STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910568	01/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden View Alf	526 N. Mary Ave. Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced complaint survey was conducted at Garden View Assisted Living Facility located in Calloway, FL on to review CCR 2014012272. Deficient practice was identified at the time of the survey.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations, resident interviews, staff interview and facility contract review, the facility failed to provide adequate housekeeping services to maintain clean furnishings and floors, and failed to maintain furniture, mattresses and linens in good condition.

The findings include:

A tour of the facility was conducted on beginning at approximately 9:12 AM. was observed to have discolored soiled floor with visible dirt and debris under the bed and near the baseboards. The mattress on the bed was observed with several holes and it was sagging. The TV observed to have a multicolored fabric sofa with foam stuffing exposed from the cushion, a tan sofa with large areas of peeling vinyl covering and a blue sectional sofa with dark stains and sagging seat cushions. There was debris observed on the multicolored fabric sofa cushions. A hole was observed in the sheet rock in the near The common the end of the facility contained a blue vinyl sofa with a dark brown dried substance and a black and white sofa with several small holes in the seat cushions. was observed with stained discolored linen on the bed. 2 mattresses in were observed cracking and sagging. Dirt and debris was under the bed in had stained and discolored pillow cases. was observed to have stained discolored pillow case and a blue blanket on the bed with holes and tears. Photographs of the evidence presented is in the file.

An interview was conducted with resident #4 on at approximately 10:06 AM. Resident #4 stated the staff do not clean the An interview was conducted with resident #5 on at approximately 10:20 AM. Resident #5 stated the mattress on her bed was hurting her back.

An interview was conducted with the Administrator on at approximately 10:58 AM. The Administrator stated the facility provides the resident beds and linens. She stated she periodically checks the beds and linens. She stated she has no set schedule or process to check beds and linens. The staff are to throw out stained or torn bed linens and inform her if a mattress needs to be replaced.

The facility admission and financial agreement was reviewed on The document stated housekeeping services will be provided once a week to residents who assist in keeping their clean, free of excessive clutter and clothing.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Garden View Alf
526 N. Mary _ _ Ave.
Panama City, FL 32404

RE: CCR #2014012272

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2015 by a 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 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 surveyor. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida