STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932557	10/05/2017
NAME OF PROVIDER OR SUPPLIER **HENDERSON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 E. ORANGE AVENUE** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

A Change of Ownership with initial Limited Mental Health survey was conducted at Henderson House Assisted Living Facility (license #11255) on . . . and . . . . Deficient practice was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to maintain an accurate up-to-date 1823 health assesment following a change in condition for 1 of 2 residents reviewed (Resident #1).

Findings:

During a record review on . . . at 10:30 AM., Resident #1 was identified as being admitted to hospice on . The current AHCA form 1823, dated , does not indicate the resident's need for hospice services. No previous AHCA form 1823 indicated the addition of hospice services.

During an interview on . . . at 10:20 AM, the administrator confirmed the addition of hospice services is considered a change in condition which necessitates a new AHCA form 1823. The administrator stated there is not an AHCA form 1823 signifying the change in condition requiring hospice services for Resident #1.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 of 3 staff (Staff C) reviewed.

Findings:

During a record review conducted on no freedom of communicable statement documentation was identified for Staff C.

During an interview with the administrator on at 10:20 a.m., the administrator stated Staff C had a physical completed at the health department. She confirmed the facility does not have the record of freedom from communicable . . . . . statement at this time.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on observation and interview, the facility failed to maintain all structural systems in good working order for 37 of 37 residents.

Findings:

A tour of the facility was conducted starting at 9:10 AM on . . . . . . The following environmental concerns were noted:
1. Dirty AC vents both upstairs and downstairs
2. Peeled off paint on window panes in activity area both from inside and outside
3. Sagging cracked ceiling in activity area
4. Damaged frameless mirror with poor visibility in common
. . Chipped off door of . .
6. Damaged siding and foundational covering outside of the building
7. . . . . in 2nd floor: Missing baseboards, Corroded and rusted shelf and peeled off paint on , missing light cover in ceiling and dirty ceiling fan

At 10:00 AM on , an interview and brief tour was conducted with the owner of the facility, who confirmed the above concerns needed to be addressed.

Class III