| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910733 | 11/17/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| VIP Care Pavilion, LTD | 6810 SW 7th Street Margate, FL 33068 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced licensure complaint survey, CCR# 2014008381, was conducted on . . . . at VIP Care Pavilion LTD. The facility had deficiencies found at the time of the visit.

The complaint survey was conducted in conjunction with the relicensure survey. See separate report for findings.

**0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC**
Based on observation and interviews, the facility failed to maintain a clean environment for 1 out of 21 residents who reside in section 2 of the facility (Resident #4) and for 47 residents stationed in section 2 and 4 of the facility.

The findings include:

During the tour of the facility at 11:20 AM with the Director of Nursing (DON), it was noted that some residents were seated in the activity area/hallways watching TV, playing bingo, or simply relaxing. There were other residents also observed in their . . . . . sleeping. The facility is subdivided into 4 distinct parts (section 1, 2, 3 and 4).

In section 3 some furniture was observed stored in the hallways due to the facility undergoing renovation. This area was noted to be accessible to all residents. The facility only has one vacant . . . . for storage and it was already full with other furniture said the DON. The facility has a trailer in the parking lot. However, the DON also said that it is used to store residents closed files.

After entering . . . . A-B at around 11:20 AM, a strong . . . . . odor was immediately evident in the . . . . . This

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observation triggered an interview with the DON and the Aide assigned to this

The DON said that she could not smell the odor but stated that she had a . . . . The aide present during the tour with the DON immediately acknowledged the smell, the "strong ..... odor" but advanced that she had already cleaned up the . . . . . She stated that she did not know what happened, why the . . . . . had a strong . . . . . odor after she had cleaned it up. She said "It ' s not my fault, maybe someone went and ' ....' in the . . . . . " Resident #4 was not observed in the , she was in activity.

During further questioning later that day, Staff A reported that she cleaned up the . . . . . 8:00 AM and 9:00 AM. She said the sheet that was on the bed was wet and she had removed everything and put them in the soiled linen to be washed. Additionally, she affirmed that the mattress cover was plastic and therefore could not have absorbed to the , unless it was torn ...that was not the case. She further mentioned that she had swept and mopped the floor after she was done. However, it was almost Noon (11:20 AM) when the strong . . . . . odor was noted in the . . . . . .

The utility . . . section 2 at 11:22 AM was observed unlocked and opened. On the doors of the utility . . . . . was noted "keep utility . . . . . closed." There were residents observed who suffer from . . . . . in close proximity to the unlocked and opened utility . . . . . In section 4, the utility . . . . . was also found unlocked at 11:30 AM during the tour. The DON as well as the Assistant Administrator confirmed that the residents in section 4 suffer from acute mental illnesses such as . . . . . and . . . . . .

Finally, the air conditioner central air control was easily accessible to the residents of section 4 of the facility. The screen metal door was not secured. Further observations revealed that some residents' table and chairs are set in very close proximity to the unit. Photographic evidence obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vip Care Pavilion, LTD
6810 SW 7th Street
Margate, FL 33068

**RE: CCR #2014008381**

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within ***thirty (30) days*** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene -Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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