STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Robinsons Residential Care	**11921 Caruso Drive Panama City, FL 32404**	

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

0000-Initial Comments

Complaint CCR#2014006494 and CCR#2014006504 was investigated at Robinson's Residential Care Assisted Living Facility on . Additional deficiencies identified during this survey. At the time of survey the allegations were substantiated. There were this report. Information was obtained for the environmental citation at A0152, and cited in

A0152 was out of compliance from previous surveys at the time of this survey at a Class II. A0152 was cited on 3/6/14, and again on this survey. The survey of identified that one air-conditioner was broken, conditioner remained broken as of this survey. Additional information and supporting evidence was obtained.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, resident interview and staff interview the facility failed to have a 3-day supply of nonperishable food and water available.
The facility also failed to provide dietary services to meet the needs for 26 of 26 residents.

The Findings:

On at approximately 2:35pm, an observation was conducted of the facility pantry and refrigerators to find that the food supplies were low. An observation of the 3-day supply of emergency food and water revealed not enough for 26 residents. On at approximately 4:33pm, the administrator purchased additional food supplies for the facility.

On at approximately 2:10pm, an interview was conducted with resident #7 who reported that the facility has been cutting back on the food a lot. Stated that about a week ago for dinner he received a drumstick and a scoop of mixed vegetables. Resident stated and the staff expected that to last to the next morning for breakfast.

On at approximately 4:50PM an interview was conducted with employee #E who reported that since she has been here the resident has not been getting enough food to eat. Stated that the first day she started working here the facility purchased some food, and today is the first day 7/8/2014 that the facility purchased a large amount of food. Stated that she had to bring food and supplies in for the residents to eat. Stated that there was only frozen sandwich meat to eat. Stated that the FACT team brought in some cooked food for the residents to eat, Kentucky fried chicken and 6 large pizza.

On at approximately 2:19pm an interview was conducted with employee #F who reported that there is not enough food for the residents to eat because she the residents should have a choice of seconds to eat. The employee reported that right now today, there is not enough food for the residents to eat.

On at approximately 11:27am, an interview was conducted with the Administrator who confirmed that the food pantry and refrigerators were low and also that the facility does not have in supply the required 3-day supply of emergency food and water. The Administrator reported that she had not the opportunity to go shopping for groceries, stated that Tuesday is normal grocery day. Stated that the facility is seeking a provided to deliver the groceries.

Class III

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

Based on observation of the facility's thermostat, resident interview and staff interview the facility failed to provide 4 of 26 residents a comfortable environment with adequate inside temperatures and failed to provide building repairs for air conditioner (Resident #1. #2 #3 and #4). The broken air conditioner was previously cited on a second revisit survey conducted on , and the facility was given a Directed Plan of Correction stating that they would immediately hire a licens ractor to inspect and arrange for repair of identified issues.

The Findings:

On during a second revisit survey, evidence was found that one of the air-conditioners was not functional. A to e facility was conducted on beginning at approximately 9:2 which revealed that the air con on one side of the building, to include resident and the TV , was not functional. An inter iew was conducted with employee A on at approximately 4:35 PM. He confirmed the air conditioning on that side of the facility was not functional and had not been functional for approximately 2-3 weeks. Please see tag A0152 from the second revisit survey (5Y1A13) dated for additional evidence.

On entrance was made into the Assisted Living Facility at 12:30pm (CST) an observation of the thermostat on the wall of the temperature on the east side thermostat registered at 92 degrees. The air conditioner on the east side was not working. Ob on again on at approximately 5:00pm, the thermostat on the East Wing registered at 93 degrees. #11 and #12 were the two affected by the outage of the air conditioner. Observation of # the resident had two boxed fans blowing in the at this time the fans were blowing hot air. An interview was conducted with resident #1 who reported that as lc 2013 the air conditioner was broken, but she did not need the air conditioner for the months of and . Stated that the air conditioner in the been broken since 2014.

On at approximately 1:22pm,Observation of # revealed three males residing in the room with 2 boxed fans blowing hot air. During this observation, an intervi was conducted with resident #2, #3 and #4 who lives in the . During this interview they all agreed that it was somewhere around 89 degrees in the Resident #2 orted that as long as the fans are blowing it is bearable. Resident #3 reported that as lc sits still it is bearable. Both residents stated that the temperature in the room be better. At 1:26pm #4 walked in the stated that the air conditioner does not work and there are two boxed fans fo residents. The three residents confirmed no medical problems or any from the heat.

On an observation was made of the east side of the building i elevision , another was affected by the outage of the air conditioner. Observation of the ealed one fan sitting by the blowing hot air. Observation of three residents sitting on ofa watching television. At approximately 1:33pm an interv was conducted with resident #5, wh sitting on the sofa in the tel reported that the temperature in the hot. At approx ly 1:34pm, an interview conducted with resident #6 who was also sitting in the reporte it was awful hot in the

On , second day at the Assisted Living Facility, upon entrance into was made of the wall thermostat on the east wing and it registered at 90 icility at 10:00am, an obsen es.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Robinsons Residential Care	**11921 Caruso Drive Panama City, FL 32404**	

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

On at approximately 1:11pm, an interview was conducted with the Owner via telephone, who confirmed that he was aware that the air conditioner on the east side of the facility was not working. The owner reported that he was in the process of either repairing the air conditioner unit or replacing it with a new air conditioner. The owner stated that he has received two quotes. The Owner stated that the unit will be repaired either today or tomorrow.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

16, 2014

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

RE: CCR# 2014006491 and 201400650 and previous complaint surveys (CCR 2014002045 & CCR 2014001929)

Dear Administrator:

This letter reports the findings of a complaint inspection survey conducted on , 2014 and y 9, 2014, by representatives of the Agency for Health Care Administration (Agency). Attached is provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **two business days** of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G

A previous Directed Plan of Correction (DPOC) was sent to your facility on , 2014. The previous DPOC remains in effect.

New Directed Corrective Actions:

1. The Assisted Living Facility is required to immediately repair the broken air-conditioning unit(s). Evidence of the repairs must be faxed to AHCA no later than close of business on Friday, , at 4:00pm. The fax number is 850-922-9162.

2. The Assisted Living Facility is required to maintain a minimum of a 5 day food supply at all times. Evidence of the purchase of food and adequate food stores must be provided to the Agency (AHCA) no later than close of business on Friday, , at 4:00pm.

3. All provisions of the previous DPOC dated , 2014 still apply. A copy is included with this letter.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call me at (850) 412-4540.

Sincerely,

Dorian Heiberg, .S.W.
Field Office Manager

DH/kb

D7JR

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com