STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911145	08/08/2014
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)		

Revisit Corrected Tags:
0080-Training - Core & Competency Test-08/
0160-Records - Facility-0

Revisit Repeat Tags:
0000-Initial Comments-
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac
0162-Records - Resident-58a-5.024(3) Fac
0167-Resident Contracts-58a-5.025 Fac

Specific Tag Findings:

0000-Initial Comments
A follow-up survey was conducted on , 2014 to the unannounced biennial relicensure survey on 2014. Elderly Living Center of Holly Hill had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to obtain accurate information on the AHCA Form 1823 (Resident Health Assessment) for 2 of 5 sampled residents.(Resident #6 and #7).

The findings include:

Record review during the biennial survey on found the AHCA Form 1823 Resident Health Assessment for Resident #6 that was dated did not descibe the level of medication assistance needed by the resident. Record review during the follow up survey on found the level of medication assistance needed by Resident #6 was still missing from the AHCA Form 1823.

An interview with the Administrator on at 9:52 a.m. confirmed the findings. The Administrator stated she was told she could call the provider and get permission to "check" the form. She stated she was waiting to hear from the provider so she could do that.

Record review for Resident #7 found she was admitted to the facility on . Record review of the AHCA Form 1823 Resident Health Assessment for Resident #7 dated and found both forms were signed by Resident #7's physician assistant and documented Resident #7 needs medication administration. Observation of Resident #7 found she could take the medication on her own if the medication was handed to her.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview, 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:

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A tour of the facility was conducted on at 9:14 a.m. In the central living a leather couch to the left of the observed with tape over torn fabric peeling back. There were multiple places on the walls where the paint was gone. The couch facing the During the biennial survey conducted on 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.

Observation in the found the grab bar missing in the shower. There were multiple areas behind the toilet and near the light switch with paint missing,

The of living of Scuff marks where observed on the floor of the shower along with a black substance in the grout running the width of the shower. The door jambs to the shower were gauged and in bad repair with paint missing. The ceramic toilet paper holder located next to the toilet was broken with sharp edges exposed and broken tile was observed at the entry to the shower. The mesh in shower chair was observed torn to the right side of chair. During an interview with the Administrator at the time of observation she brought a sealed box from back office to show a replacement had been delivered. She stated the replacement was delivered 2 days ago but chair had not been repa During the biennial survey conducted on the shower was also found to have a shower chair with the chair mesh ripped. There were several locations in the shower where a black substance resembling mildew was observed on the tile and grout on the shower floor and walls.

The door to was observed to have the bottom half of the door with the paint off and door jams scuffed. During the biennial survey conducted on was observed with a scuffed door which was in need of paint. During an interview with the Administrator on at 11:05 a.m. she confirmed the door was not repainted. She stated she was not at the facility at the time the other door was painted. She also stated was not aware of the broken toilet paper holder in the back the missing grab bar in the shower in the front When asked about the black substance on the floor time and in the grout in the stated it is rubber from the chair.

During the tour a small black insect was observed crawling in a kitchen cabinet. On at 11:00 a.m. a cockroach approximately 1/2 inch in length was observed crawling on the dining near resident ' s foot. During the biennial survey conducted 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.

During a telephone conversation with the facility's previous administrator on at 11:10 a.m. he stated pest control is a continuous problem and the pest control company sprays regularly. A telephone interview was conducted on at 2:00 p.m., with the representative from the pest control company that has treated the facility. The representative stated he his last visit to the facility was on He stated the facility has German roaches and once one is brought in you have difficulty getting rid of them. He stated they go to the facility quarterly and tell the facility to give it days after treatment to see if it helps. If the roaches are not gone the facility should call again and they will go in and treat. He stated German roaches need regular treatment. He stated he had not heard from the facility until the other day when a man called. He stated he was told the facility was going to do a kitchen renovation in the next two weeks and they wanted to do a clean out where you spray in all the nooks and crannies. He further stated that if the facility was continuing to have a problem with the roaches they

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should have called for treatments.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to maintain demographic information for 2 of 4 sampled residents whose records were reviewed (Resident #1 and #8).

The findings include:

Record review for Resident #1 and Resident #8 could not locate demographic information which included Resident #1 and #8's race, social security number, Medicaid number, and next of kin or guardian information.

During an interview with the Administrator on at approximately 11:00 a.m., she was asked to provide the demographic information sheets for both residents. She could not locate the information.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on a record review and staff interview 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 5 sampled residents. (Resident #5 and #6)

The findings include:

1. A record review conducted for Resident #5 during the biennial survey on found the resident ' s contract signed on did not contain the resident's daily, weekly, or monthly rate.

Review of the record for Resident #5 on found the resident contract which had been signed reflected the monhtly rate of $547.00. There was no evidence to show the resident had been notified of the update to the contract. There were no new signatures or initials on the contract the resident had previously signed.

Resident #5 was interviewed at his work location on at 1:00 p.m. He did not have the capacity to answer the questions. During a telephone interview with Resident #5's power of attorney on at 3:00 p.m., she stated her son has been at the facility for about a year. She stated she has always paid the facility the same amount of 543.42. She could not recall getting a contract and stated she has not spoken to anyone at the facility about a contract or any changes in a contract in the last several months. She stated she could not recall a telephone call either. She stated she is her son ' s power of attorney.

2. A record review conducted for Resident #6 during the biennial survey on found the resident ' s contract signed on There was no rate for services located on the contract.

Review of the record for Resident #6 on found the contract was signed and reflected the monthly rate of $1000.00. Review of the record found no evidence the contract was signed at the time of or after the update. There was no evidence Resident #6 or his family was given a copy of the new contract. Resident #6

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was visited at his work location on at 12:30 p.m. He was not able to answer questions. He gave his sister's name as someone to contact. A telephone interview was conducted with the resident's sister on at 1:00 p.m. She stated her brother cannot make his own decisions. She stated she pays the facility each month. She stated the amount the facility tells her to pay is $1290.00 a month. She stated she writes a check out for $1320.00 each month so Resident #6 has money for incidentals. She stated the facility still asks for more money each month for things like soap. She stated no one has contacted her about an update to her brother ' s contract.

During a telephone interview with the caregiver at the facility on at 2:34 p.m., she confirmed that both family members contacted were the responsible parties for the residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies 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, CIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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