STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	09/09/2015
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Complaint Investigation #2015006941 was conducted on / . Indigo Palms at Maitland Assisted Living Facility had deficiencies found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews the facility failed to provide a safe, clean living environment free from potential hazards in the kitchen in which to provide for the safe care of the residents.

Findings:

Review of the Department of Health inspection Reports revealed the following:
/ Building 760 (memory Care) at 10:30 AM
The inspection was unsatisfactory
Violation#2- Oatmeal at 120 F on steam table. Breakfast has stopped being served and stays on the steam table until the dishwasher in to discard at 1030. All items on steam table must be held to temperature regardless of being discarded (<=41 F >=140 F).
Violation #24-Mold in ice machine clean immediately.
Violation #29-Shelves in victory cooler Rusted
Violation #36-No paper towels at hand washing sink. Paper towels must be located at sink **Repeat Violation**
The Department of Health Inspection for Building 760 on was satisfactory but noted "correct violations by next visit." The violations included:
Violation#29-A/C return vent dirty. Clean ASAP
Violation#29-Floor behind Grill dirty
Violation#29-Floor in walk in cooler dirty with Spillage. Clean ASAP
Violation#29-top of dishwasher if dirty. Clean debris from unit
Violation#30-rag bucket in sink did not have enough sanitizer. Discarded and refreshed at time of inspection

Observations of the Kitchen in Building 740 revealed in the following on / at 10:30 AM, 11:45 AM and 12:30 PM:
The floor was not cleaned throughout the kitchen. Some of the ceiling tiles had dust on them. There was a black substance inside of the light fixture covers. There was also condensation (drops of water) observed in the Air Conditioner vents throughout the kitchen. One of the Air Conditioner vents had drops of water on it and was directly over the steam table where the food was and the staff was observed on / at 11:45 AM preparing the plates of food for the resident's lunch.

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During an interview with the Dietary Manger on / at approximately 12:35 PM, she stated they were aware of the Condensation on the Air Conditioner vents. She stated the water would only drip on staff while preparing the food sometimes. She stated the Maintenance department was responsible for cleaning the ceiling.
During an Interview with the Maintenance Director on at approximately 12:55 PM, he stated the Maintenance Department would clean the ceilings once a month. He stated the condensation was caused when the staff would leave the doors open and heat would enter.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

RE: CCR #2015006941 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Lorraine Henry at [redacted]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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