STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953614	05/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GREEN ACRES	15820 ARCHER STREET HUDSON, FL 34667	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Complaint Investigation survey, CCR# 2015003396, was conducted on .

Green Acres, Assisted Living Facility, had deficiencies found at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview and record review the facility failed to ensure expired medications and medications belonging to discharged residents were properly disposed.

Findings include:

A review of the medication storage was conducted with the administrator on at 11:00 am with the following findings:
Resident medications are secured in a locked cabinet located in the facility office. On unlocking the medication cabinet the surveyor observed a plastic container was provided for each resident with their names clearly marked. All current medications were dispensed from packs. The following concerns were identified during a complete review of the medication cabinet conducted with the administrator:
1) An unlabeled plastic box contained the following items for a resident who had been discharged from the facility on
- 1 open box of finger stick lancets to be used for glucose monitoring
- 1 bottle of 1.75 mg with an expiration date of
- 1 bottle of 10 gm/15 ml with an expiration date of
2) The same plastic box contained packs of medications for 2 additional residents no longer residing in the facility - 25mg and 10 mg. Per the administrator "These 2 guys only stayed about 24 hours and just left. They never came back to get their medications."
3) Also found in the unlabeled box were 6 1/2 loose pills of various sizes.
4) Resident #6's medication box contained a bottle of 10 mg with an expiration date of
5) Additionally, the white refrigerator in the dining 3 medication bottles on a door shelf for resident #5 that had expired as follows:
- 1 bottle containing 25 mg suppositories with an expiration date of
- 2 bottles containing 10 mg suppositories with an expiration date of
The administrator confirmed the findings and stated she would give the all the medications to the pharmacy for disposal. "I need to keep a better watch on the expiration dates" she stated.
CLASS III

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

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

0152 Continued From page 1

Based on observation and interview the facility failed to repair the roof and eaves of the property storage building, provide a screen in the open window of the male residents' replace the missing tiles behind the sink and replace the cracked wall switch cover in the male residents' and provide clean mattresses and box springs for the 3 male residents and repair the rust areas and finish of the bathtubs in #1 and #2.

Findings include:

A facility and property tour were conducted on from 9:00 a.m. until 9:45 a.m. with the administrator and live-in facility manager. The following concerns were identified:

- An outside property tour revealed the roof and eaves of the storage building located adjacent to the residents' building were in poor condition with the eaves having rotted wood and hanging pieces that could potentially on a resident. The open eaves under the roof line could provide an area for vermin harborage. The roof of the storage building was also observed to be missing and had open in areas near the eaves which would allow further decay from the elements.
- An inside tour of the residential living facility revealed a screen was missing on the open window of the male residents'
- Wall tiles were missing behind the handwash sink in the male residents'
- The electrical wall switch cover plat was cracked in the male residents'
- The mattresses and box springs on the 3 male residents' size beds were heavily soiled and stained.
- #1 and #2 bathtubs had areas of rust and the surface finish was worn which rendered the tubs difficult to clean.

The administrator and the facility manager concurred with the findings stating they would address the issues. "It might take longer to get the roof repaired but we will see what we can do" stated the administrator.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Green Acres
15820 Archer Street
Hudson, FL 34667

RE: CCR #2015003396

Dear Administrator:

This letter reports the findings of a complaint 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com