admitted , found a Resident Health Assessment dated . The examining practitioner noted the resident required assistance with the self-administration of m ns, however failed to describe the level of assistance he required.

An interview was conducted with the Administrator on 6/16/14 at 1:00 pm. He stated he was unable to obtain a health assessment for Resident #6 until , and agreed this was not completed in a timely manner.

In a second interview with the Administrator on at 1:45 pm, he confirmed the Resident Health Assessments for Residents #5 and #6 needed correcting. He reported the residents require assistance with self-administration of medication.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on personnel record review and interview, the Administrator failed to complete 12 hours of continuing education every two years.

The findings include:

Review of the Administrator's employee file revealed he received core training on . Further record review

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	06/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elderly Living Center Of Holly	810 Oleander Holly Hill, FL 32117	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

found no evidence that he completed the required 12 hours of continuing education every two years.

An interview with the Administrator at 1:27 PM on confirmed he did not complete 12 hours of continuing education in the past two years.

Per the regulation, an Administrator who has completed core training, but has not maintained the continuing education requirements, will be considered a new Administrator, and must:
1. Retake the assisted living facility core training; and
2. Retake and pass the competency test.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interviews with staff, the facility failed to provide a safe living environment that was free from hazards, and that furnishing was maintained in good order.

The findings include:

A tour of the facility was conducted on at 8:48 am. In the central living area of the facility, a leather-style armchair and couch were observed to have multiple rips and tears in the seat coverings. held an accessible walk-in shower which was equipped with a shower chair for resident use. The chair mesh was ripped in two locations on the seat. There were several locations in the shower a black substance resembling mildew was observed on the tile and grout of the shower floors and walls. Several tiles were missing from the wall behind the toi[illegible] toilet was rotated on it's base approximately 30 degrees from midline. Observation of the toilet seat in found the lid and seat were broken and positioned off to the side. In , a broken window was observed to be covered up with duct tape. The broken glass had not been removed from the window frame, and the edge of the glass could be felt through the tape. was observed with a scuffed door which was in need of paint. The door jambs at the entrance to had visible scuff marks and peeling paint. (photos obtained of all findings)

At 9:50 am on , a cockroach was observed crawling on the dining and under this writer's computer bag. Two small cockroaches were found under the kitchen sink.

Per the facility's County Health Inspection report dated , a second notice of violation was cited for a plumbing leak under the kitchen sink. Observation at the time of tour on at 8:30 am found the kitchen sink plumbing was still leaking, evidenced by a large standing pool of water o[illegible] shelving underneath (photo obtained).

An interview was conducted with the Administrator at 3:20 pm on . He acknowledged the environmental findings and stated he would make necessary arrangements for repairs.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on a review of facility records, and interview with the Administrator, the facility failed to maintain an up-to-date admission and discharge log which included all required information for 3 unsampled, discharged

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	06/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elderly Living Center Of Holly	810 Oleander Holly Hill, FL 32117	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

residents.

The findings include:

On entrance to the facility on 6/16/14 at 8:15 am, several yet-to-be identified residents were observed departing the facility. Interview with the facility manager at this time found the census at the time of survey was 11 residents.

A review of the facility's admission and discharge log revealed 13 residents residing in the building at the time of survey. Two of the residents discharged had no reason for discharge, and no discharge location noted on the log.

Interview with the Manager at 8:35 am on found that one of the residents observed departing the facility after entry was a respite resident. She added this resident had just been discharged from the facility. The manager stated she was responsible for maintaining the admission and discharge log. She reviewed the log and acknowledged the missing information for the two previously discharged residents. She stated she did not know where the discharged residents had gone, therefore the information was not recorded. The manager acknowledged the requirement to note all resident discharge locations on the log. She stated she did not realize she needed to enter respite residents' information on the admission and discharge log.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on a review of resident records and interview with staff, the facility failed to maintain demographic information for 1 of 2 sampled residents whose records were reviewed (Resident #5).

The findings include:

A review of the record for Resident #5 found missing demographic information which included his race, social security number, medicaid number, next of kin or guardian information.

An interview was conducted with the facility Manager at 2:20 pm on . She confirmed the missing demographic information for this resident.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on a review of resident records, and interview with staff, the facility failed to execute a complete resident contract that included the daily/weekly/monthly rate and included a statement of at least 45 days notice of relocation for 2 of 2 sampled residents (Resident #5 and #6), and failed to execute a contract on or before the date of admission for 1 of 2 sampled residents (Resident #5) whose contracts were reviewed.

The findings include:

A record review conducted for Resident #5 found he was admitted on . Further review of the contract found it had not been signed by the resident until ; ten days later. At no location in the contact was the daily, weekly, or monthly rate specified. The contract stated the facility would give 30 days notice to terminate services.

A record review conducted for Resident #6 found he was admitted on / . The resident contract, which had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elderly Living Center Of Holly	**810 Oleander Holly Hill, FL 32117**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

been signed the same day as admission, did not reflect a daily, weekly or monthly rate at any location in the contract. The contract stated the facility would give 30 days notice to terminate services.

An interview was conducted with the Administrator at 1:45 pm on . He reviewed the contracts, and confirmed the missing information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elderly Living Center Of Holly
810 Oleander
Holly Hill, FL 32117

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 16, 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 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 -4201.

Sincerely,

Jana Meyering

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/LW/sm
Enclosure

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida