STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969092	11/10/2016
NAME OF PROVIDER OR SUPPLIER **SYMPHONY AT THE WATERWAYS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3001 E OAKLAND PARK BLVD** **FORT LAUDERDALE, FL 33306**	

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

0000 Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 130 was conducted 11/10/16 at Symphony on the Waterways. The facility had deficiencies identified at the time of the survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to have facility structures in place to offer a safe living environment and to have a certificate of occupancy at the time of initial licensure survey.

The findings included:

Upon arrival to the facility at 9:00 am on / / , several workers were noted in front of the building. A construction lift was in use with work being completed on the outside wall. There were other workers noted to be working on the brick pavement area in front of the main entrance and the grassy areas in front of the parking lot. This could cause a potential hazard of debris falling or a tripping hazard as these are both areas where potential residents would need to pass upon entrance and exit of the facility.

During the initial meeting with the Executive Director (ED), she stated that the administrative staff was not yet moved into the building because they only had a temporary certificate of occupancy. I was escorted to an adjacent building which housed the temporary offices. During an interview with the Administrator at 9:30 AM, she said they would move into the building once the workers were completed as to not lose any of their office equipment.

I was escorted back to the main building for a tour of the facility on / / at 2:30 PM with the ED, Director of Nursing and the Director of Food Services (DFS). All floors were toured with entrance to a random selection of . was currently being used as food storage. The DFS says that the emergency food and water supply were being stored there temporarily until they move in. In , the shower drain was backed up with dirty water pooled on the shower floor and there was a small hole in the wall from the door knob of the front door. On observation, the ED stated " They need to look at that. They are still working. " In , the closet door was not on track. The ED states " Yes they still have some things to finish up. " Other random toured were found to have dust on the walls and surfaces, patches on the walls which have yet to be sanded and painted and toilets with fecal stains in the bowl.

Observation in the medication storage and refrigerators on various units found that the refrigerators did not have thermometers in place to accurately monitor temperatures of any foods or medications that would be placed in them. The ED stated they will place the thermometers once the

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workers are finished, otherwise they may disappear. " The washing machines and dryers that would be available to residents, on at least two floors were not yet hooked up to electrical and water supply lines and sitting out from its proper place against the wall. This could cause a potential or electrical hazard to any resident attempting to hook up the machines themselves. A fire door handle on the second floor (push mechanism) was not in place. This could cause a fire hazard if the door is unable to shut out a fire properly or could potentially trap one in a dangerous area. During further observations, it was noted that temporary flooring was installed in the hallways of floors 2 through 5. It was noted to have raised areas in the corners and bubbling in some areas. The ED and DFS confirmed that the temporary floors will be taken up and replaced with blue or green floral carpeting. Other were actively being worked on as evidenced of workers noted to be entering and exiting with various tools /equipment in use and around the facility. Also noted were a ladder and other tools on the floor of the hallways.

During an interview on / at 4:00 PM with the Executive Director, she says that they only have a temporary Certificate of Occupancy (COO) at this time. She confirms the building and the are still being worked on and says that they expect their permanent COO by the end of next week, then they will place the finishing touches such as the thermometers, staff equipment and move into the offices.

During an interview with the Administrator on / at approximately 9:15 AM, she confirmed that the facility was not move-in ready for the residents . She confirmed that workers are still in the building completing the final repairs and should be ready by sometime next week.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Symphony At The Waterways
3001 E Oakland Park Blvd
Fort Lauderdale, FL 33306

Dear Administrator:

This letter reports the findings of a Initial State Licensure Survey that was conducted on
2016 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. **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 , 2016.** 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 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com