STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 07/23/2016
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 2nd follow-up to a monitoring inspection was conducted from - to - at Midtown Manor assisted living facility (license #6508). The Midtown Manor assisted living facility had deficiencies during this inspection and did not correct its previous deficiencies.

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 2 out of 6 sampled residents (Residents #10 and 11) by not ensuring that the residents' treated to control and prevent the spread of pests/bedbugs and by not ensuring that residents #10 and 11 received appropriate health care immediately after learning that pests/bedbugs may have adversely affected the residents' conditions.

The findings are:

In an interview with the facility manager on - at 10:35 am, she stated that Resident #10's daughter reported that Resident #10 had seen bedbugs in her bed this past week. She stated that this happened on Sunday - - and she received this verbal report from the Medication Technician (med tech) on Monday - - .

In an interview with Resident #10's daughter on - at 11:15 am, she stated that when she visited her mother last Saturday afternoon on - - , her mother showed her a bottle which had some tissues with several black-colored bugs inside of it, which resembled bedbugs. She stated that her mother told her that she collected those bedbugs from her own bed and her 's bed a few days prior and her mother placed the bedbugs inside the bottle to show to her. She stated that she immediately notified the facility Med Tech of her mother's findings. She stated the Med Tech was the person in charge on - - .

In an interview with the Med Tech on - at 11:05 am, he stated that Resident #10's daughter notified him on - - that her mother gave her a bottle with tissues and bedbugs inside of it and she stated that the bedbugs were collected by the resident from her own bed. He stated that he saw tissue papers and some black-colored bugs inside this bottle. He stated that the resident's daughter asked for this bottle back and he returned it to her. He stated that he notified the facility Manager on - - that resident #10 found some bedbugs inside her he then relied on the Manager to correct this problem. He stated that he was not certain of the facility's procedures relating to infestation of pests or bedbugs inside the resident's .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 07/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDTOWN MANOR	**2001 POLK STREET** **HOLLYWOOD, FL 33020**

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

In an interview with the Administrator, the Manager and the Med Tech on 7-20-16 at 11:40 am, it was determined that the Med Tech did not follow the established facility procedure; after he received information on 7-16-16 or 7-17-16 from Resident #10's daughter that bedbugs were found inside the resident's not notifying the Manager or the Administrator of this event immediately. In an interview with the Administrator at this time, she stated that it is expected that every facility staff member notified his or her supervisor and the Administrator immediately upon learning that there are bed bugs present in any area of the facility.

In an interview with the Manager on at 12:45 pm, she stated that she physically examined Resident #10 on , after learning that this resident's possibly affected by bedbugs. However, she did not perform a physical examination on Resident #11 to determine if she was adversely affected by the reported bedbugs. She stated that Residents #10 and 11 shared the same , #101. She stated that she was not aware of the procedures established by the facility to screen all residents sharing a potentially had bedbugs, to determine if any resident was adversely affected from bug bites inside their .

Review of the facility records indicated that the pest control contractor (PCC) was onsite on at 1:05 pm and inspected and treated resident . Further review of this record did not indicate if the PCC found any bedbug specimens in any of the resident .

In an interview with the housekeeper on at 1:10 pm, she stated that she had seen bedbugs on a resident's bed about 2 weeks and she did not know who to notify, so she notified a caregiver of this observation. She stated that she did not remember whose bed or which observed the bedbugs in. She stated that she was not aware if the caregiver she spoke with notified the Administrator or another staff member of her observation. She stated that she was not aware of the facility's established procedures on pest control or who she needed to notify when she observed any pests.

In an interview with the Administrator on at 1:25 pm, she stated that she did not receive any reports from any other staff members regarding any pests or bedbugs in the facility. She stated that it was facility procedure to immediately perform a physical examination on every resident inside a was reported to have any pests or bedbugs which may bite a resident. She stated that the facility procedure required that upon examining any resident who presented to have any suspicion of a bug bite on their skin, the resident was to be immediately referred to a physician for a clinical examination and treatment. She stated that since she was away from the facility and left the Manager in charge for the last 4 days and she was not aware if Resident #11 was examined by the direct care staff after .

In an interview with Resident #11 on at 1:35 pm, she stated that she has seen bedbugs on her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 07/23/2016
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)

bed during this last week and that she believed that she was bitten by those bedbugs. She stated that her roommate, Resident #10, collected some bedbugs which were on her bed about a week ago. In an observation at this time, the resident displayed her right and right shoulder which had discolored and reddened areas with some scabbing.

In an interview with Resident #10 on - at 1:40 pm, she stated that she had been collecting the "little bedbugs" on her and her 's beds for the past couple weeks. She stated that she picked up the bed bugs from the bed surface with a tissue paper she kept inside her nightstand and placed the tissue paper and bedbugs inside a bottle, she gave this bottle to her daughter on - - . She stated that her daughter had this bottle now and she now collected the bedbugs with tissue paper and she threw away the bedbugs she picked up with the tissue paper into the toilet.

In an interview with the Administrator on - at 2:15 pm she stated that she recently examined Resident #11 and she did not see any signs of skin conditions that may be from bedbug bites. In an observation at this time, the Administrator reviewed the photographs which displayed Resident #11's skin discoloration and scabbing. She stated at this time that she retracted her previous statement and she now believed that Resident #11 had physical signs on her skin which warranted a clinical examination from a physician or dermatologist. She stated that when she examined Resident #11's skin on at 2:10 pm, she merely looked at the resident's skin on her extremities and did not engage in any verbal interaction with the resident. She stated that she felt that asking the resident questions regarding if the resident felt any pain on her skin/body or previous events to assist her with her visual examination was not necessary.

In an interview with Resident #10's daughter on - at 6:50 pm, she stated that while she visited her mother at the facility that same day, her mother showed her that she was bitten by bedbugs on her pubic area. She stated that she observed this affected area on her mother and it was red and spotty as if the skin was bit by bedbugs.

Class II

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment by conducting interior construction in the facility's second level without implementing resident safeguards in place and by not promptly replacing resident soiled and stained bed linens.

The findings are:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 07/23/2016
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)

In an observation on 7-20-16 from 12:30 pm to 12:45 pm in the facility's second level, this area was not restricted to any resident, the area was not supervised by the facility staff and the following was noted:

The findings are:

In an observation on 7-20-16 from 12:30 pm to 12:45 pm in the facility's second level, this area was not restricted to any resident, the area was not supervised by the facility staff and the following was noted:

1. The common area hallway on the southeast end of the building had its flooring surface removed next to the stairwell access doorway, its walking surfaces were uneven throughout and it presented to be an imminent tripping hazard.

2. Resident ' s had its door removed from the door frame, off the hinges and it was diagonally supported on the opposite side of the door frame.

In an interview with the Administrator - at 1:05 pm, she stated that she was not aware that and the southeast hallway were still under construction. She stated that the door placed diagonally on the door frame without any support and the unfinished floor in this common area was a potential hazard to any resident using these areas.

In an observation on - from 2:00 pm to 2:10 pm inside resident ' s # , the following was noted:

1. Resident #10's bed had linens which were soiled and stained with dark red spots throughout.

In an interview with the Manager on - at 2:10 pm, she stated that the stains on Resident #10's linens were likely from bedbugs which were previously pressed onto the linens. She stated that the facility likely laundered these linens after this and placed them back on the residents bed instead of replacing the linens with new ones.

Class III

The common area hallway on the southeast end of the building had its flooring surface removed next to the stairwell access doorway, its walking surfaces were uneven throughout and it presented to be an

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 07/23/2016
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)

imminent tripping hazard.

2. Resident room 202 had its door removed from the door frame, off the hinges and it was diagonally supported on the opposite side of the door frame.

In an interview with the administrator 7-20-16 at 1:05 pm, she stated that she was not aware that bedroom 202 and the southeast hallway were still under construction. She stated that the door placed diagonally on the door frame without any support and the unfinished floor in this common area was a potential hazard to any resident using these areas.

In an observation on - from 2:00 pm to 2:10 pm inside resident # , the following was noted:

1. Resident #10's bed had linens which were soiled and stained with dark red spots throughout.

In an interview with the manager on - at 2:10 pm, she stated that the stains on resident #10's linens were likely from bedbugs which were previously pressed onto the linens. She stated that the facility likely laundered these linens after this and placed them back on the residents bed instead of replacing the linens with new ones.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 23, 2016 by a representative of this office.

Attached is the provider's copy of the State Form, 5000-3547 form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 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/dso
Enclosure: State form 5000-3547
YOSF

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