STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968087	12/19/2017
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING OF PARKLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **7768 NW 71ST WAY PARKLAND** **PARKLAND, FL 33067**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR # 2017010658 was conducted on through at Assisted Living of Parkland, License #12028. The facility had deficiencies at the time of the visit.

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and interview, it was determined the Administrator /Dietary Manager failed to maintain the food services in a safe and sanitary manner.

The findings include:

During a tour of the kitchen and food pantry the following was observed:

1) Review of the 3-day emergency food on with the Administrator the following was noted.
a) raisin bran cereal with an expiration date of
b) Grape Jelly with an expiration date of
c) two boxes of Graham crackers one that was partially opened on one side with unknown pest droppings inside of the box the second box revealed an expiration date of (expired prior to the hurricane on).
d) A can of "cream of " with an expiration date of .
e) The paper plate and cups revealed unknown pest droppings inside of them, and a live roach was observed crawling around the inside of the paper plates (photographic evidence obtained).

2) Review of the food storage closet in the kitchen of the facility revealed the following:

a) Barbeque sauce opened and already used that states on the label "refrigerate after opening" stored away in the food storage closet. An additional brand of barbeque sauce was observed in the pantry unopened with an expiration date of .
b) Three packs of split , green peas were observed in food storage closet with expiration date that stated one of the packs were opened and used. A jar of candy was observed in the food storage closet that revealed candy still in the wrapper with a white fuzzy substance on various pieces.
c) Halls drops was observed in a blue container with an expiration date of .
d) Sugar free Fudge Graham cookies was observed to have an expiration date of .
e) A bag of potato chips that was opened was observed to have an expiration date of .

During an interview with the Administrator on at 12:30 PM regarding the expired food, emergency food and food pantry, she acknowledged the findings and stated that when the staff buy

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more food they aren't pulling out the old food that is there.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on observation and interview, the facility failed to execute a refund in a timely, for 1 out 2 sampled residents.(Resident #1).

The findings include:

Record review revealed Resident #1 moved into the facilty on under respite care because she had to evacuate from her home due to the hurricane that was to hit on . On when reviewing the respite care contract for Resident #1 it was observed that the contract was not signed and dated by Resident #1 or the Administrator.

During an interview with the Administrator at 10:58 AM on , she confirmed the resident moved into the facility on for respite care. The Administrator stated that the resident came into the facility and signed a contract for 6 days on respite care at the respite care rate for $150.00 a day for a private . The fee for the stay for 6 days was $900 dollars in which the resident paid upon admission. According to the Administrator, the resident left 1 day early, and never requested a refund. The Administrator also confirmed that she never meet Resident #1 upon move-in/move-out and that she never came to the facility during Resident #1's stay.

During an interview with Resident #1 on at 2:10 PM regarding her stay at the facility, the following was revealed. Resident #1 stated that she moved in under respite care because she had to evacuated from the hurricane that was due to hit on . The resident stated I moved out and went back home on because I felt like they weren't prepared. There was no food, and no emergency supplies.

During a follow-up interview with the Administrator, she confirmed that the facility lost power the day of the hurricane on Sunday ( ), and Monday ( ). She stated that around noon we moved the 1 resident (Resident #2) to our other facility in coral springs(sister-facility) that never lost power. She confirmed Resident #1 had already left prior to the move of residents to the sister facility.

During review of Resident #1's contract, it was noted that it was not signed. During an interview with the Administrator on at 11:11 AM and (around 11 AM). The Admistrator stated that

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Resident #1 did not sign the contract because she did not want to pay the Administrative Fee. The facility waived the Administrative Fee and asked her to initial but the resident also refused to do that as well.

Further review of the contract revealed the facility is to provide the following to Resident for the stated fee. The facility will provide housing and three meals daily plus snacks, and emotional security during the 5 days. Review of the facility's refund policy, that is also included in the contract revealed a section stating: "The facility will refund the unused rent prorated on a daily basis within 45 days".

During an interview with the Administrator on , aforementioned was discussed. The Administrator confirmed no refund had been issued to the resident at the time of the survey. It was also discussed with the Administrator that based on the terms of the contract, the facility did not provide the services as listed for the stated fee.

Class III