RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Henderson House
907 East Orange Avenue
Eustis, FL 32726

RE: CCR #2016002144 & 2016004859

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Enclosed 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 , 2016.** 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 (386) 462-6201.

Sincerely,

Charles Bouy for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932557	05/26/2016
NAME OF PROVIDER OR SUPPLIER **HENDERSON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 E. ORANGE AVENUE** **EUSTIS, FL 32726**	

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

0000 Initial Comments

On , 2016, a complaint survey (CCR# 2016002144 & 2016004859) was conducted at the Henderson House Assisted Living Facility (facility license number 6622). During the survey deficient practice was identified. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to maintain a decent living environment for 34 of 34 residents.

Findings:

On at approximately 12:00 PM, during a tour of the facility, it was observed that the air return grates for the air conditioner were covered with cobwebs (photos available). It was also observed that the upstairs had what appeared to be soap scum build-up and lime build-up. It was also observed that the grout lines in the tile were black (photos available).

On at approximately 12:30 PM, the Administrator was asked when was the last time the air return vents were cleaned. She stated she did not know but would take care of it. She was asked when was the last time the tub and tile were cleaned in the upstairs . She stated she did not know it was dirty like that and she would get it cleaned.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain all structural systems in good working order for 34 of 34 residents.

Findings:

On at approximately 12:00 PM, during a tour of the facility, it was observed that an upstairs missing a ceiling tile and a cover for a light fixture. The upstairs also observed to have peeling paint coming off the wall above the shower head. The hallway ceiling was missing texture around the air vents. The downstairs hallway was observed to have peeling paint coming off the wall towards the bottom outside of # . Resident # was observed to have pieces of the floor tile missing in the doorway.

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

On at approximately 12:30 PM, these physical plant issues were pointed out to the Administrator. She stated the ceiling upstairs was scheduled to be repaired and painted. She did not realize the paint was peeling off the wall in the upstairs . She said she would fix the upstairs and get a cover for the light fixture. She stated she would get the hallway downstairs repaired and the tile at the entrance to resident # repaired.

Class III