| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910765 | 12/18/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**UNION HOUSE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1930 UNION STREET**<br>**CLEARWATER, FL 33763** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A Complaint survey (CCR# 2018016803 and CCR# 2018016313) was conducted on . . . . . at Union House Assisted Living Facility (License #7343) located in Clearwater, Florida. There were deficiencies identified at the time of survey.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27**

Based on observation, record review and interview, the facility failed to provide a clean and decent living environment for one of one (Resident #1) sampled residents that reside at the facility and failed to respond to a documented grievance from Resident #1.

Findings Included:

Observation conducted on at 8:55am revealed the area outside of # , where Resident # resided, had a strong smell. Further observation of # conducted on . . . . . at 10:50am revealed the room had a strong . . . smell throughout the room. There were dark yellowish colored stains on the floor and the baseboard of the wall.

Record review for Resident #1 conducted on revealed a progress noted written by a staff member dated . . . . . that revealed the resident stated they were not happy with their roommate due to the roommate's and on the floor and in the room. Staff wrote they will try and keep room clean.

Interview conducted with Resident #1 on . . . . . beginning at 10:55am revealed the resident expressed to the Administrator their roommate urinates on the floor and the walls. The Administrator stated there was no space to move any of the residents at this time and staff would work with their roommate to not urinate on the floor, the walls and in the bed.

Interview conducted with the Administrator on beginning at 12:25pm revealed the Administrator was aware of the issues in # . The Administrator acknowledged the strong smell in the room and the stains on the floor and confirmed it is from the resident in the bed, on the wall and the floor. In addition, the Administrator confirmed there is no way to move either of the residents at this time.

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

Class III