STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	**03/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PERSONAL ELDER CARE II	**5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on , at Personal Elder Care II. The facility had a deficiency found at the time of the visit.

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

Based on observations and interviews, the facility failed to ensure building, plumbing and appurtenances were maintained in good working order for 3 of 7 sampled resident or (main , resident , resident .

The findings include:

During a tour of the facility conducted on with the Administrator present, the following concerns were observed (photographic evidence obtained):

1. At 11:38 AM, the main used by Residents #2, 3 and 4, was observed with:
a. The window pane above the tub was broken and cracked and had a cloth stuck in the hole.
b. The toilet paper roll was stored on the vanity countertop, there was no toilet paper holder in the .
c. The bath tub surface had three 1 " chips on the side exposing black material.
d. The side of the vanity had 10 holes and several worn or chipped spots.
e. There was black mold-like matter and debris on the window sill and the right front of the tub.
f. There was debris build-up under the soap and cup holders above the sink.
g. The paint was worn on the door next to the light switch.

2. At 11:55 AM, in resident , several slats on the window were broken.

3. At 12:03 PM, in the , resident with:
a. A pipe under the toilet was leaking water into a plastic container at a rapid rate.
b. The paint was chipped or worn off the bottoms of the vanity doors and door jamb.
c. Black matter in the shower near bottom right, debris buildup along the bottom front.

These concerns were acknowledged by the Administrator during the time of the tour.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Personal Elder Care Ii
5739 Orchard Way
West Palm Beach, FL 33417

RE: Abbreviated Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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