



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

1, 2016

Administrator
Shady Acres Assisted Living Facility
670 County Road 782
Webster, FL 33597

RE: CCR #2016005558

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 1, 2016 by representative(s) 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 1, 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964944	(X3) DATE SURVEY COMPLETED 06/20/2016
NAME OF PROVIDER OR SUPPLIER SHADY ACRES ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 670 COUNTY ROAD 782 WEBSTER, FL 33597	

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

0000 Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring and Complaint Survey CCR #2016005558 was conducted on at Shady Acres Assisted Living Facility, License #9373, in Webster, Florida. Deficient practice was identified at the time of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure a shed containing hazardous substances was secured. Further, the facility failed to ensure the freezers storing the facility food items were clean, and failed to ensure the refrigerator did not contain expired food items, or food items that were unlabeled and undated after being opened and stored, for 12 of 12 residents.

Findings:

1.) During an observation on at 9:47 AM of an unlocked shed on the property showed the shed contained several cans of spray paint, cans of paint and a bag of ant killer. (Photographic Evidence)

An observation conducted on at 10:16 AM showed there were three residents sitting outside, one in a chair to the right of the shed and two in chairs to the left of the shed.

An observation conducted on at 11:08 AM showed there were five residents sitting outside to the left of the shed.

An observation was conducted on at 11:12 AM with the Administrator of the emergency food supply and water supply showed a request was made to observe the emergency water supply. The Administrator stated the emergency water supply is kept in the same shed as the freezers. The Administrator with the surveyors went to the shed, without using a key, the Administrator opened the door to the shed and pointed at containers of water on the top shelf towards the back of the shed that were over a shelf containing a box with spray paint cans, the shelf beneath that contained cans of paint and to the right on the floor beneath another shelf was a bag of ant killer.

During an interview on at 11:16 AM with the Administrator, she stated the shed is to be kept locked. She stated "I don't know why it wasn't locked, but we usually keep it locked at all times." She stated residents come out here and walk the grounds at their leisure, and could enter the shed if it is not locked. The Administrator further verified there were cans of spray paint, paint cans, and ant killer in the shed.

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During an observation on _____ at 9:47 AM of an unlocked shed on the property it showed there were two freezers in the shed. Both freezers had a black substance on the bottom of the freezer inside of the freezer. (Photographic Evidence)

During an interview on _____ at 10:56 AM with the Administrator she stated the food that is in the second freezer is mine, the food in the first freezer is for the residents. The Administrator further stated the black stuff on the bottom of the freezers is dirt. It is from when we put bags of ice in the freezers. "It shouldn't be there and it will be cleaned."

2.) During an observation on _____ at 9:42 AM of the refrigerator, it showed there were two containers of fried chicken that were loosely covered with plastic wrap that were not dated, two containers that were covered with _____ foil that were not labeled or dated, a bottle of Newman's Own Extra Virgin Olive Oil Greek Vinaigrette dressing that was 1/8 full with an expiration date of _____, a container without a lid of a brown colored liquid that was not labeled or dated, and a container of a covered dark liquid that was not labeled or dated, one zucchini with a white spot that was covered with plastic wrap and not dated, a plastic storage bag with a yellow liquid not labeled or dated, a plastic storage bag with a red liquid not labeled or dated, a plastic storage bag in a cup not labeled or dated, a plastic storage bag with a chicken leg quarter not dated or labeled, a plastic storage bag with two sausages not labeled or dated, six squeeze bottles with white, yellow, and red substances, one was labeled "ketchup," and one was labeled "mustard." The rest were unlabeled and none were dated.

During an interview on _____ at 9:46 AM, with the Medication Technician (MT), she verified the vinaigrette had expired, and there were multiple items in the refrigerator that were not labeled or dated. The MT stated she did not know how long the sausage, red liquids, yellow liquid, and the chicken quarter had been in the refrigerator.

During an interview on _____ at 10:56 AM with the Administrator, she stated the cheese sauce in the refrigerator in the kitchen is mine. The Administrator further stated the items should have been labeled and dated no matter who they belonged to.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure medications were secured for 12 of 12 residents.

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Findings:

An observation on [redacted] at 9:34 AM showed there was a staff member standing on the porch when the surveyors arrived. The staff member was identified as the Medication Technician (MT).

A tour of the facility was conducted on [redacted] starting at 9:34 AM and it showed to the left of the kitchen was a small [redacted] the medication cart. Observed on top of the medication cart was a small paper cup marked with a resident's first name, and contained five pills. (Photographic Evidence). The medications were unattended. One resident was observed sitting in a wheelchair in the dining off of the kitchen, and another resident was sitting on the couch in the living [redacted] the side of the dining [redacted].

During an interview on [redacted] at 9:38 AM with the MT, she stated the medications shouldn't have been left unattended at the medication cart. She stated, "I was going to give the medications to the resident, but haven't done it yet." When asked if the medications could be locked in the medication cart when unattended, the MT stated, "Yes, they could. I just didn't do it." When asked if medications are to be left unattended, the MT stated, "No."

During an interview on [redacted] at 10:05 AM with the Administrator she stated medications are not to be left out on the medication cart. She stated, "Never, ever on the med cart." She stated this is covered in the MT training. The Administrator further stated the medications that were in the cup were [redacted] (used to reduce fluid retention), [redacted] (used for fluid retention and high [redacted]), [redacted] (used to treat high [redacted] and [redacted] failure), [redacted] (used for chronic [redacted] failure), and [redacted] (used to relieve nerve pain).

During an observation on [redacted] at 9:42 AM of the refrigerator it showed there was a tan colored box observed in the refrigerator.

During an interview on [redacted] at 10:56 AM with the Administrator, she stated the tan metal box in the refrigerator is for medications that need to be refrigerated. The box is kept locked.

An observation on [redacted] at 10:57 AM of the medication lock box maintained in the refrigerator showed the lock box was not locked and contained two boxes of [redacted] pens for one of the residents.

During an interview on [redacted] at 10:58 AM with the Administrator, she verified the lock box with the [redacted] was not locked, and the refrigerator does not have a lock. The Administrator further verified the box is to be locked.

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0094 Food Service - Food Hvaliene

Based on interview, and record review the facility failed to ensure the residents' drinking water supply, for 12 of 12 residents, was free of bacteriologicals.

Findings:

During an interview on [redacted] at 2:16 PM with the Senior Clerk with the Florida Department of Health Environmental Health, she stated the concern regarding the water is the water has not had up to date, testing for the facility for bacteriologicals.

During an interview on [redacted] at 11:12 AM with the Administrator, when asked what water is used by the residents for cooking, drinking, and bathing, the Administrator stated, "the sink water."

Record review of the State of Florida Department of Health Operations showed the Permit Expired On: [redacted]. Record review of the State of Florida Department of Health County Health Department showed Limited-Use Public/Private Drinking Water System Sanitary Survey & Inspection Report was last completed on [redacted].

During an interview on [redacted] at 1:34 PM with the Investigator for the Department of Health Environmental Services, he stated the last bacteriological study was done [redacted] of last year. He stated it is hard to say if their water is safe to drink or not, since it was last tested last year. He stated the water is to be tested quarterly.

Class III