STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965889	05/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pleasant Retirement Home Inc.	7512 Washington Ave. Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . at Pleasant Retirement Home, Inc. The facility had a deficiency found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, record review and interview, the facility failed to provide scheduled activities at least 6 days a week for a total of not less than 12 hours per week for 8 of the 14 residents who do not attend day programs.

The findings include:

During observation on . . . . from 8:00 AM - 2:00 PM, there were no planned activities observed being conducted for 8 residents who do not attend day program at the local mental health center or senior center.

A review of the facility's activity calendar documents a total 6.5 hours of scheduled activities per week, other than scheduled TV/Movie time. Out of the 6.5 hours scheduled, 3.5 hours belong to an activity scheduled each Saturday from 10:30 AM - 2:00 PM, which is conducted by another facility partnering with the local mental health center and is available for any resident who wishes to attend.

During interviews conducted with Resident #4, #5, and #6 between 8 AM and 2 PM . . . . revealed that they spend a lot of time reading or watching television for activities.

During interview with Administrator on . . . . at 1:45 PM, she acknowledged the need for more planned activities for the residents who do not attend day programs. "Most of the residents do not want

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to do the planned activity, but I understand that it should be available for them if they choose to participate."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Pleasant Retirement Home Inc.
7512 Washington Ave.
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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