| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967442 | 09/08/2014 |
| 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:**
0030-Resident Care - Rights & Facility Procedures
0052-Medication - Assistance With
0053-Medication - Administratio

**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

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced follow-up survey to the biennial licensure survey was conducted on , 2014. Golden Abbey Ormond Beach had deficiencies identified at the time of the visit.

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**
Based on interview and record review, the facility failed to ensure accurate and complete documentation on the Resident Health Assessment AHCA Form 1823 for 3 of 5 sampled residents whose assessments were reviewed. (Resident #2, #3 and #4)

The findings include:

Record review for Resident #2 found she was admitted to the facility on . Review of the Resident Health Assessment AHCA Form 1823 found the form that was in the resident record at the time of the biennial survey was not updated with the level of medication assistance the resident needed. This information was still missing from Resident #2's 1823. During an interview with the Administrator on at approximately 10 AM found the facility did not have evidence of when the resident ' s physician was in the facility to update the form or evidence the resident ' s physician was contacted to get the information. The Administrator stated he did not have the information and would just get a new form.

Record review for Resident #3 found she was admitted to the facility on . Record review of the Resident Health Assessment AHCA Form 1823 for Resident #3 found the resident was independent in ambulation, dressing, toileting, eating and transferring and needs supervision with bathing and . Further review of the AHCA Form 1823 found the form did not have a date of examination, medical license number, address or telephone number for the examiner. Observation of Resident #3 on at approximately 9:40 a.m. found she could not ambulate on her own and was pushed in a wheelchair.

Record review for Resident #4 found he was admitted to the facility on . Record review of the Resident Health Assessment AHCA Form 1823 with a facsimile date of found page 4 had eligible examiner signature and date. The name of the examiner, medical license number, address of examiner and telephone number was left blank.

During an interview with the Administrator on at approximately 10 AM, the findings were confirmed. The

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Administrator acknowledged the findings and stated he would get new health assessments.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview, that facility failed to ensure a safe and sanitary living environment for 43 of 43 resident residing at the facility.

The findings include:

During a tour of the facility on , 2014 at 8: 40 a.m. the following observations were made:

1. Visit to found numerous gouges in the drywall of the wall to the left of the door covering an area of two to three feet.

2. Observation in the hallway between and 9 found a hole in the drywall located approximately 4 inches from the floor. The hole was approximately 1 foot by 1 foot in size.

3. Two holes were observed in the vinyl flooring in The holes were located in front of the door in the back of the resident The holes were approximately 4 inches to 6 inches in size.

4. A large dark stained area approximately 2 feet by 2 feet in size was observed on the carpet in the central hallway outside the main dining

5. A large square hole approximately 2 feet by 2 feet was observed cut in the carpet in the middle of the hallway located between the dining laundry .

6. Several rips covered in blue tape were observed in the carpet on hallway next to the dining a tear in the carpet approximately 2 and 1/2 feet long was observed in the hallway next to

7. In the east hallway outside of , a strong smell was detected.

8. The laminate flooring in was cracked and coming up from the subflooring in several locations. Three large holes, each approximately 8 inches in diameter, were observed in the flooring, with the concrete subfloor exposed.

An interview was conducted with the Administrator on at 1:25 pm. He confirmed the findings and acknowledged that maintenance repairs were needed. He confirmed the presence of the odor in the east hallway.

Class III

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 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, RN
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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