STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	11/02/2016
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDEN ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 NW 43RD STREET** **LAUDERDALE LAKES, FL 33309**	

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

0000 Initial Comments

A complaint investigation CCR# 2016009793 was conducted on 11/03/2016 at Victoria Garden ALF Inc. (License # 10631). The facility had deficiency at the time of the investigation.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews the Administrator failed to maintain a clean and homelike environment for 1 sample Resident out of 23 residents (Resident #3), and failed to maintain a comfortable living environment with a temperature range of 71-81 for 23 out of 23 residents living at the facility.

The findings included:

During the tour of the facility on / at 10:00 AM, the Central Air Conditioning (AC) system at the facility was observed to be set on off. Most of the windows at the facility were observed to be opened.

During an interview with Employee A on / at 9:05 AM, she reported that she was not aware that the AC was off. She was observed to be profusely sweating while mopping the floor. She quickly inquired about the issue from Employee B who also reported that she was not aware of the situation. They said that they did not know that the AC was turned off. Employee B immediately retrieved the key and asked one of the residents to open the boxes housing the Thermostats and to turn the AC back on. Meanwhile, Employee B also acknowledged that a few months prior the system was not working properly and that the light bill was very high. Furthermore, the temperatures in the common areas, the TV the Dining the two thermostats are stationed, was observed and recorded from the Thermostats were at 79 and 83 degrees Fahrenheit respectively (see attached pictures).

During an interview with the Administrator on / at 11:00, she reported that the night before or on / , she and the previous Administrator were at the facility. She stated that they had then decided before they left the facility to turn off the central air conditioning system because the temperature forecasted for that night would have been at 73 degrees Fahrenheit. She said that she did not inform the residents or the day shift personnel about their decision or their action to open up the windows and turn off the Central AC.

A collective interview conducted with Resident 1, 2, 3, 4,5, 6, 7 and 8 on / at around 11:00 AM revealed that they in fact were not informed that the AC was turned off. And they globally agreed that it was unusually warm at the facility. But, they did not have access to the thermostat to control the air since the key is securely confined by Employee B.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	**11/02/2016**
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDEN ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 NW 43RD STREET LAUDERDALE LAKES, FL 33309**	

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

Further observations conducted during the visit revealed that the AC vent in the common area or TV room, in building one was covered with dust. Resident #3 ' s paint plastered or smeared on the wall. The resident reported that he had recently moved in to the facility. There was no screen behind the sliding door in his there was no screens observed on the windows in the TV many other windows in the residents' to prevent access to pest and rodents. The ceiling in the dining also observed to be cracked up to the perpendicular wall of the kitchen.

During the tour and exit interview with the Administrator, the aforementioned were verified and she indicated that she was still waiting for the Change of Ownership survey, and that she will promptly address all the identified issues.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Victoria Garden Alf Inc
3091 NW 43rd Street
Lauderdale Lakes, FL 33309

RE: CCR #2016009793

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 Mayo-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