STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	09/28/2016
NAME OF PROVIDER OR SUPPLIER **ALL DUNN ASSISTANT LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5726-28 LINCOLN STREET HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

A monitoring inspection was conducted on 9-28-16. The All Dunn assisted living facility was not found to be in compliance during this visit.

0054 Medication - Records

Based on interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for 2 out of 4 residents (resident #2 and 4).

The findings include:

Review of resident #2's , 2016 MOR indicated that the resident did not receive her twice daily tablets from - to - .

In an interview with the administrator on - at 11:15am, she stated that resident #2 currently received her tablets orally, but this was not properly recorded on her MOR since - .

Review of resident #4's , 2016 MOR indicated that the resident did not receive his daily 1000mcg tablets from - to - .

In an interview with the administrator on - at 11:20am, she stated that resident #4 currently received his daily tablets orally, but this was not properly recorded on his MOR since - .

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to have an adequate 3-day supply of water for its 4 current residents for drinking and food preparation.

The findings are:

In an observation on - at 11:30am, there were three (3) unsealed and partly-filled 5-gallon bottles of water stored underneath a table in the living . In an observation at this time, it presented that the water inside these three (3) 5-gallon containers was not suitable to serve as drinking water due to how one of the water bottles had a plastic cup covering its opening and the other 2 bottles were not covered at all and its water was exposed to the . During this observation, the total amount of water in

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these 3 bottles presented to be less than 15 gallons.

In an interview with the assistant administrator on 9-28-16 at 11:35am, he stated that the 3 5-gallon bottles stored in the living room was the facility's emergency supply for the residents and that he was aware that this water was not properly sealed. He stated that he did not know if the water inside these bottles was safe for drinking since the bottles were not sealed and there appeared to be less than 15 gallons of water total in all the bottles. He stated at this time that he was not aware of how much water the facility needed for the 4 current residents' emergency needs for drinking and food preparation.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
All Dunn Assistant Living, Inc.
5726-28 Lincoln Street
Hollywood, FL 33021

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on [redacted], 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 22, 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
Enclosure

XG90

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