

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964605	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER HAPPY ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 700 ANDERSON DRIVE BONIFAY, FL 32425	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial survey with Limited Mental Health specialty was conducted on _____ at Happy Acres Assisted Living Facility (license #9130). Deficiencies were found at the time of the survey. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and staff interview the facility failed to maintain furnishings and architectural systems in good condition for 2 of 12 buildings on the property. (buildings 4 and 7) The findings include: A tour of the facility was conducted on _____ at approximately 10:14 AM. Building 7 _____ contained a tan love seat with multiple areas of missing vinyl covering and exposed stuffing. Building 7 _____ also contained a ceiling vent with a dark, rust colored substance covering the vent. Building 4 contained a multi-colored vinyl sofa with an approximate 10 inch cut in the seat and exposed foam stuffing. (Photographic evidence was obtained of all 3 areas) An interview was conducted with the facility director on _____ at approximately 1:22 PM. She stated the residents do pick at the sofas, but she was not aware of the rusted ceiling vent. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on staff interview and record review, the facility failed to ensure that facility employees were registered with the background screening clearinghouse within 10 business days of hire, for 2 of 3 staff sampled, (B and C). Findings include: A record review of staff B and staff C's employee files was conducted. The hire date for staff B was _____ while the hire date for staff C was _____. A review of the facility's background screening clearinghouse roster was reviewed on _____ and did not list either employee. An interview was conducted with staff A, the facility's manager, on _____ at approximately 1:30 PM. She stated she was not aware they were not listed. An interview was conducted with staff B on _____ at approximately 2 PM. She stated she was the		

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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person responsible for ensuring names were entered on the roster. She confirmed she had not entered both her name and staff C's name. Unclassified		