STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	10/27/2015
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1410 HAND AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

On - a complaint (CCR#2015010983) investigation was conducted at Gold Choice Ormond Beach, Florida. Deficient practice was found.

0152 Physical Plant - Safe Living Environ/Other

Based on interview and record review, the assisted living facility failed to maintain a decent environment free of bug infestation (roaches).

The findings include:

On at 11:15 am, an interview as conducted with the Department of Children and Families Protective Investigator (DCF/API). The API stated during his visit to the facility on , he observed a roach on the floor of the kitchen.

On the Department of Health (DOH) conducted a safety inspection of the facility. The Inspector, wrote he in the safety inspection report that and alive roaches were observed in various areas of the kitchen. According to the DOH inspection report, the facility was given an unsatisfactory report as a result of roach infestation in the kitchen of the facility.

A review of the health department inspection report dated revealed that the facility had the following deficiencies: "Drain fly infestation was observed in the food prep and storage areas, around the mop sink. and Live German roaches were found under and behind the freezers and coolers in the kitchen."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

RE: CCR #2015010983

Dear Administrator:

This letter reports the findings of a state licensure complaint 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. **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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Meyering, PA
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

VS/JM/sm
Enclosure
XG90

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