STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968528	**02/08/2017**
NAME OF PROVIDER OR SUPPLIER **CANTERBURY ARMS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **7355 CANTERBURY ST** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

On an unannounced bed-increase survey was conducted at Canterbury Arms Assisted Living Facility (License #12418), Spring Hill. The facility was not in compliance at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to provide privacy for 3 of 5 residents (Resident # 1, #2, and #3) by having video cameras in the residents' .

Findings:

On at 10:05 AM during observations of resident activities, the surveyor observed three video monitors on the kitchen counter, facing toward the living where residents were doing an activity with a staff member. Each video monitor showed a resident (see attached picture). The surveyor then observed a video camera in the Resident's #1, #2, and #3. The camera in each set on a table or shelf opposite the bed, and was pointed toward the resident's bed (see attached picture).

On at 10:13 AM, an interview was conducted with the facility Administrator. The Administrator confirmed the presence of camera's in the of Residents #1, #2 and #3. The Administrator was asked if she had a policy regarding the use of cameras in resident's . The Administrator stated, "No."

Class III