STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968338	**08/23/2016**
NAME OF PROVIDER OR SUPPLIER **EL ROBLE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **932 SE 3RD STREET** **BELLE GLADE, FL 33430**	

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

0000 Initial Comments

An unannounced Relicensure survey including Limited Mental Health was conducted on 08/23/2016 at El Roble Assisted Living Facility, license number 12278. The facility had a deficiency identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observations and interviews, the facility failed to ensure resident dental hygiene tools were labeled and/or stored in a manner consistent with established and recognized standards, and to ensure a safe and decent living environment for 4 of 8 sampled Residents (2, 3, 4 and 5).

The findings included:

A tour of the facility was conducted beginning at 9:02 AM with Employee A, the facility's owner and a Caregiver, present. The following observations were made (photographic evidence obtained):

1. A reclining chair belonging to the facility and used by residents, was observed with the "adjustment arm" broken off on the right side of the recliner. The supporting metal bracket with sharp metal edges was exposed.

2. In the main , two toothbrushes were stored in close proximity to each other on the surface of the sink. Neither were labeled. In an interview conducted at the time of observation, Employee D, a Caregiver, stated the toothbrushes belonged to Residents 3 and 5.

3. In the back , two toothbrushes were stored in close proximity to each other in the toothbrush holder attached to the wall over the sink. Neither were labeled. In an interview conducted at the time of observation, Employee C stated the toothbrushes belonged to Residents 2 and 4.

4. In the main , the following medications were stored in the medicine cabinet above the sink:
A. A partially-used container of 0.1% ointment
B. A partially-used container of En-shield skin protectant with
C. A partially-used container of Balmex diaper cream with 11.3%
In an interview conducted at the time of observation, both Employees A and D stated they were not familiar with these medications, or who they belonged to.

5. The floor of the back rust-stained and excessively soiled around the base of the toilet.

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These observations were discussed with and acknowledged by Employees A and B on 08/23/2016 at 5:15 PM.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interview, the facility failed to ensure structural systems were adequately maintained by not repairing a crack in the floor. This had the potential to affect all 8 current residents of the facility.

The findings included:

A tour of the facility was conducted beginning at 9:02 AM with Employee A, the facility's owner and a Caregiver, present. The following concern was observed (photographic evidence obtained).

A crack was present in the floor. The crack had accumulated dark-colored staining which obviously contrasted against the light color of the floor. The crack ran from one end of the house, beginning in a resident , through the living , hallway, and in to the main the other end of the house. The crack was thicker along the middle of the house, specifically in the living the residents spend a good amount of their time.

This was discussed with and acknowledged by Employees A and B at 5:15 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
El Roble Assisted Living Facility
932 SE 3rd Street
Belle Glade, FL 33430

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure 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 this office at (561) 381-5840.

Sincerely,

fo Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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