

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966404	(X3) DATE SURVEY COMPLETED 04/24/2017
NAME OF PROVIDER OR SUPPLIER ARC OF PUTNAM COUNTY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2901 KENNEDY STREET PALATKA, FL 32177	

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

0000 - Initial Comments

On an unannounced biennial relicensure survey was conducted at The ARC of Putnam County Assisted Living Facility, 2901 Kennedy Street, Palatka, FL (License number 10625). Deficient practice was identified during the survey.

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to ensure a record of regular and therapeutic menus, and substitutions to the menu, were kept on file in the facility for 6 months for 12 of 12 residents.

Findings:

On , a review of the facility menu records for the 6 month period 2016 through 2017 failed to reveal documentation that the facility had kept the regular and therapeutic menu as served for the months of 2016, 2016 and 2016 on file in the facility.

During an interview on beginning at 12:05 PM, the facility Administrator stated that she could not locate the regular and therapeutic menus as served for the months of 2016, 2016 and 2016 on file in the facility.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain the physical plant in a clean and well-maintained condition for 12 of 12 residents, to include observations of the east and west wings of the facility and the facility's kitchen and main

Finding:

An observation was made on at 9:30 AM during a tour of the kitchen. An outdoor-like large trash receptacle was observed between the end of the kitchen cabinet/counter and the refrigerator. The trash receptacle was uncovered and full of garbage. (Photographic evidence attached).

An interview was conducted on at 12:10 PM with Staff C, who is the Food Service Designated Staff Member. During the interview, Staff C was asked why the trash receptacle was not covered. She stated it has never been covered and I have been working here for 5 years. Staff C further stated that

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the residents sometimes assist with taking out the trash and if it was covered, it might confuse them. On at 9:23 AM, a tour of the west wing revealed a with brown stains, rusted hinges and the bottom of the door with rust and peeling paint. This observation was located next to # . (Photographic evidence attached). On at 9:25 AM, an observation conducted next to # revealed peeling paint on the doorframe, scuff marks on the wall, dusty vents, and a hole in the ceiling around the fire sprinkler head. (Photographic evidence attached). On at 9:28 AM, next to # , observation revealed dusty vents and a hole located under the sink next to the shower stall. (Photographic evidence attached). On at 9:30 AM, observation conducted in the main dining baseboards with a dark colored sticky substance on the east side of the wall. (Photographic evidence attached). A tour was conducted on at 2:45 PM with the Assistant Home Manager, who was interviewed and confirmed the observations previously documented on the environmental concerns at the facility. Class III D167 - Resident Contracts - 58A-5.025 FAC Based on records review and interview, the facility failed to provide a resident with a 30 day written notice before rate increase for 1 of 6 residents (Resident #6). Finding: On , a review of Resident #6's contract agreement revealed a contract dated on making Resident #6 responsible for payment to the facility in the amount of \$598.42 paid monthly to the Assisted Living Facility. Further review of Resident #6's records indicated that several rate increases had occurred without a written 30 day notice to the resident as required. A review of a document from the Department of Veteran's Affairs indicated that Resident #6's monthly rent amount is \$660.50, document dated from the VA regional office. (Photographic evidence attached). Review of resident #6-bank statement dated indicated that resident rent amount to ARC assisted living facility was increased to \$681.00 and is deducted on a monthly basis from her banking account. No written 30-day notices were observed for rate increase in Resident #6's file during this record review. (Photographic evidence attached).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2017
FORM APPROVED

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On at 10:45 AM, an interview was conducted with the Home Manager, who stated that there has not been any changes to Resident #6's rent amount thus no need for an increase notice or update to the file. Surveyor reviewed with the Home Manager Resident #6's contract rental amount, the VA documentation indicating a change, and Resident #6's bank statement indicating the change. On at 10:50 AM, the Home Manager confirmed the above stated concern related to the documented rate increases and stated that it was her error and it would be corrected by updating the resident contract to reflect the correct information. She confirmed that Resident #6 did not receive a 30 day notice of rate increase. Class III		