STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911596	09/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WOOD	2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309

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

0000 Initial Comments

An unannounced Assisted Living Facility Relicensure/CHow survey was conducted on 9/1/15 and 9/2/15 , at Willow Wood. The facility had deficiencies found at the time of the visit.

0055 Medication - Storage and Disposal

Based on observation, interview, and record review, it was determined that the facility failed to store opened Lantus pens and pens according to manufacturer ' s instructions , and by failing to refrigerate unopened pens at the proper temperatures.
The findings include:
During medication administration observation on / at 4:20 PM, the nurse surveyor observed LPN #A place an opened pen belonging to Resident #12 in the medication after administering 7 units from the pen to the Resident. The nurse surveyor further noted that the refrigerator contained five boxes of Lantus pens, 6 boxes of pens, and 1 box of pens containing 1 unopened syringe.
The nurse surveyor interviewed the LPN as to whether it was her habit to refrigerate opened pens. The LPN stated that it is. The surveyor and LPN reviewed the storage instructions on the manufacturer ' s storage box for both types of . The instructions for each read as follows: Do not refrigerate after opening. Store at 36-46 degrees Fahrenheit. Do not Freeze.
The Wellness director was present and confirmed the manufacturer ' s instructions are to not refrigerate the or Lantus pens after opening. Both the LPN and Wellness Director stated that they were unaware of the manufacturer ' s storage instructions prior to the nurse surveyor ' s intervention.
The surveyor asked that the LPN check the temperature of the thermometer in the refrigerator. There were two thermometers in the refrigerator, one bayonet style and one hanging refrigerator thermometer. The LPN read the hanging thermometer at 32 degrees Fahrenheit and the bayonet thermometer at 30 degrees Fahrenheit, which was confirmed by the surveyor. Both the LPN and the Wellness Director confirmed that the manufacturer ' s storage instructions were printed on the box for both the pens and the Lanus pens. Both staff confirmed that the boxes ' instructions included the following: Store at 36-46 degrees Fahrenheit. Do not freeze
A review of the facility document titled ' Storage Recommendations ' on at 2:49 PM provided by the Wellness Director revealed the following: Pens-Refer to individual manufacturer ' s recommendations and Omnicare ' s Storage Recommendation document
The Wellness Director stated that she is not aware of having the Omnicare Storage Recommendation Document available at the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911596	09/02/2015
NAME OF PROVIDER OR SUPPLIER **WILLOW WOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2855 WEST COMMERCIAL BLVD** **FORT LAUDERDALE, FL 33309**	

SUMMARY STATEMENT OF DEFICIENCIES
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0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the assisted living facility failed to maintain a safe living environment which was free of hazards and maintained in good working order.

The findings include:

During the initial tour conducted on / at approximately 9:30 AM the following was noted:

Fourth Floor
1) The ceiling in the hall way outside of # , was missing a piece of plaster exposing the rebar, there was also loose pieces of plaster on the perimeter of the hole.
2) There was chewed chewing gum and other debris inside the handrails, outside of #
3) The window outside of # was observed to be dirty with insects, debris and the screen was in disrepair.
4) There was a stain on the ceiling directly above the window above, next to #
5) The carpet directly outside the elevator landing was heavily soiled and stained.
6) There was old chewed chewing gum and debris in the handrail outside of the laundry
7) The carpet throughout the 4th floor was littered with debris.
8) The air condition vent located across from the storage in disrepair, dirty, and the ceiling directly in front of the vent was laden with soot from the vent.
9) The ceiling directly in front of air condition vent over the door going to # , was laden with soot.
10) The bench in the hallway by # was heavily stained.
11) The ceiling at the end of the hallway in front of the air condition vent was laden with dirt.

Third Floor
1) The carpet directly outside the elevator landing was heavily soiled and stained
2) There was debris in the handrail by the console in hallway, and all along the hallway and adjacent to
3) There was a light bulb missing from the fixture by #
4) The ceiling in hallway by the elevator is in disrepair.
5) The air condition vent at the end of the hallway was laden with dirt and dust, and the floor directly underneath the vent was laden with the same debris as the vent.

The Canopy common areas
1) The hand rails throughout were laden with debris and dirty.
2) The ceiling tiles by # were heavily stained.

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	AL11911596	09/02/2015
NAME OF PROVIDER OR SUPPLIER WILLOW WOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	

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

3) The wall by room #106 & #107 was in disrepair.
4) The 2nd floor handrails were laden with debris, and the carpet was littered with debris throughout the 2nd floor.
5) The carpet by room # 211 next to the bench in the hallway was heavily stained.

In an interview conducted on / at 11:55 AM with Resident #9, he stated that if there is a piece of paper or a stain in the hallway it will stay for weeks. They do not promptly address those issues.
In an interview conducted on / at 2:00 PM with Resident #9, he stated the place does not get cleaned regularly, in the hallways. He never sees anybody cleaning the hallways.
In an interview conducted on / at 11:30 with Staff D, a housekeeper , she states that she is responsible to clean 10 daily, plus , hallways, she states that she tries to vacuum the hallways but that her workload is very heavy and there is not enough time to do all the scheduled assignments.
On / at 11:48 AM a tour was conducted with the Maintenance Director, the various findings were discussed and addressed, an interview was conducted and he stated that he is short a housekeeping supervisor at the moment. He also stated that currently there is no one that conducts rounds of the facility to ensure that the facility is being maintained appropriately. The Maintenance Director acknowledged and confirmed the findings.
Photographic evidence is presented in the file.

During a / tour of the Memory Care unit the following were observed:

Memory Care
1) Door frame of entry door gouged and heavily marked with black streaks. Confirmed by Administrator of Record
2) Hallway handrails with chipped and peeling paint.
3) Plastic toilet seat in very loose and wobbles back and forth. Program Manager acknowledged is a potential hazard
4) Hallway with 24 inch de-silvered area at bottom of mirror above sink. Elevated toilet seat with rust on 4 legs and back of seat.

During a tour of the Canopy wing the following was observed:
Canopy
1) with a 1 ½ inch high and 8 inch long accumulation of soil- like debris observed along the outer wall of the the air conditioning unit. A large number of ants were observed on the window sill. The Director of Maintenance was asked to observe the finding at 11:00 AM. The Director of Maintenance stated that the soil-like debris was caused by ants that are coming into the outside through an opening in the wall just below the air conditioning unit.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Willow Wood
2855 West Commercial Blvd
Fort Lauderdale, FL 33309

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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representatives. Should you have any questions please call this office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

XG90

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