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
	AL11964787	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT JENSEN BEACH	1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957

(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 An Assisted Living Facility complaint inspection survey (CCR #2012010661, CCR #2012011490 and CCR #2012012987) was conducted on Emeritus at Jensen Beach, had a licensure deficiency related to CCR #2012010661 found at the time of this visit.	A 000		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (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.	A 152		

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A 152	Continued From page 1	A 152		

(d) Residents who use portable bedside commodes must be provided with privacy during 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 observation and an interview, the facility failed to ensure the environment was kept clean and repairs were completed as needed.

The findings include:

On [redacted] at 2:30 PM, random [redacted] were observed with the Administrator and the following concerns were identified:

[redacted] cabinet door was chipped; pieces of food were on the kitchen floor; pieces of chewing tobacco were on the [redacted]; a corner of the wall in the kitchen was missing a piece of baseboard and had a metal piece protruding from the wall; a corner of the wall in the [redacted] had a piece of metal from the structure protruding out and the drywall/paint was gone from approximately a foot off the wall.

The following [redacted] were observed with various repairs and/or cleaning needed, including but not limited to [redacted] cabinet doors missing [redacted] on the bottoms, touch up paint to walls and doors where walkers and wheelchairs had left black scrape marks, weather stripping torn

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EMERITUS AT JENSEN BEACH	**1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957**

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A 152	Continued From page 2 around the front doors to residents' apartments and minor wall repairs and removal of curtain holders where no curtains were hung: 313, 314, 316, 317, 322, 323, 331, 335, 336 and 337. These findings were discussed with the Administrator at 3:30 PM on [redacted]. Class III	A 152		

RICK SCOTT
GOVERNOR

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Jensen Beach
1700 NE Indian River Drive
Jensen Beach, FL 34957

Re: CCR #2012010661, 2012011490 AND
2012012987

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that 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 the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XGP80

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