STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	07/23/2014
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)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-07/23/2014
0152-Physical Plant - Safe Living Environ/other-07/23/2014
0160-Records - Facility-07/23/2014

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to a complaint survey (CCR #2014004886) was conducted at Golden Abbey of Ormond Beach on 23, 2014. Deficiencies were identified.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on a review of facility records, and interview with the Administrator, the facility failed to implement a Directed Plan of Corrections (DPOC) to ensure safety systems are in place to ensure an environment free from hazards. This had the potential to affect 44 of 44 residents who resided in the facility at the time of the revisit.

The findings include:

A complaint survey (CCR#) was conducted on , 2014, by a representative of the Agency for Health Care Administration (Agency). Deficiencies were noted during the inspection. On , the Agency delivered a Directed Plan of Correction (DPOC) that directed the facility to provide specific remedies to the Field Office in response to the deficiencies identified during the survey.

Item #4 of the DPOC instructed the facility to provide a written, detailed plan of how it would monitor and document that all exit doors were free from items, including furniture, that would delay, hinder, or stop egress in the event of an emergency.

A review of facility records, including it's corrective actions in response to the DPOC, was conducted on . The records did not contain a written plan detailing how exit doors would be monitored daily, as required by the DPOC. There was no written plan illustrating how the facility would ensure exits were not impeded, and were available for egress in the event of an emergency requiring evacuation. Further review of the facility records found no documentation of the exit doors being checked for clearance daily, as required by the DPOC.

An interview was conducted with the Administrator at 10:30 am on . When asked for the written plan detailing the daily monitoring of all exit doors, he stated he no longer needed one. He explained that during the original survey, staff did not know the security codes to the exit doors. All staff now knew the exit door codes, therefore he felt he did not need to monitor the exits on a daily basis. Item #4 of the DPOC was reviewed with the Administrator. He acknowledged he was not in compliance with the DPOC, as directed in item #4. He confirmed that a log for the daily documentation of exit doors had not been developed or implemented.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	**07/23/2014**
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)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on a review of facility records, and interview with the Administrator, the facility failed to implement a Directed Plan of Corrections (DPOC) to ensure a safe living environment that was free from fire hazards. This had the potential to affect 44 of 44 residents who resided in the facility at the time of the revisit.

The findings include:

A biennial licensure survey was conducted on , 2014, by a representative of the Agency for Health Care Administration. Deficiencies were noted during the inspection. On , the Agency directed the facility to provide a written plan of correction to the Field Office in response to the deficiencies identified during the survey.

Item #4 of the DPOC instructed the facility to provide a written, detailed plan of how it would monitor and document that all exit doors were free from items, including furniture, that would delay, hinder, or stop egress in the event of an emergency.

A review of facility records, including it's corrective actions in response to the DPOC, was conducted on The records did not contain a written plan detailing how exit doors would be monitored daily, as required by the DPOC. There was no written plan illustrating how the facility would ensure exits were not impeded, and were available for egress in the event of an emergency requiring evacuation. Further review of the facility records found no documentation of the exit doors being checked for clearance daily, as required by the DPOC.

An interview was conducted with the Administrator at 10:30 am on . When asked for the written plan detailing the daily monitoring of all exit doors, he stated he no longer needed one. He explained that during the original survey, staff did not know the security codes to the exit doors. All staff now knew the exit door codes, therefore he felt he did not need to monitor the exits on a daily basis. Item #4 of the DPOC was reviewed with the Administrator. He acknowledged he was not in compliance with the DPOC, as directed in item #4. He confirmed that a log for the daily documentation of exit doors had not been developed or implemented.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (904) 798-4201.

Sincerely,

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

LL/JM/sm
Enclosure

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