STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964349	10/25/2016
NAME OF PROVIDER OR SUPPLIER **ARLINGTON HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **6320 ARLINGTON ROAD** **JACKSONVILLE, FL 32211**	

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

0000 Initial Comments

An unannounced biennial licensure survey with Limited Mental Health was conducted at Arlington Haven (License #8958) on , 2016. Arlington Haven had deficiencies found at the time of the visit.

0092 Food Service - General Responsibilities

Based on observation, interview and record review, the facility failed to ensure the individual responsible for food service at the facility (Administrator/Employee C) complied with the food service continuing education requirements and failed to provide a therapeutic diet as ordered for one resident (#10) out of 11 sampled residents.

The findings include:

1. During an interview with the Administrator of the facility on at 9:30 AM, he stated she was the person responsible for food service at the facility. Record review of the employee file for the Administrator/Employee found the most recent training related to food service was on . The findings were confirmed during interview with the Administrator on at 1:35 PM. He stated he thought his training was good for 5 years.

2. A dining observation was made during the biennial licensure survey. Resident #10 was observed eating lunch from 12:15 pm until 12:25 pm. She was served the meal on the regular menu that was posted in the dining .

Review of the Health Assessment form 1823 for Resident #10 dated revealed the physician ordered a diet for the resident. (Photo obtained).

During an interview with the Administrator on at 2:25 pm he was asked if the facility provides a diet to Resident #10. He stated that they do not follow a menu but they do try to limit her sugar intake and intake. She often refuses to eat low sugar foods and wants the food everyone else is eating. He stated the facility does not have a menu developed by the contracted registered dietician.

Class III

0152 Physical Plant - Safe Living Environ/Other

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ARLINGTON HAVEN	**6320 ARLINGTON ROAD JACKSONVILLE, FL 32211**

SUMMARY STATEMENT OF DEFICIENCIES
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Based on observations, resident interviews, facility document review and staff interview, the facility failed to provide a safe and sanitary environment for all residents of the facility.

The findings include:

During the biennial licensure survey on , a tour of the facility was conducted. In # , Resident #6 showed this surveyor the wood panels on both sides of the air conditioning unit. The wood panels were covered with black and green biological growth. The air conditioner was not clean with dust and a brown substance covering the vents. Under the air conditioner there was a dirty rag that was being used to any outside air from entering the . The window sill was covered with brown dirt and debris from the wood panels flaking off. (Photo obtained).

In the kitchenette area outside # a microwave was observed to be in disrepair. There was no glass plate to set the food on during cooking. The bottom of the microwave was rusted and black. The inside of the microwave was covered with stuck on food debris. The counter next to the microwave was covered with stuck on food debris. (Photos obtained).

In the kitchenette area outside # a microwave was observed to be in disrepair. The inside frame of the microwave was rusted and chipping off. The inside of the oven was dirty with stuck on food debris. The counter around the microwave was dirty with stuck on food debris. (Photo obtained).

In # a basket of laundry was observed on the floor. Several small flies were sitting on top of the laundry and flying around the . Resident #7 was sitting on his bed during the observation and stated that he was aware of the flies. He stated the laundry belonged to his . The carpet in the dirty and had not been vacuumed. Black stains were observed on the carpet. A surge protector was observed with multiple electrical plugged into it. The air conditioning unit vents were covered with brown dirt and debris. Under the unit there was a dark blue rag stuffed up against the window to seal the gap and prevent outside air from entering the . The rag was covered with dirt and debris. (Photos obtained). Resident #7 stated that the reason for the surge protector was because there was only one electrical outlet that worked in the they had to plug everything into it.

In an electrical outlet cover plate was observed to be unattached from the wall. A surge protector was plugged into the wall. The wall, the surge protector, the window blinds and the floor were covered with brown dirt and dust. The window sill tiles were broken and chipped. There was a hole in the wall near one of the beds. Photos obtained.

The 6A and 6B was observed to have a dark brown substance on the floor in front of the toilet and on the wall behind the toilet. Photo obtained.

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In # a surge protector was observed on the floor. Several items were plugged into the surge protector. The # was observed to have the floor molding missing behind the toilet. The wall appeared to be black and damaged. The floor around the toilet appeared to be dirty and the grout was dark brown. In the kitchenette of the area outside 5A and 5B a florescent light was observed over the sink. The light did not have a cover over the light bulb. (Photos obtained)

The shelving inside the refrigerator in the kitchenette area outside # was observed to be covered in dark brown and black food debris. (Photo obtained)

Resident #6 stated during the tour that the stairway was " dangerous " and he pointed to the steps and said they were slippery and unsafe. The concrete stairway was observed to be in disrepair. The steps were peeling and chipping. There appeared to be a dark brown substance on the landing of each step that was slippery when stepped on creating a potential accident risk. (Photo obtained)

Review of the facility admission packet revealed in the Safety section it read: 5. Electrical outlets must not exceed the number of plugs for which it was designed at any time. (Photo obtained)

During an interview with the administrator on at 2:30 pm he was shown the photographic evidence of the facility not being safe or sanitary. He stated he would fix the problems identified. He stated the facility is an old building and he has been working on improvements.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Arlington Haven
6320 Arlington Road
Jacksonville, FL 32211

Dear Administrator:

This letter reports the findings of a state licensure survey with Limited Mental Health 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 surveyors. Should you have any questions please call this office at -4201.

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Heath Quality Assurance

JD/JM/sm
Enclosure
XG90

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