STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	12/05/2014
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:
0008-Admissions - Health Assessmen

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
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 follow-up to the licensure survey was conducted on 014. Golden Abbey 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 interviews the facility failed to ensure a safe living environment for 47 of 47 residents residing at the facility.

Findings include:
1. An observation of the carpet outside revealed a 2 and a half foot tear in carpet that was not repaired from previous citation.
2. An observation of the carpet in the dining frayed, tearing carpet across a 30 foot area.
3. The entrance to the dining an area of carpet which had been replaced with a remnant frayed with long strings producing a hazard for walkers and wheelchairs.
4. Entrance to the activity a 2 foot area of frayed carpet with strings. Outside the activity 3 foot area of frayed torn carpet was observed. Multiple areas were observed with unclean carpet producing safety hazards. (photographic evidence obtained)

An interview with Resident # 8 at 11:16 AM on revealed he uses a wheelchair for locomotion. Resident #8 stated' One area of carpeting you have to be careful, because it is dangerous. It is not too bad for wheelchairs but bad for walkers." Resident showed this surveyor patched carpeting with frayed torn area halfway into dining long strings evident.

An interview with the Administrator at 11:30 AM on 12/5 confirmed the carpet was torn and frayed in the dining , outside and outside the activity entrance.

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 **second** State Licensure Revisit Survey conducted on 5, 2014 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiency that were identified on the day of the visit.

All deficiencies shall be corrected no later than . 2015.

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,

Jane Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure

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