STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Robinsons Residential Care	11921 Caruso Drive Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Biennial Survey was conducted on - at Robinson's Residential Care. At the time of survey there were deficiencies identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on staff interview and record the facility failed to ensure that 1 of 11 sampled residents (#6) Health Assessment was complete.

The Findings:

On , a record review was conducted of resident #6 Health Assessment. The following information was not filled in on the Health Assessment: (a) address of examiner, (b) telephone of examiner and date of examination.

Also, the section for 'Assistance with Self-Administration of Medication' was not completed. The form did not indicate if resident #6 needed assistance with self-administration of medications or if the resident needed total assistance with Administration of medications.

On at approximately 11:00 am, an interview was conducted with the Administrator who confirmed that the above areas were not completed for resident #6 health assessment.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, staff interview and record review, the facility failed to provide an ongoing activities program for 29 of 29 residents at the facility.

The Findings:

An observation was conducted on from entrance into facility at 9:30 AM until 4:00pm. The facility did not provide any activities for the residents during that time. The residents were observed wandering the hallway from the dining to the back area, to the smoking area to the front

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yard and /or either watching television.

On , an observation was again made of the residents from 8:00am until 12:00pm and the facility did not provide any activities to the residents. The residents were again observed wandering the hallways and sitting outside in the smoke area in the front yard of the facility.

A record review was conducted of the Robinson Residential Care Activity Calendar. On Monday, , from 9:00am until 11:00am, Social Rehabilitation from Life Management Center was scheduled. Monday evening from 4:00pm until 5:00pm was exercise club. The activity calendar indicated for Tuesday, , from 9:00am until 11:00am Social Rehabilitation from Life Management Center and no other activities were listed for the remainder of the day.

On at approximately 10:45am, an interview was conducted with resident #7 who reported that she find activities to do if Life Management does not conduct the Social Rehabilitation.

On at approximately 11:40am, an interview was conducted with resident #9 who stated that he likes to play dominos and card games but has no one to play with him. Resident #9 stated that no staff has asked him about his interests.

On at approximately 11:52am, an interview was conducted with resident #10, Resident Council President, who reported that there were no activities at the facility. Resident #10 stated that the Life Management Counselor who comes in to conduct the Social Rehabilitation group activities has not been at the facility in about two weeks. Resident #10 stated that the facility used to do bingo, but has since stopped and now the residents have nothing to do for activities. Resident #10 stated that we need activities to keep us busy and our minds occupied.

On at approximately 9:50am, via telephone, an interview was conducted with resident #11 family member who stated that her brother does not get enough activities, and she feels that the facility needs to offer more activities. The family member stated that since the facility is located out of the city limits, the facility needs more diversified individual and group activities that are of interest to her brother and to the other residents. She stated that the facility needs to reach out to organizations in the community.

On at approximately 11:00am, an interview was conducted with the Administrator who verified that the facility staff had not provided any activities for and .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 16 and 17, 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

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