| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910846** | **06/02/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **DOGWOOD INN** | **108 WAGNER ROAD BONIFAY, FL 32425** | |

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

**0000 - Initial Comments**

An unannounced monitoring survey was conducted at Dogwood Inn Assisted Living Facility located in Bonifay, FL on . Deficient practice was identified during the survey.

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on staff record review and staff interview the facility failed to ensure staff had documentation of being free from signs or symptoms of communicable for 1 of 3 sampled employees. (employee A)

The findings include:

Review of employee A's file was conducted on . The file revealed employee A was hired by the facility on . The file contained an employment health questionnaire and physician statement form. The form included a free from communicable statement that was blank and the form was not signed by a physician or other health care provider.

An interview was conducted with the Administrator on at approximately 1:45 PM. The Administrator confirmed employee A did not have a communicable statement on file.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on staff record review and staff interview the facility failed to ensure staff who provide direct care to residents and prepare and serve food receive a minimum of 1 hour in-service training within 30 days of employment regarding resident rights and safe food handling practices for 1 of 3 sampled employees. (Employee C)

The findings include:

Review of employee C's file was conducted on . The file contained no documentation employee C had any training on resident rights or safe food handling practices.

An interview was conducted with the Administrator on at approximately 1:47 PM. The Administrator stated they provided resident rights training with another training but had no documentation of the training. She confirmed she was not able to locate any training for nutrition and safe food handling and stated the employee does prepare and serve food.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910846** | **06/02/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **DOGWOOD INN** | **108 WAGNER ROAD BONIFAY, FL 32425** | |

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

**0152** Continued From page 1

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

Based on observations and staff interview the facility failed to provide adequate housekeeping services to maintain clean furnishings and floors, and failed to maintain furniture and ceilings in good condition.

The findings include:

A tour of the facility was conducted on beginning at approximately 9:50 AM. The following was observed during the tour:

A brown recliner in the activity torn upholstery, a discolored and stained bath tub in the activity a hole in the wall in the activity , discolored and stained carpet in the hallway, soiled bed frame and debris in floor with odor, stained ceiling tiles and a hole in the ceiling and a white cabinet with damage at the bottom. Photographic evidence was obtained.

At approximately 2:15 PM on the above areas were observed with the Administrator. The Administrator stated they usually patch torn furniture or replace it. They have no process in place to observe and check furniture for needed repairs. She also observed the carpet in the hallway and stated the new carpet is not sticking and is already stained. She observed the bath tub in activity confirmed it to be rust discolored. She stated she would not lay in the tub to bathe. She stated the roof had leaked and they got a new roof. The ceiling tiles were damaged from previous leaks. She also stated the facility had flooded causing damage to the cabinet.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives 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. **Please forward documentation of correction to the Field Office.** 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 surveyors. Should you have any questions please call me at 850-412-4493.

Sincerely,

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

DH/kc
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