Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968004	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRO AT WILLOUGHBY, LLC (THE)	3400 SE ASTER LN STUART, FL 34994

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments	A 000		
	CCR# 2012007297 Allegation confirmed. The Allegro at Willoughby LLC, an assisted living facility, had deficiencies found at the time of the visit on			
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		
	(3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident . . sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident . . to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during			

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A 152	Continued From page 1	A 152		

use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to provide a safe living environment free of hazards and failed to ensure existing mechanical systems were maintained in good working order, evidenced by unreasonable amounts of mold-like matter allowed to accumulate on air conditioning (AC) air handler units servicing hallways and other common areas in the assisted living and memory care residential areas. This has the potential to affect all residents and staff living and working at the facility.

The findings include:

A focused tour of the facility's air conditioning air handler units was conducted on at 3:05 PM with the facility's maintenance and resident services directors and housekeeping supervisor present. Side panels were removed for observation of air handlers for seven resident AC units and eight other units that serviced hallways and common areas on all three floors and the secured memory care unit were observed, the following concerns were noted:

1. The interior air handler areas for all eight units servicing hallways and common areas on all three floors and the secured memory care unit were moderately to excessively covered with

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A 152	Continued From page 2 multi-colored, predominantly white, fuzzy matter. Three units were located in or near the wellness centers located on all three floors and the other five were centrally located in a [redacted] in the secured memory care unit. 2. The interior air handler area in one of the seven resident AC units observed, resident [redacted] revealed multi-colored, predominantly white, fuzzy matter in an area about 6 inches in diameter on the removable panel. 3. An odor described by three staff present as "like mildew" was noted in resident [redacted]. 4. The AC vent located near the kitchen had been previously taken apart. A 1/4-3/4 inch gap was noted between most of the sides of the vent housing and the ceiling material. This gap around the housing was identified by staff as one of the AC issues. Review of work orders dated [redacted] and [redacted] documented requests related to mold, humidity control on vents, AC issues. A work order dated [redacted] called documented "The resident is in the hospital and should be home in a couple of days." and "Excessive and persistent mold problem in the apartment. [redacted] in the [redacted] in the carpet." In interviews conducted during the tour, facility staff acknowledged the condition of the AC equipment and confirmed the problem was on-going. In an interview conducted [redacted] at 5:50 PM, the administrator and regional director stated industry expert review was in process and test results were pending.	A 152		

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A 152	Continued From page 3 Class III	A 152		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 17, 2012

Administrator
Allegro at Willoughby, LLC
3400 S.E. Aster Lane
Stuart, FL 34994

Re: CCR #2012007297

Dear Administrator:

This letter reports the findings of a complaint survey conducted on . 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
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