STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964562	04/16/2019
NAME OF PROVIDER OR SUPPLIER **SHERIDAN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2415 NORTH 20TH AVENUE** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A Relicensure survey was conducted at Sheridan Manor on & . Deficiencies were identified at the time of survey.

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

Based on observation and interview, the facility failed to provide a clean and safe living environment for 35 of 35 sampled residents rooms.

Findings include:

While touring the facility and resident rooms on at 9:20 AM, a strong odor of was noted on both hallways of residents rooms. Each bedroom had garbage pails overflowed with used adult briefs. All the male bedrooms had with residue in them located on the night stand. The shared bathroom for # # , pests were found on the bathroom sink, on the toothbrush holder with toothbrushes, and the soap dish. The showers in each bathroom had soap scum accumulated on the shower floor and multiple toilet seats with feces observed. A record review of the Housekeepers schedule of Monday, Wednesday and Friday 7:00 AM-3:00 PM, Saturday and Sunday cook. Observation of housekeeper not performing tasks thoroughly and in a sanitary manner.

During interview with the Administrator and owner, on at 12:05 PM, reviewed the findings along with picture evidence, and concerns was expressed regarding the strong odor of upon entering the residents rooms. Inquired about the Housekeepers schedule and who is responsible for maintaining the environment on the days the Housekeeper is not scheduled. It was evidence that the garbage was not discarded and the floors were dirty.

During an interview with the owner and Administrator, on at 1:00 PM, they confirmed the findings.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, it was determined that the facility failed to maintain adverse incident reports which involved residents that required a transfer to the hospital for injuries of of

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bones for 2 out of 5 incidents reviewed for the past 6 months effecting (Resident #17, and 18).

The findings included:

During an interview with the Administrator on at 10:30 AM, she stated the facility had no adverse incidents since last survey. A record review of the facility's incident reports conducted for the past 6 months with the Administrator, on at 10:30 AM, revealed the following 2 two incidents; that resulted in Resident #17 and #18, being transferred to the hospital for injuries of bones from a in the facility. Adverse incident are defined as any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the residents condition before the event.

A record review of the incident for Resident #17, states that on at 9:00 AM, the resident and was transferred to the hospital by 911 for a .

A record review of the incident for Resident #18 states that on 11:50 AM, the resident and 911 transferred her to the hospital for , , which required surgery and rehabilitation.
.
During an interview with the Administrator on at 11:15 AM, the facility failed to conduct an internal investigation and report the adverse incident to AHCA (Agency for Health Care Administrators) and findings were acknowledged and confirmed.

Class III