STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	09/08/2016
NAME OF PROVIDER OR SUPPLIER **OCEAN VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 S ATLANTIC AVENUE** **DAYTONA BEACH, FL 32118**	

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

0000 Initial Comments

On , a monitoring visit, in conjunction with the Department of Health, was conducted at Ocean View Manor (License #5675). Deficient practice was identified during the survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observations, and interview with the owner, the facility failed to provide a safe, clean living environment which included a clean, comfortable bed, clean dressers for clothing storage, and an environment free of maintenance/repair needs in 9 of 11 resident inspected (#114, #110, #216, #222, #206, #203, #208, #217 and #218).

The findings included:

A tour of the facility was conducted with the owner between 1:10 pm and 2:00 pm on . The following environmental observations were made:

The dresser drawers in # were soiled and stained with an unknown brown substance. The substance appeared to be sticky in texture, and was peppered with small dark brown particles.

In # , the sheets on the most distant bed were soiled and observed with a large amount of loose debris, resembling food and dirt. There were broken bedspring underneath the mattress. The bed linens were torn and soiled. The floor behind the bed was visibly soiled.

The floor behind the A bed in # appeared dirty. The vinyl flooring under the B bed had severely damaged and missing commercial floor tiles. The frame had a bent leg at the head of the bed.

In # the flooring underneath the foot of the bed was soiled and littered with small particles of trash.

The fluorescent light's lens cover in # was missing, leaving a gaping opening in the ceiling in the center of the . The pillow on the B bed was stained, and the blanket appeared to be the inside of an electric blanket (uncovered insulation).

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SUMMARY STATEMENT OF DEFICIENCIES
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The bedsprings in [redacted] # were broken. The dresser drawer had spillage, which appeared to be food particles, underneath and alongside resident clothing.

Torn and soiled linens and pillows were observed in resident [redacted] #208, #217 and #218.

An interview was conducted with the facility's owner at 2:50 pm on [redacted]. He confirmed the joint findings and insisted they would be corrected.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ocean View Manor
624 South Atlantic Avenue
Daytona Beach, FL 32118

Dear Administrator:

This letter reports the findings of a state licensure monitoring 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 20, 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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure
XG90

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