

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968725	(X3) DATE SURVEY COMPLETED 06/07/2017
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

An unannounced licensure complaint survey, CCR#2017002762 , was conducted on at Green life ALF, LLC., License # 12577. The The facility had deficiencies at the time of the investigation .

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on records review and interview, the facility failed to ensure that 1 of 3 sampled residents' (Resident #1) Health Assessment form (AHCA form 1823) was completed in its entirety.

The findings included:

Review of Resident #1's record revealed that he was admitted to the facility in , 2017. His diagnoses include Chronic kidney , Spinal, , , unspecified. Resident #1's health assessment (AHCA form 1823) did not indicate whether the resident was an elopement risk person or not. The section on special precaution was left blank. Secondly, section B of the form was not completed. The physician did not indicate whether the resident needed assistance to take his medication or needed medication administration. Section D of the health assessment (AHCA form 1823) that questioned whether the resident's need can be met at facility was not completed, it was left blank.

During an interview with the Program Director on at 1:00 PM, she acknowledged the findings and provided no additional information.

Class III

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

Based on observation, and interviews, the facility failed to maintain an environment that is homelike, safe and free of hazard for, 1 of 2 buildings at the facility (building 1).

The findings included:

During the tour of the facility conducted with the Program Director on at around 10:00 AM, there were multiple environmental concerns identified in building 2 located on the campus of the facility. In building 1 of the facility a two story unit, a puddle of water was observed in the middle of Resident #4' . The facility used a blanket to contain the water. However, the blanket was insufficient to absorb the water.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968725	(X3) DATE SURVEY COMPLETED 06/07/2017
NAME OF PROVIDER OR SUPPLIER GREEN LIFE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 840 SW 8TH STREET POMPAÑO BEACH, FL 33060	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
A brief interview with Resident #4 immediately after, at around 10:30 AM, revealed that water occasionally sips under the tile from a nearby closet and is deposited in his . The Resident stated, that the facility was aware of it and that did not bother him since he is unable to ambulate. He uses a wheelchair for ambulation. 1) Observation of the closet revealed that it housed the air conditioning condenser and filtration system as well as a water heater. Further observations revealed debris and water deposits observed at the base of the water heater. And, there was water noted going under the wall separating the water heater's closet and Resident #4's . 2) The floor was heavily soaked and wet. Additionally, there was an unpleasant and almost unbearable odor in the hallways next to the residents' (#21, 22 & 23). There were flies in the hallways. 3) In # the floor was observed to be dirty, the floor was stained with a black substance. The garbage container was filled up to the top. The sheet cover was observed to be stained. The Program Director reported in an interview following the aforementioned observations on at 11:00 AM, that three of the residents living in that building unit refuse to shower when told to or suggested to do so. She said that she sought professional interventions but the situation has not changed. She indicated that she was not sure what to do about the problem. She also stated that the resident in does not like when staff go in his his consent. 3) In the upstairs in Unit 2 in the hallway next to 22 -24, there was a missing tile on the counter of the water faucet. 4) The closet that house the water heater and AC unit on the second floor , to , 37 and 38, was also observed to have water dripping on top of the water heater and on the floor. 5) The closet doors of both AC units located upstairs and downstairs were observed to be filmed with dust. The Program Director informed that she will have these issues addressed as soon as possible. Class III		