STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11953452	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APOPKA RETIREMENT CENTRE	**750 SOUTH ALABAMA AVENUE APOPKA, FL 32703**

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

0000 Initial Comments

Complaint Investigation #2015004323 was conducted on / / and / / Apopka Retirement Center Assisted Living Facility with limited nursing services (LNS) and limited mental health (LMH) services had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to honor resident rights to provide a safe living environment for the residents, and did not provide needed repairs to fire safety equipment in a timely manner, which placed the safety of the residents at risk.

Findings:

The Agency for Health Care Administration (AHCA) received information that the facility had Fire Code Violations found on / /. The violations were categorized as violating the prevention code. The fire sprinkler system had been red-tagged by the fire sprinkler company, which was an immediate life hazard.

Review of the / Apopka Fire Department Fire Inspection Report revealed the following Fire Code Violations:
Fire Sprinkler System - Fire sprinkler system has been red tagged with deficiencies. The fire sprinkler head in the kitchen did not meet code.
Emergency Lighting - Lack of emergency lighting in hallway next to kitchen. Emergency lighting outside is not working. Illuminated exit lighting needed at the west door leading to the outside area.
Electrical - Exposed wiring from a ceiling light in the dining. Electrical cover plate missing from an electrical outlet in the hallway next to the kitchen door (Up high).
Fire Alarm Equipment - A battery operated smoke detector was in one of the hallways with a low battery alert. The detector was not part of the designated fire alarm system.
The Fire Inspection Report indicated the owner management team had 30 days to comply with the Fire Code.

Review of Wiginton Fire Systems receipts dated:
/ / - A visual inspection was conducted and was limited to a visual and or routine inspection. No repair work was performed.
/ / - The annual inspection was conducted and the sprinklers were tested. The Fast response sprinklers were not in service. Deficiency: Red Tag 30 day, Location: System: sys.#1. Description: fast response heads due for testing.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	08/28/2015
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE APOPKA, FL 32703**	

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

/ - Work order to remove 4 sprinkler heads for 20 year testing. Removed 4 sprinklers and sent to lab for testing. Installed 4 sprinklers in place of existing fire sprinklers.

The facility did not comply with the Fire Safety Code and did not provide the residents with a safe living environment and put their at risk by not completing required work to the fire prevention equipment

On at approximately 11:30 AM, the administrator's designee stated the owner repaired the facility lights and they did not have documentation of a satisfactory fire inspection.

On at approximately 1:45 PM via telephone, the Fire Marshall stated the facility had been made aware of the needed repairs to the fire sprinkler system in 2015. When the Fire Department went out to re-inspect the facility on / , the repairs to the sprinkler head had not been addressed.

In a phone interview on / at approximately 3:45 PM, the administrator stated the Wiginton Fire Systems inspection company came to the facility in 2015 and she thought they had done the needed repairs. She did not understand what needed to be repaired. When she found out the repairs were not completed, she called them back and they completed the needed repairs.

Class II

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure that when unlicensed staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication in its dispensed, properly labeled container to the resident, place the medication in a cup in the resident's hand, and observe the resident taking the medication.

Findings:

Observation on / at 10:20 AM revealed there was one pill on the table in the office near the medication cart. On / at approximately 10:25 AM, the caregiver was asked what the pill was, and she stated it was "a piece of candy".
The facility staff failed to ensure the proper procedure was followed when assisting residents with self-administration of medications.

In an interview with the administrator's designee on / at approximately 12:15 PM, he was informed a pill was found on the table in the office near the medication cart, and he was not aware staff were not following the proper procedure with assisting with medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	08/28/2015
NAME OF PROVIDER OR SUPPLIER **APOPKA RETIREMENT CENTRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **750 SOUTH ALABAMA AVENUE APOPKA, FL 32703**	

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

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, [illegible] area at all times.

Findings:

On [illegible] at 10:20 AM, one pill was found on the table in the office near the medication cart. On [illegible] at approximately 10:25 AM, the caregiver was asked what the pill was, and she stated it was "a piece of candy".
The facility staff did not follow the proper procedure when assisting with self-administration of medications.

In an interview with the administrator's designee on [illegible] at approximately 12:15 PM, he was informed of the pill found on the table in the office near the medication cart, and he was not aware the medications were not secured.

Class III

0160 Records - Facility

Based on record review and interview, the facility failed to ensure they had a satisfactory fire inspection report.

Findings:

The Agency for Health Care Administration received information that revealed the facility had Fire Code Violations found on [illegible]. The violations were categorized as violating the prevention code. The fire sprinkler system had been red-tagged by the fire sprinkler company, which was an immediate life hazard.

Review of the Fire Department Fire Inspection Report dated [illegible] revealed the following:
Fire Sprinkler System - Fire sprinkler system has been red tagged with deficiencies. The fire sprinkler head in the kitchen did not meet code.
Review of the [illegible] Apopka Fire Department Fire Inspection Report revealed the following Fire Code

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	**08/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
APOPKA RETIREMENT CENTRE	**750 SOUTH ALABAMA AVENUE APOPKA, FL 32703**	

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

Violations:
Emergency Lighting - Lack of emergency lighting in hallway next to kitchen. Emergency lighting outside [illegible] is not working. Illuminated exit lighting needed at the west door leading to the outside area.
Electrical - Exposed wiring from a ceiling light in the dining [illegible]. Electrical cover plate missing from an electrical outlet in the hallway next to the kitchen door (Up high).
Fire Alarm Equipment - A battery operated smoke detector was in one of the hallways with a low battery alert. The detector was not part of the designated fire alarm system.
Per the Fire Inspection Report, the owner management team has 30 days to comply with the code.

Review of Wiginton Fire Systems receipts dated:
[illegible] - a visual inspection was conducted and was limited to a visual and or routine inspection. No repair work was performed.
[illegible] - the annual inspection was conducted and the sprinklers were tested. The Fast response sprinklers were not in service. Deficiency: Red Tag 30 day. Location: System: sys.#1. Description: fast response heads due for testing.
[illegible] - Work order remove 4 sprinkler heads for 20 year testing. Remove 4 sprinklers and sent to lab for testing. Install 4 sprinklers in place of existing fire sprinklers.

The facility did not comply with the Fire Safety Code and did not provide the residents with a safe living environment and jeopardized their life and safety by not completing required work to the fire equipment.

There was no documentation to review that indicated there was a satisfactory fire inspection completed.

In an interview with the administrator's designee on [illegible] at approximately 11:30 AM who stated the owner repaired the facility lights and they did not have documentation of a satisfactory fire inspection.

On [illegible] at approximately 1:45 PM via telephone, the Fire Marshall stated the facility has been made aware of the needed repairs in [illegible] 2015. When the Fire Department went out to be re-inspect on [illegible], the repairs to the sprinkler head had not been addressed.

On [illegible] at approximately 3:45 PM via telephone, the administrator said the Wiginton Fire Systems inspection company came to the facility in [illegible] 2015 and she thought they had done the needed repairs. She did not understand what needed to be repaired. When she found out the repairs were not completed she called them back and they completed the needed repairs.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Apopka Retirement Centre
750 South Alabama Avenue
Apopka, FL 32703
Attention: Helen Romero

Dear Romero:

This letter reports the findings of a complaint #2015004323 inspection survey conducted on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) **by** .

The inspection resulted in findings of non-compliance in the following areas:

1) A - 0030 - Resident Care - Rights & Facility Procedures Class II
Your Assisted Living Facility failed to honor resident rights to provide a safe living environment and did not provide needed repairs to fire safety equipment in a timely manner putting residents at risk

2) A - 0160 - Records - class II
Your Assisted Living facility failed to ensure they had a satisfactory fire inspection report.

Your Facility must comply with the following:

1) Your facility must adhere to all violations that are brought to your attention in a timely manner. You must make sure that you are in compliance with the fire sprinkler system company inspection. The sprinkler system was red tagged there needed a timely (30 days) response to ensure that the residents of the facility are safe. The fire sprinkler company was in the facility in / and left their inspection report. The repairs were made in ; 5 months after the initial visit. Also there were deficiencies noted on the Fire Department Inspection Report that went uncorrected ( ). These deficiencies must be corrected immediately to ensure the residents of the facility are not at risk. The administrator of the facility is responsible for the overall safety and well being of the residents of the facility. The above must be completed **by** .

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Apopka Retirement Centre
[illegible], 2015

2) All staff must be in-serviced to make sure they understand what deficiencies the Fire sprinkler company and the Fire Department are citing the facility for and report these immediately to the administrator. If the administrator still does not understand what needs to be done to come into compliance, then the phone call needs to be made to fire Sprinkler company to get an understanding. If there is still the facility may have to incur the expense of another visit to the facility when the administrator is present. The in-service must cover all aspects of Fire satiety. The agenda and sign in sheet must be available for review by the Agency. The above must be completed **by** .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Lorraine Henry, at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

D7JR

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Apopka Retirement Centre
750 South Alabama Avenue
Apopka, FL 32703

RE: CCR #2015004323 w/LNS/LMH

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 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 , 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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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