

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966934	(X3) DATE SURVEY COMPLETED R 06/07/2017
NAME OF PROVIDER OR SUPPLIER WHITE FLOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 801 ARDENLEIGH DRIVE ORLANDO, FL 32828	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit survey to the re-licensure survey was conducted on . White Flowers Assisted Living, license #11036, had a deficiency at the time of the visit. D189 - ADCCs in ALF - FS 429.905 (2); 58A-6.013 (2-3) FAC DEFICIENCY REMAINED UNCORRECTED Based on observation and interviews the facility had 8 beds in the facility which is licensed for a maximum capacity of 6 residents. Findings: During a tour of the facility on at 9:30 AM, it was noted that there were 4 with 2 beds in each . Caregiver A stated there were 6 residents and 3 day care clients. She said one of the day care clients was not feeling well, so they put her to bed. A review of the admission discharge log, revealed there were actually 5 residents on the day of the visit. The manager stated at 9:50 AM on , he thought he only had to remove one of the 9 beds noted on the re-licensure survey. He said the 2 beds in the the day care client was sleeping were for his 24 hr staff. The staff did not like to use the same bed (even though they are not working/sleeping at the same time). Then, he said he was upset with staff A because she should have known not to put a day care client in a bed. During the visit, the staff woke up the client and moved her to a couch in the living . They moved the bed out of the was in. At 3:45 PM on , I called the manager to inform him the deficiency would remain uncorrected. Class III		