STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 06/08/2016
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

A follow-up to a monitoring inspection was conducted on 6-7-16 to 6-8-16 at Midtown Manor assisted living facility. The Midtown Manor assisted living facility had deficiencies during this inspection and did not correct its previous deficiencies.

A licensure complaint survey (CCR#2016004818) was conducted in conjunction with this survey on the same date. Please see separate report for findings.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to provide a safe and decent living environment for 1 out of 6 sampled residents (Resident #8) by not ensuring that the resident's adequately treated by the pest control contractor.

The findings are:

In an interview with Resident #8 on - at 10:15am, she stated that she saw 3 bedbugs inside her same day and she was bit by a bug on her arm and lower extremity about 2 weeks ago. She stated that she saw a dermatologist about a week ago and the dermatologist told her that the red markings on her skin were likely from bug bites. She stated that she received an ointment to treat her affected skin areas but it was still . She stated that the facility direct care staff was aware that she received bug bites on her upper and lower extremities in the last 2 weeks and was not directed by the facility to do anything to prevent being bit further.
In an observation on - at 10:20am, Resident #8's right and left thigh had reddened spots on her skin.
Interview with the pest control contractor (PCC) manager on - at 11:35am, he stated that the facility contracted with his company about 5 weeks ago for general pest and specialized bedbug treatments. He said that during the pest control treatments during these past 5 weeks, the PCC staff had removed approximately 3 to 4 thousand individual bedbugs in approximately 20 Resident He stated that although the PCC staff previously inspected every Resident the facility and treated the affected areas, there was an unlikely chance that bedbugs may be present in resident and this was the reason the PCC continued its prevention pest control program in the facility. He stated that the facility staff was informed that if any resident presented to be affected by any pest or bedbug, the facility was responsible to contact the PCC so they may re-treat the suspected areas and the facility staff was instructed to immediately move out any resident from that suspected area until the PCC treated it again and deemed safe for any resident. He stated that the PCC did not receive a facility

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report of any residents being affected by any pests or bugs in the past 3 weeks.

In an interview with the facility medication technician on 6-8-16 at 12:35pm, he stated that he was not sure if Resident #8 was recently seen by a dermatologist and he did not know the status of the resident's skin condition.
Class II

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment by not adequately maintaining its air conditioning systems and by conducting interior construction in the facility's second level without implementing resident safeguards in place.

The findings are:

In an observation on - from 10:00am to 10:10am in the facility's second level, this area was not restricted to any resident, the area was unsupervised by the staff and the following was noted:

1. The main hallway had its flooring surface removed next to several resident , its walking surfaces were uneven throughout and it presented to be an imminent tripping hazard.

2. Resident presented to have unrestricted access to the residents, was undergoing construction and had no finished flooring in place.

4. Resident had all of its flooring surface removed and the flooring on its entrance had partially finished flooring with uneven surfaces.

6. The air conditioning air handling unit was leaking excessive amount of water which was being collected under a metal pan located under the unit.

In an observation on - from 10:10am to 10:20am in the facility's third level, the following was noted:

1. In resident , there was no sufficient air conditioning venting to cause this space to remain cool.

In an interview with Resident #3 on - at 10:10am, he stated that did not have enough air conditioning to lower the temperature to a comfortable level.

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In an interview with the administrator on 6-7-16 at 10:20am, she stated that she was not sure if the air conditioning contractor that the facility hired a few weeks ago, specifically corrected the air conditioning problem inside resident room 310. She stated that the facility allowed resident access to any and all construction areas, including areas which are undergoing new flooring installation in the second level, regardless of the uneven walking surfaces in the hallway and resident

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

Re: Monitoring Visit

Dear Administrator:

This letter reports the findings of a Revisit Survey conducted on 8, 2016 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2016. Please refer to the previously issued Directed Plan of Correction delivered/faxed to the facility on 2016.

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/jw
Enclosure

8877

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