STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964349	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arlington Haven	6320 Arlington Road Jacksonville, FL 32211	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures
0165-Risk Mgmt & Qa; Adverse Incident Report-1(
Z815-Background Screening; Prohibited Offenses-

Revisit Repeat Tags:
0000-Initial Comments-
0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

Specific Tag Findings:

0000-Initial Comments
An unnounced follow-up to the licensure complaint survey, CCR# 2014007824, was conducted on . . . . Arlington Haven had deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to ensure a safe and sanitary living environment for 23 of 23 residents residing in the facility.

The findings include:

A tour of the facility was conducted on . . . . . at 9:15 AM with the administrator. Observations during the facility tour revealed the door to . . . had a piece of brown decorative tape covering over a hole. The inside of the door had another hole in it. (photographic evidence obtained). An interview with the administrator stated "they are always punching holes in the doors. "

, the first of 2 . . . . in apartment 7, revealed the bed closest to the door had a concave mattress that sinks in the center. The administrator said he will replace it, he has another mattress and box spring he bought. The carpet is heavily soiled, dirty and stained. (photographic evidence obtained) An interview with the administrator stated they clean the carpets often.

. . . . 's . . . . . is shared by 4 residents revealed a hole in the . . . . . The administrator showed me the . . . frame and it shook and was not attached to the interior wall frame.

. . . . . was observed with 2 . . . . . A's door had a large hole in the bottom of the door that went through the door. An interview with the Administrator stated this happened recently.

The decking outback off the dining . . . . . revealed the railing on the ramp was not sturdy and it was shaky, as well as the ramp made with 3/4 inch plywood was wearing through and when walked on, the wood plank bows under weight. The decking at the back door also bows under weight and was observed with a piece of plywood that was broken.

The lighting above one of the tables in the dining . . . a large bug (approximately 2 inches) inside the light

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fixture. There was debris in the other light fixtures of the dining and living . . .

On . at 12:40 PM an interview with the administrator stated he has been trying to figure out how to change the fluorescent lights. He said he was aware that the outback deck needed repair. He said the ramp and rails were in bad shape. He said he hasn't had a resident who needed the ramp until 2 weeks ago. He said he now has a resident who uses a wheel chair.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arlington Haven
6320 Arlington Road
Jacksonville, FL 32211

Re: CCR #2014007824

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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/sm
Enclosure

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