STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942998	08/17/2016
NAME OF PROVIDER OR SUPPLIER **TOWERS RETIREMENT HOME MANAGEMENT, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **824 SE 2ND STREET** **FORT LAUDERDALE, FL 33301**	

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

0000 Initial Comments

A unannounced Relicensure survey was conducted on 17, 2016 at Towers Retirement Home Assisted Living Facility (license# 6654). The facility had deficiencies identified at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation and interviews, the facility failed to ensure that the residents are able to participate and benefit from activities in the facility. This is evident in the facility failure to offer activities as scheduled on the activity calendar.

The findings included:

On at 10:00 AM, a tour was conducted of the facility. An observation was conducted of the residents sitting in the activities the living . There were approximately 7 residents present watching TV. A review of the activity board for the date of showed at 10:00 a.m. morning programs and for 02:00 PM the schedule shows afternoon games. The Residents were observed from 10:00 AM 3:00 PM, and there were never any group activities taking place. The surveyor noticed that in the Administrator's office there appeared to be board games stored in a box.
On at 02:33 PM, an interview was conducted with Resident # 20. She stated that they really don't have any activities except BINGO. She says that it's really nothing to do but sit downstairs and look at the big TV if you don ' t have one in your .

On at 03:10 PM, an interview was conducted with the Assistant Administrator. The Assistant Administrator stated, they do offer activities; however they only like Bingo. She acknowledged that they only offer Bingo and Garden Club for the residents who are interested. She was advised that the surveyor had not observed any group activities taking place during the survey. Also, the surveyor advised her that the Activities Calendar posted on the wall had not been followed that day.

An interview conducted on at 3:00PM with the Administrator, he acknowledged the findings. The Administrator provided no additional information for review.

Class III

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

0091 Training - Documentation & Monitoring

Based on employee record review and staff interview, the facility failed to document employee training on certificate for 1 out of 6 sample employee ' s records reviewed (Staff A).

The findings include:
On at 2:00PM, a review of Staff A ' s LMH certificate (Limited Mental Health) dated LMH training revealed no contact hours documented and no agenda included with the certificate. Further review revealed Staff A completed 3 hours of continuing education on . During an interview with the Administrator at approximately 2:30 PM, he stated Staff A had received the 6 hours of training but could not provide the hours completed.

An interview conducted on at 3:00PM with the Administrator, he acknowledged the findings during the time of the interview and stated Staff A will retake the class. The Administrator provided no additional information for review.

Class

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment and ensure that the facility is maintained free of hazards. The facility failed to ensure all architectural and mechanical systems are maintained in good working order.

The Findings Include:

On at approximately 9:45AM, a tour was conducted of the facility with the Administrator. The following observations were noted:
A.) The ceiling tile was loose at the entry of the 3rd floor hallway. Third floor hallway walls are cracking and baseboard are peeling.

B.) : 24- Ceiling water leak repaired, ceiling crack but not completed. The floor boards inside the damaged, and the carpet have dark stains through the . Baseboard tiles behind the sink in the crumbled. Areas on the floor have soft spots and indentation under the carpet.

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

C.) Room: 30- Leather chair was peeling and discolored. In one of one closet, the door is off the track and off the track and the wood trim above the door is loose and dangling.

D.) : 35- Carpet observed in numerous areas to have dark stains.

E.) : 32- The ceiling in the water stains indicating a leak.

F.) : 27: Ceiling tile has water stains and is bending inward. Floor is unleveled and weak under the A/C unit. Insect droppings on the ledge of the window. The air conditioner had gaps between the unit and the window frame.

G.) - Bulking ceiling, door has an indentation on the bottom right. The floor in the the window a/c unit, has an indentation.
(Photographic evidence obtained)

An interview conducted on at 3:00PM with the Administrator, he acknowledges the findings and stated he has been making repairs. The Administrator provided no additional information for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Towers Retirement Home Management, Inc
824 Se 2nd Street
Fort Lauderdale, FL 33301

Dear Administrator:

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

Attached 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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