RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Shady Acres Assisted Living Facility
670 County Road 782
Webster, FL 33597

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 2016 by representative(s) of this office.

Enclosed 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 [redacted], 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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964944 | 09/14/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**SHADY ACRES ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**670 COUNTY ROAD 782**<br>**WEBSTER, FL 33597** | |

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

**0000 Initial Comments**

An unannounced Biennial Survey with Extended Congregate Care (ECC) was conducted on at Shady Acres Assisted Living Facility (facility license #9373). Deficiencies were identified during the visit.

**0052 Medication - Assistance with Self-Admin**

Based on observation and interview, the facility failed, for 3 of 3 residents, (Residents #1, #2, and #3), to review, read the label of the medications, prior to assisting with administration.

Findings:

An observation of medication pass for Resident #1, on at 8:54 AM, revealed that the Medication Tech (not a licensed nurse) failed to read or review the medications with the resident prior to handing the medications to the resident. The resident was observed to receive 6 medications during the observation.

An observation of medication pass for Resident #2, on at 9:13 AM, revealed that the Medication Tech (not a licensed nurse) failed to read or review the medications with the resident prior to handing the medications to the resident. The resident was observed to receive 12 medications during the observation.

An observation of medication pass for Resident #3, on at 9:20 AM, revealed that the Medication Tech (not a licensed nurse) failed to read or review the medications with the resident prior to handing the medication to the resident. The resident was observed to receive 1 medication during the observation.

An interview was conducted on at 10:00 AM with the Medication Tech, who stated that she will review the medications if the residents ask. She stated that the residents know their medications.

Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview, the facility failed to maintain a clean, safe living environment for 13 of 13 residents (Residents #1 through #13).

**AGENCY FOR HEALTH CARE ADMINISTRATION**

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

Findings:

An observation of the Main Day entrance into the facility, with the staff, at 8:30 AM on , revealed a soiled red chair cushion with a trail of brown matter on the floor leading from the .

During a tour of the facility on with the Administrator, at approximately 1:00 PM, the following items were noted to be in need of repair or cleaning:

Numerous gouges or worn areas in the vinyl flooring tile in the Main Day .
Missing molding in the Main Day the wall meets the ceiling.
Debris and bugs in the ceiling light in the Main Day .
9 of 9 Worn/soiled chairs with darkened areas in the Main Day (red chairs).
Missing ceiling light cover in the hall .
Black or varying degrees of a dark substance on the outside of the building on the siding.
White plastic picket fencing on the front porch has a black substance on it.
Kitchen cooler with many dried food /liquid spills in/on the cooler.

During an interview at 9:00 AM and 1:00 PM with the staff and the Administrator, they confirmed the facility needed to make some corrections to the environment.

Class III