STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968566	09/27/2016
NAME OF PROVIDER OR SUPPLIER **CANDY'S HOUSE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 ROSEDALE DRIVE** **SATELLITE BEACH, FL 32937**	

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

0000 Initial Comments

A monitoring visit to accompany the Fire Inspectors was conducted on / at Candy's House Assisted Living Facility License #12459.
Candy's House Assisted Living Facility had a deficiency at the time of the visit

0152 Physical Plant - Safe Living Environ/Other

Based on the fire inspection report, observations and interviews, the facility failed to provide and maintain a home-like and decent environment that was free from hazards.

Findings:

Observations on at 2:15 PM revealed the front door of the facility had a slide bolt on the front door and keyed lock. There was also a keyed locked on the back door.
Further observations revealed the facility had 4 residents who were all pleasantly and the residents were not capable of opening the door with a key.
On at 2:30 PM, the administrator was asked by the Fire Inspector who was present to open the back door. The administrator attempted to open the door and could not because the top lock was locked and required a key. The administrator had to go to the kitchen drawer to obtain the key to open the door. The administrator said at the time the Residents did not have a key.
The Fire Inspector said on at 2:35 PM, it was a potential fire hazard because if the door was locked and they needed to evacuate immediately they would not be able to because the key was located in the kitchen. The Fire inspector informed that administrator at the time, the facility could not have the locks that required the keys and would need to be removed.
Review of the Fire Inspection report dated / revealed it noted:
"Exits"
Remove obstructions from exits, aisles, corridors and stairways
Clear exit access is essential to prevent panic or accidental falling and occupants during evacuation
The status noted "FAIL"-Remove slide bolt on front door. Remove keyed lock from front door and rear door.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Candy's House Inc
405 Rosedale Drive
Satellite Beach, FL 32937

RE: Monitoring visit with Fire Inspectors

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 9, 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com