AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965681	06/30/2016
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT DUNEDIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3175 BELCHER ROAD** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2016004734) was conducted on in conjunction with a biennial relicensure survey at Angels Senior Living of Dunedin (Lic. #10034). Deficient practice was identified during the survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility had not ensured that all of its mechanical systems were maintained in good working order with respect to its central air conditioning system and its effect on one common sitting area located next to the "200" , and at least four (4) resident inspected.

Findings included:

During the survey from approximately 10:45am to 3:15pm, the following concerns were noted:
a) --air conditioning (a/c) duct had been covered with electrical tape; according to the resident therein, this was being done in order "to minimize the amount of air being blown into the ." Further interview revealed that "this was the only way this issue could be dealt with, since the a/c couldn't be turned off except by management.

b) --a/c duct covered with electrical tape: per the resident in this : similar to the individual in #101--couldn't handle sleeping with the air beating down on him any further, so he closed off the vent and taped it shut. Maintenance staff stated that "he vaguely recalled being aware of this";

c)) extremely warm inside; worse in the living ; maintenance staff attempted to address during tour;

d) --air conditioning not working; nothing coming out of a/c duct;
e) -- a/c vent taped shut; maintenance staff indicated that "this needed to be done due to the 's air conditioning blowing too hard and ." However, he stated "that it was connected to a separate unit.";
f) the sitting area with a ceiling fan located near resident #213 and 216: this common area was quite cool to throughout the day of the investigation; no residents were observed sitting or

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socializing there at any time during the visit. No further explanation was provided for this or any of the other noted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Angels Senior Living of Dunedin
3175 Belcher Road
Dunedin, FL 34698

RE: Biennial & **CCR# 2016004734**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey that were conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

XG90