Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932516	A. BUILDING: _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT CYPRESS GARDENS (THE)	3050 WOODMONT AVENUE WINTER HAVEN, FL 33884

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2019015004) was conducted at The Meadows at Cypress Gardens Assisted Living Facility on [redacted]. The Meadows at Cypress Gardens Assisted Living Facility had deficient practice identified at the time of the survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide an environment free from pest (bed bug). Findings Included: On at 11:32 a.m. during an interview with the Administrator, she confirmed had bed bugs in and of this year, but a resident from stated they had seen a bed bug in the room recently. The Administrator stated she went on to check and confirmed there were bed bugs in both rooms. There is one resident who currently resided in where the bed bugs were identified on by the Administrator. The Administrator stated she didn't think to move the residents to a temporary area within the facility at that time. The Administrator confirmed, they have not sprayed the area with any chemicals and no pest control company had been out to treat the bed bugs in as of . On at 12:25 p.m. surveyor toured with the Administrator. was found with live bed bugs were in the crevices of the door of the room, on the ceiling and the walls living and bedroom areas. Surveyor observed more than 10 live bed bugs at this time. The Administrator confirmed the	A 152		

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A 152	Continued From page 2 observations of the bed bugs in . . . . . The Administrator stated, "oh yea I see, we have to get them out here to treat." The Administrator confirmed a resident currently resided in . . . were more than 10 live bed were seen. Class III	A 152		