STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **GOOD HOPE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2251 NW 29TH COURT** **OAKLAND PARK, FL 33311**	

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

0000 - Initial Comments

An unannounced Relicensure Survey was conducted on and at Good Hope Manor Assisted Living Facility, License #8627. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, the facility failed to ensure that substitutions were documented and kept on file in the facility for 6 months.

The findings included:

During an interview conducted on at 12:16 PM with Staff D, the food service designee, it was revealed that substitutions are always made because some residents complain about the food. Staff D further stated residents are given a choice of substitutions to choose from and the residents are served with the substitution of their choice.
A review of the facility's substitution log revealed no substitutions have been documented since 2013.

During an interview with the Administrator on at 12:55 PM, it was confirmed that substitutions were being made but was not being documented in the facility's designated substitution log. The Administrator further stated that it was an oversight on documentation and all substitutions made will be documented, as required. The Administrator also stated that she would speak with Staff D about documenting all future substituted menu items.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment free of hazards and ensure that all existing structural systems are maintained in good working order.

The findings include:

While conducting a tour of the facility on between the times of 9:25 AM and 11:00 AM the following was observed:

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1) # , a shared a to # : The bathtub was observed with brownish substance along the sides of the bathtub with an insect leg observed inside (photo evidence obtained).

2) # : Observations of the door used to enter and exit the a silver colored door knob with green unknown matter on the door handle that rubs off on the hands when touched. Further observations of the door handle revealed the part of the door handle that connects to the door was observed corroding at the top.

3) # : No sign on the door with the in comparison with the other in the hall.. The number 16 is handwritten on the door with an ink pen.

4) Courtyard:

a. The window screen in the common area was is broken with the black rubber around the screen missing.
b. A white table was observed stained with an unknown brown matter, with the top of the table separated from the bottom part of the table which made it unable to be used by the residents.
c. The green bench behind the white table had exposed sharp nails extended out from the bench, which has the potential to pose a safety hazard if a resident were to sit on the bench.
d. An additional green bench on the opposite side of the previously mentioned bench was observed to be unleveled on the seating area with pieces of the wood chipped off.
e. Black floor mats were scattered along the sidewalk, posing a potential tripping hazard for residents walking along the walkway.
f. A folded blanket with black substance on it was observed on the ground in the walking path in which residents use to sit outside.
g. Pipes of various kinds was observed on the ground next to the sitting area for the residents.

5) Observations of the activity the first floor revealed brown spots in various places on the ceiling and the paint on the wall was chipped in various places.

During an interview with the Administrator and the Owner on at 2:05 PM, the physical plant findings were discussed. The Administrator stated that they are currently the process of painting the inside of the building to address the chipping of paint on the walls. When asked about the outside of the building (the findings in the Courtyard area) neither the Administrator or the Owner had a response. No further information was provided.

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Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to ensure that 2 of 4 sampled residents (Resident #2 and Resident #10) that receive assistance with activities of daily living or total care, had their weights recorded semi-annually.

The findings include:

1) Record review revealed Resident #10 had no documented weights since when she was admitted to Hospice. Further review revealed no documented weights in the Hospice file or on the current Resident Health Assessment (AHCA Form 1823) dated . Further review of the AHCA 1823 form for Resident #10 revealed that the resident requires assistance with all ADL's (Activities of Daily Living) except eating.

2) Review of Resident #2's weight log revealed that the last weight recorded for the resident was dated for . Further review of the log revealed that every entry after states "Hospice", with no documentation of weights. Review of Resident #2's AHCA 1823 Health Assessment form documents that Resident #2 is receiving Hospice Services. Further review of the Health Assessment revealed that Resident #2's activities of daily living (ADL's) is checked off for "Total."

During an interview with the Administrator at 11:43 AM on the weights were requested for Residents #2 and Resident #10. The Administrator stated that Hospice residents are not weighed by the facility, and Hospice handles the weights. Review of the hospice file during this time showed no indication of any weights recorded for two residents. The Administrator acknowledged the findings, no further information was provided.

Class III