STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967434	**03/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ORLANDO LUTHERAN TOWERS	**404 MARIPOSA STREET ORLANDO, FL 32801**	

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

0000 - Initial Comments

Complaint Investigation #2015002925 was conducted on [redacted] Orlando Lutheran Towers Assisted Living 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 observation and interview the facility failed to ensure a safe, home like and decent environment and had stained carpeting on 7 of 7 floors inside the facility.
Findings:
During the tour on [redacted] at approximately 9:00am, floors 1, 2, 3, 4, 5, 6, and 7 were observed to have stained carpet. Each floor has 2 separate hallways with residential [redacted] off the hallways. The common areas are at the ends of each hallway and the common [redacted] are in between the hallways along with the elevators. The stains were observed in front of elevators, in front of residential [redacted], and in the general walk area, as well as in the common areas.
In an interview with Staff F, a housekeeper, on [redacted] at approximately 2:40 PM who stated the floors are stained throughout the building and the floor tech is not able to clean the floors.
In an interview with Staff G, a housekeeper, on [redacted] at approximately 2:55 PM who stated the carpet is stained on all floors of the facility.
In an interview with the Administrator at approximately3:07 PM who stated they did rip up some of the carpet on the 2nd floor, but it is expensive to replace all of the carpeting.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

RE: CCR #2015002925

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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