RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Susan Rewis House
7216 NW 22nd Drive
Jennings, FL 32053

Dear Administrator:

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

Enclosed 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2015** 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965244	12/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Susan Rewis House	7216 Nw 22nd Drive Jennings, FL 32053	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - 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 Limited Nursing Services monitoring survey was conducted on 2014 at The Susan Rewis House, an assisted living facility in Jennings, Florida. Deficiencies were identified at the time of the survey. The facility was not in compliance.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, interview and record review, the facility failed to provide 12 hours scheduled activities a week for 16 to of 16 observed residents who reside at the facility.

Findings:

On at 9:15 a.m. a tour of the facility was conducted no activities were observed during the tour. Further observation revealed activities were provided between 9:15 a.m. and 6:05 PM.

On at 2:30 PM of resident # 2 was interviewed. Resident #2 stated in his 10 months of residency, he has only seen 3 scheduled activities to date.

On at 3:30 p.m. the Care Manager was interviewed regarding the activity schedule. The Care Manager was unable to explain why there we no activity. When asked how the residents would know when to gather for activities, he replied, we have plenty of activities and then stated, most residents have day programs until 1:30 PM and then some time in the day we do them. His account of activities includes 1 residents who rides his bike and television.

1 4 3:35 PM the Administrator was interviewed. She was asked if there were times for the activities. She stated the activities time is, "whenever."

A review of the initial tour of the facility's posted activity calendar revealed it was dated for 2014. The scheduled activity for the 22nd day of that month was listed as, " art. " The calendar did not offer any times for activities.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on interview and personnel files review, the facility failed to provide the one hour of training in the facility's policy and procedures regarding (within 30 days after employment on 3 of 4 sampled staff members (Staff A, C and D).

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Review of facility staff personnel / training files revealed that Staff A was hired on , Staff C was hired on and Staff D was hired on Continued review revealed Staff A, Staff C and Staff D did not have evidence or documentation that they received the one hour policy and procedure in-service training on their files.

On at 5:05 PM an interview was conducted with the Administrator. She confirmed that there is no evidence for a policy and procedure in-service training for Staff A, C and D. Administrator stated that she will need to revise the training sheet check off list to reflect the training on .

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain structural systems, in good working order and be free of hazards.

1 14 2:20 PM observations of the dining area revealed there were multiple unhinged cabinet doors. The doors were propped up against the cabinets sitting beside the dining table

1 14 5:00 PM an interview was conducted with the Care Manager. He stated he removed the doors to do some work on the the back and with all that has been going on with his kids and Christmas, he just has not had time to fix the doors.

Class III