STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	R 07/03/2018
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

0000 - Initial Comments

The revisit to the re-licensure survey with Limited Mental Health (LMH) was conducted on . Homestead Retirement license # 245 had deficiencies at the time of the visit.

0004 - Licensure - Requirements - 58A-5.016 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observation, census review and interview the facility failed to maintain 29 beds for the use by residents receiving , , , ( ) as required by their license type.

Findings:

Review of the facility license on Healthfinder.gov on revealed the facility had a capacity of 40 residents, which included 17 beds for residents receiving , , , ( ) and 23 private pay.

In an interview with the facility supervisor on at 9:30 AM, she said that 12 residents received and all the others (26) were private pay. She confirmed that 26 of the 38 residents were not receiving at the time of the revisit.

In a telephone interview with the administrator on at 10 AM who said, he had called the Agency Central Office and made the necessary payment.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility failed to provide and maintain a home-like and decent environment in which to provide safe care for the residents.

Findings:

Observations during the facility tour on at 10:45 AM noted:

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SUMMARY STATEMENT OF DEFICIENCIES
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All doorframes through the facility had chipped paint.
There was also a chipped paint on the wall by the medication .....
The 100 hallway had chipped paint.
The ..... hallway 100 had brown stains in the ceiling tile.
2 brown sofas in the common area had the armrests torn; exposing the foam inside, the seats had peeling material.
The 2 green sofas in common area were dirty, covered with brown stains.

Resident had a layer of dirt on the windowsill under the air conditioner and the AC vents were very dirty.

In an interview with the facility supervisor on ..... at 10:45 who said the owner requested an extension to correct the deficiency.

Review of the facility's plan of correction submitted to the area office on indicated that the dining ..... and the window .. were replaced "everything will be taken care within 6 month of the rest of building".

The assisted living unit area office supervisor stated on at 12:156 PM that she had not received an extension request from the administrator.

In a telephone interview with the facility supervisor on ... at 2:20 PM, who was made aware of the above and the deficiency remained uncorrected.

Class III