STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968725	10/25/2016
NAME OF PROVIDER OR SUPPLIER **GREEN LIFE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 SW 8TH STREET** **POMPANO BEACH, FL 33060**	

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

0000 Initial Comments

A biennial relicensure survey was conducted on 10/25/16 at Green Life Assisted Living Facility (license# 12577). The facility had deficiencies identified at the time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, it was determined the facility failed to encourage residents to participate in activities and provide an ongoing activities program.

The findings included:

During a tour on at approximately 9:00 AM, observations revealed an incomplete activity calendar on a dry erase board posted in the dining area. The calendar did not indicate specific dates, months, and details. The activity for the day and the week was blank except for Friday-Sunday (photographic evidence obtained). During further observation at 1:15PM there were no activities conducted.

On between the hours of 9:30 AM and 10:00 AM, an interview was conducted with Resident #13 and Resident #14. They stated no activities are offered daily at the facility. During an interview with Resident #13, he stated most residents sit outside and smoke and some residents go to a day program. Resident #14 also stated some of the residents go to a day program and others sit outside.

On at 9:30 AM, observation revealed 3 residents sitting at the table playing Monopoly. Further review revealed, a new activity schedule for 2016 taped onto the dry erase board. It revealed the activities for Wednesday , but it did not correlate with the daily schedule. The following revealed:

a) 12:00 PM lunch

b) 6:00 PM Dinner

c) 7:00 PM Bible Study

An interview was conducted with the Administrator and the manager on at 2:00 PM, findings were discussed and they acknowledged the findings.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide a safe living environment and ensure that the facility maintained free of hazards. The facility failed to ensure all architectural and mechanical systems are maintained in working order for 42 out of 42 sampled residents.

The findings included:
On at approximately 9:00 AM, a tour was conducted of the facility with Staff H. In the 2 story residency the following observations were made:

1) All on each floor did not have soap and paper towel dispensers. Some had paper towel dispensers but no paper towels were inside the dispensers.
2) Each floor had a closet in the hallway with air conditioning units. The air filters were covered with dust.
During an interview with Resident #14 on at 10:00 AM, he stated staff do not keep paper towels in the there is no soap available. He stated he usually keep his own supplies in his .

An interview was conducted on at 2:00 PM with the Administrator and Manager. The Administrator stated the facility is currently under construction and in the process of being repaired. He acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Green Life Assisted Living Facility
840 SW 8th Street
Pompano Beach, FL 33060

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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