STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965516	10/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homewood Residence At Delray B	8020 W. Atlantic Avenue Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey (CCR# 2013007137) was conducted on . . Homewood Residence at Delray Beach had deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a safe living environment for all 19 residents residing in Building #3.

The findings include:

On . beginning at 10:45 AM, an inspection of Building #3 revealed: the Air Conditioning (A/C) vents located in the ceiling of the lobby/sitting . near the windows, were dripping with heavy condensation. The atmosphere in Building #3 was very humid.

Inspection of . . . revealed evidence of water spots on ceiling, with evidence of some cleaning attempted. Multiple black unknown substance was observed on A/C unit vents and on the front of the A/C unit.

Interview with the Executive Director was conducted on . . . . at 11:00 AM, regarding the water stains on the ceiling and the black substance on A/C vents and on the front of A/C. The Executive Director acknowledged the water stains and black substance and added that no one has used . . . . . since Resident #3 moved out in . 2013. The Executive Director stated, the water stains were caused by the AC unit in the apartment above which had leaked and has since been repaired.

Review of the Maintenance Log notes revealed that the A/C for . . . . above . . . . . was reported to be leaking on . On . it is noted the AC unit is replaced in . . . . . The facility also replaced the A/C Compressor in . . . . on . .

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Inspection of ... revealed the ... vacant. The A/C unit was off and no observable moisture stains or black mold-like substance was noted in this ....

At 11:50 AM, the Executive Director was shown the heavy condensation on A/C vents in sitting area of Building #3 (first floor). Executive Director commented that it was just from being close to windows. However, it was noted that the A/C vents located in Dining ... windows do not have the same condensation within this building on the same floor.

The Air Conditioning vents located in the hallway and entry door on 1st floor of Building #3 have heavy condensation (large water droplets) and several vents contained small patches of a unknown black substance. The large intake vents located in the hallway have dark substance inside hole openings of the grate covering the intake vent.
Laundry ... 1st floor has wet, sagging ceiling tile with black substance observed underneath tile.

On the second floor of Building #3, the A/C ceiling vents located in the hallway have heavy condensation (large water droplets) and some vents were observed to be covered with a black substance on the vent. The large intake vent in the hallway was observed to have a black substance on the slats.

The A/C vent located in the laundry ... the 2nd floor was dripping water onto the washer. The ceiling around the vent was discolored.

During interview with the Executive Director at 2:45 PM, the findings were discussed with the Executive Director and she acknowledged the findings.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on interview with the facility Executive Director, the facility failed to maintain resident records on the premises, for 1 of 3 sampled residents chosen for record review (Resident #3).

The findings include:

On at 10:40 AM, a request was made to the Executive Director for Resident #3's health record in order to conduct a record review.
At 11:55 AM on , the Executive Director stated she has not been able to determine the current

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location of Resident #3's health record, but she would continue to look for it.
At 1:30 PM on , the Executive Director stated she was unable to locate Resident #3's health record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Homewood Residence At Delray Beach
8020 W. Atlantic Avenue
Delray Beach, FL 33446

Re: CCR #2013007137

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) 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
XG90

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