

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965233	(X3) DATE SURVEY COMPLETED 08/15/2013
NAME OF PROVIDER OR SUPPLIER Castle Court Alf, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 9709 North Nebraska Avenue Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0026-Resident Care - Social & Leisure Activities-08/15/2013
0126-Fiscal - Resident Accounting-08/15/2013

Revisit Repeat Tags:

0152-Physical Plant - Safe Living Environ/other-58a-5.023(3) Fac

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0126 - 58a-5.021(7) Fac - Fiscal - Resident Accounting S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit was conducted in conjunction with a complaint survey and two other revisits.

Castle Court, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation, interview and record review, the facility failed to insure a safe living environment, in compliance with health standards and free of pests and risk of fire, for 5 of 9 sampled residents (Residents #1-5).

Findings include:

On _____ at approximately 11:20 AM, the surveyor entered the resident _____ to Resident #3. The surveyor observed Resident #3 sitting on his bed, smoking a cigarette inside the _____ inside the facility.

On that same date at approximately 12:45 PM, the surveyor interviewed Resident #1. Resident #1 stated that there had been bed bugs in her _____ several weeks. Resident #1 stated that the facility's maintenance person had replaced her mattress and sprayed her _____. _____ said she had recently found a _____ bed bug in her _____. _____ said she had been bitten by bed bugs for several weeks.

On that same date, the surveyor reviewed a report from an inspection conducted by the county health department on _____. The report noted that no hand soap was available in the kitchen for kitchen staff to wash their hands. The report also noted that there was expired food in one of the coolers and that meat had been thawing in a sink. All of the above were violations.

On _____ at approximately 1:10 PM, the surveyor interviewed the administrator. The administrator stated

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that some residents had reported problems with bed bugs to the facility staff and that the maintenance director was trying to treat it himself in consultation with a pest control company but a professional pest control company had not been specifically hired to inspect for bed bugs and treat if needed. The administrator also stated that she was aware that some residents smoked in their rooms in violation of the rules.

Uncorrected Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Castle Court ALF, Inc.
9709 North Nebraska Avenue
Tampa, FL 33612

Dear Administrator:

Re: CCR# 2013008459 & 3 Revisits

This letter reports the findings of a complaint survey and three state licensure revisit surveys that were conducted on 15, 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey; two revisits had deficiencies that were corrected; and one revisit had corrected deficiencies, an uncorrected deficiency, and new deficiencies. 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 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 [/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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

