STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910711 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDTOWN MANOR	2001 POLK STREET HOLLYWOOD, FL 33020

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 9/1/16	SIGNATURE OF SURVEYOR	DATE 9/1/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/28/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: ZNSJ14

STATE FORM: REVISIT REPORT (.....)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 08/18/2016
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 3rd follow-up inspection was conducted from 8-15-16 to 8-18-16 at Midtown Manor assisted living facility. The Midtown Manor assisted living facility had deficiencies during this inspection and did not correct its previous deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review and interview, the facility failed to provide a safe living environment by conducting interior construction and repairs in the facility's second level and the medication implementing resident safeguards in place and by not ensuring the facility received a yearly fire and life safety inspection.

The findings are:

In an observation on - - 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 # had its flooring surface removed at the doorway, its walking surfaces were uneven throughout and it presented to be an imminent tripping hazard.

3. The hallway on the north end of the facility had a ceiling tile removed and there was a leak from above the ceiling which made the floor surface wet.

In an interview with the Manager on - - , she stated that she was not aware that the doorway thresholds were not repaired by the facility's construction contractor.

In an observation on - - at 2:00 pm inside the first floor medication , the following was noted:

1. There were several black plastic bags which contained soiled linens being stored next to the resident medication cart.

2. The ceiling tiles above the resident medication cart were removed and the plumbing from the 2nd floor was exposed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 08/18/2016
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 interview with the Manager on 8-15-16 at 2:05 pm, she stated that she was not aware of the reason why soiled linens were being stored inside the resident medication room and that the ceiling tiles were removed to repair the exposed 2nd floor plumbing about a week ago and they were not replaced.

During a confidential interview on - - at 10:30 am, she stated that the ceiling tiles in the medication been removed approximately six weeks ago because there was a leak which made the medication . She stated that while the ceiling tiles were removed, there were roaches that from the plumbing above onto the medication .

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 **third** State Licensure Revisit Survey conducted on
18, 2016 by a representative of this office.

Attached is the provider's copy of the State (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 5000-3547 form

YOSF

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