STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965113	**01/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almost Home Beaches	**100 West First Street Atlantic Beach, FL 32233**	
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

Specific Tag Findings:

0000-Initial Comments
An unannounced Extended Congregate Care survey was conducted on January 2, 2013 at Almost Home Beaches. Licensure deficiencies were identified as a result of the survey.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to maintain the existing architectural and structural environment in good condition in the kitchen area.

The findings include:

During a tour of the facility on 1/2/2013 it was observed that the kitchen floor tiles were missing, broken, stained and dirty. Several of the drawers in the kitchen cabinets were broken or missing. Photographic evidence was obtained.

During a telephone interview with the Administrator on 1/2/2013 at 10:45 AM she acknowledged the kitchen floor tiles were in need of replacement and stated the cabinets needed repair.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 4, 2014

Administrator
Almost Home Beaches
100 West First Street
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on January 2, 2014 by a representative of 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 **March 4, 2014** 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 surveyor. Should you have any questions please call this office at 904/798-4201.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JS/RED/sm
Enclosure