STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**12/28/2017**
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A monitoring visit was conducted on , 2017. Apopka Retirement Centre, license #5921, had deficiencies at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, review of the facility's staffing schedules, and interview, the facility failed to maintain an updated written work schedule.

Findings:

Observations made on at 8:50 am revealed staff C was in the facility cleaning. Staff D, a caregiver, identified staff C and said he was a housekeeper and caregiver.

Review of the facility's staffing schedule revealed that on , staff A, a caregiver, was scheduled to work from 7:30 am to 7:30 pm and staff C was scheduled to be off.

On at 10 am, the administrator confirmed the schedule was not updated, as required.

Class III

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

Based on interviews and record reviews, the facility failed to implement sufficient interventions to ensure an environment free of fire hazards was maintained.

Findings:

During an interview with resident #12 on at 9:26 am, she said approximately three weeks ago, someone smoked in their started a fire in a trash can and all of the residents were evacuated outside.

On at 9:51 am, the administrator confirmed there was a fire at the facility. She said the fire alarm went off. She was unsure of the day or time of the fire and said she did not document anything regarding the incident. The fire was located in a trash can in the by residents #7 and #10, However, both residents denied starting the fire. She said resident #10 no longer resided at the

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facility.

On at 10:02 am staff B, a caregiver, said he was at the facility when the fire occurred. He said the fire alarm sounded and the of residents #7 and #10 were filled with smoke. He was unable to enter the to the smoke. All of the facility residents were evacuated outside. The fire department arrived to the facility and put out the fire. When the fire department left, all of the residents went back inside the facility. He was unable to remember the time of the incident.

On at 10:20 am, the administrator said after the fire she instructed the staff to check the and every now and then for cigarette butts of those residents who smoked. She identified residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #11 and said they all smoked cigarettes. She spoke with residents #7 and #10 and told them if it happened again, they would have to leave the facility. She did not speak with any of the other residents who smoked because they already knew. She was unable to provide documentation to indicate additional interventions were implemented to prevent a reoccurrence.

In addition, on at 10:46 am, the administrator said she was unable to provide documented evidence to indicate the facility conducted fire drills, as required.

The facility's house rules indicated smoking inside of the facility was not allowed.

Class II

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview, the facility failed to submit an addendum to the local emergency management agency when a change in the identification of specific staff occurred.

Findings:

Review of the approval letter for the facility's CEMP revealed it was dated on .

On at 10:30 am, the administrator said the staff identified on the plan as the facility manager was no longer employed by the facility. She said the local emergency management agency was not notified of the change, as required.

Class III