STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968633	10/13/2016
NAME OF PROVIDER OR SUPPLIER **EVELYN'S PLACE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4901 JEFFERSON STREET** **HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on- 10/13/2016 at Evelyn's Place, Inc.(License #12519). The facility had a deficiency identified at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation and interviews, the facility failed to ensure that an up-to-date activity calendar was available for review and that scheduled activities were carried out as planned.

The findings included:

During observations conducted at the facility on during the relicensure survey, it was observed that the residents watched random television programs. During an interview with a random sample resident on at around 11:15 AM, it became apparent that the facility did not have planned and scheduled activities to meet the needs of the residents.

Review of the Activity Calendar posted on the wall in the family that the calendar was not up-to-date. The posted calendar was for the month of but the year was not indicated. Additionally, the Activity Calendar was not reflective of the resident's characteristics, the activities included: Beach Day (only one resident was ambulatory); Talent show, water exercise (None of the residents go to the pool), etc.

During an interview with the Manager on , she agreed with the findings and indicated that the calendar will be updated.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Evelyn's Place, Inc.
4901 Jefferson Street
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure 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 , 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Maye-Davis
Field Office Manager

AMD/
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida