STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	**11/23/2015**
NAME OF PROVIDER OR SUPPLIER **MIDTOWN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 POLK STREET HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2015009362 & 2015009246 was conducted on 11/23/2015 at Midtown Manor. The facility had deficiencies found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews, the facility failed to maintain an environment that is safe and home-like in the facility (East Side).

The findings include:

During the morning tour of the facility on / at around 9:00 AM , it was observed that on the second floor hallway of the East side of the facility, a large section of the wall's paint was peeling off and part of the wall on the North East side was cracked.

Furthermore, the floor in was observed to be in disrepair the laminated floor tiles were peeling off. The was not properly mounted it was hanging on one hinge. The could not be locked to offer privacy for the resident.

In , it was observed that some of the blinds were either missing or broken. The window was covered with a yellow rubber like substance, and the opening juncture between the wall and the wooden window panel was not fully sealed exposing the interior of the walls .

During an interview with a number of residents on / , they confirmed that there is a serious issue with bed bugs. They reported that a company comes in to spray but that does not resolve the problem.

During an interview and a tour of the facility with the Administrator on / , at around 11:35 AM, she confirmed the findings. The Administrator agreed that the facility has been dealing with the bed bug issue for a while. However, she asserted that the issue cannot easily be resolved given the characteristic of the population.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

RE: CCR #2015009246 & CCR #2015009362

Dear Administrator:

This letter reports the findings of complaint surveys that were 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

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.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida