STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965550	09/22/2016
NAME OF PROVIDER OR SUPPLIER **LINDSAY'S ALTERNATIVE CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6463 NW 43RD COURT** **CORAL SPRINGS, FL 33067**	

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

0000 Initial Comments

An unannounced re-licensure survey was conducted on 9/22/2016 at Lindsay's Alternative Care, Inc(license#9941). The facility had deficiencies identified at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview the assisted living facility (ALF) failed to provide an ongoing activities program that meets the needs of each resident's abilities and interests, for 4 out of 4 residents.

The findings include:

Multiple observations at the facility from 9 AM through 2 PM on found residents seated in the facility's den. Random observations found residents falling asleep in the sofa or in their . Further observations found an activity schedule posted in the kitchen dining area. The activity schedule was found posted very high on the wall making it difficult for the state surveyor to see the schedule of activities. Observations revealed that the activity calendar was posted out of sight for residents' visibility. A record review of the activity calendar revealed daily activities but based on interview and observations there were no scheduled activity being conducted.

During an interview with Resident # 1 on , he stated "there are no activities here and I am unaware that the facility has an activity calendar." Resident # 1 stated he would like to have activities in the facility. During an interview with Resident # 4 on at 10:49 AM, he stated the facility has no activities so he just goes outside to smoke.

On the facility's ALF Manager was informed of the lack of facility activities and the facility failure to provide diversified activities ongoing. The Manager at 2:30 PM on , acknowledged the findings and stated no further information was available for review.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews, the facility failed to provide a safe living environment maintained free of hazards.

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

The Findings Included:

During an initial tour of the facility conducted on 9/22/2016 beginning at 9:30 AM , the following was observed and photos were taken:
1. The sofas in the facility's den/ television observed torn with holes 2 inches in diameter.
2. Air conditioning vents in each area were observed stained with mildew-like substance.
3. Food stains found on the floor and the countertops in # 1, # 2, kitchen counter tops, and the dining .
4. All 4 resident found multiple baseboards and walls stained with holes, scuffs, and peeling paint.
5. Hallways had a strong smell of .
6. The facility's dining observed with roach baits on the floor.
7. Resident # 2 was observed with debris found on the floor and around the toilet.
8. Resident # 1 was observed with roaches crawling all over Resident # 1's computer desk, debris found all over resident # 1's and under resident # 1's bed. Resident # 1's private # was observed with debris on the floors and around the toilet. Resident # 1's observed with dilapidated : handles falling off dresser draws, holes in furniture and walls. Baseboards were observed with scuffs, holes, and peeling paint.
9. Private # 1 was observed with debris in shower area.
During observations on at 9:30 am, Resident # 1 was overheard stating to Staff A, "Someone needs to come and spray this place again." On during and interview with Resident # 1 at 10:10 am pointed to the live roaches crawling on his desk and his water bottle as he was using his computer and stated that the facility needs pest control services (photos taken). Resident # 1 stated that he has has this problem for a while and staff are aware of it.
An additional tour was conducted on at 1 PM with the Assisted Living Facility Manager. He acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lindsay's Alternative Care, Inc
6463 Nw 43rd Court
Coral Springs, FL 33067

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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