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
	AL11963950	A. BUILDING: _____ B. WING _____	11/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEVA LAKES ASSISTED LIVING CENTER	743 S. BENEVA ROAD SARASOTA, FL 34232

(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 An unannounced complaint survey for complaint #2019012669 and #2019016399 was conducted at Beneva Lakes Assisted Living Center, an assisted living facility in Sarasota, Florida. Complaint #2019012669 and #2019016339 were substantiated at tag A0152. The following is description of the deficiency.	A 000		
A 152	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 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, 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.	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 152	Continued From page 1 (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (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 observations and staff interview it was determined the facility failed to maintain a clean, safe, sanitary environment. This poses potential for negative outcomes to the clients. The findings included: During the tour of the facility on . . . between 9:30 a.m. and 10:50 a.m. observations in the assisted living facility in . . . # . . ., # . . . and the Administrator's office, revealed evidence of water damage on ceiling and walls. In . . . # . . the walls, window sill and frame were observed to have black bio-growth on the dry wall. The ceiling had a popcorn finish that also has black bio-growth, this area affected was on the exterior wall. In . . . #. . . there was evidence of water damage to the ceiling near the exterior wall. In the Administrator's office there was water damage on the ceiling above the window. These conditions were observed by a Life Safety Surveyor, Administrator, and Director of	A 152		

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A 152	Continued From page 2 Maintenance during the tour. The facility was informed that an Environmental Engineering Firm needs to evaluate the areas and an Control Risk Assessment completed before the affected areas are removed. At the the of the findings the Director of Maintenance said they will have a licensed roofing contractor come and inspect the roof to determine the condition of the roof. Class III *Photographic Evidence Obtained*	A 152		