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
	AL11969551	A. BUILDING: _____ B. WING _____	09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERFIELD OF TALLAHASSEE, LLC	208 E THARPE ST TALLAHASSEE, FL 32303

(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 (2020014103) and focused control monitoring was conducted at Canterfield of Tallahassee Assisted Living Facility on . At the time of survey resident's rights in regard to clean and decent living environment was substantiated with deficient practice. Area of concerns with physical environment and quality of care treatment were not substantiated.	A 000		
A 152 SS=E	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 observation and interview, the facility failed to provide a safe living environment for 9 of 25 resident's bathroom toilets. (, , 133, 134, 136, 138, and rooms of resident #3 and #4 on 300 hall) The Findings included: On from 10:50 AM to 11:48 AM a tour was made of 25 rooms (bathroom/toilets) with the Executive Director who confirmed conditions of each room. : toilet seat loose, screws need tightening : brown stain inside bottom of toilet . . . .: brown stain inside bottom of toilet : brown stain inside bottom of toilet . . . . (A & B) - brown stain inside bottom of toilet . . . .: brown stain inside bottom of toilet, toilet seat loose, screws need tightening . . . . .: large amount of brown stain inside bottom of toilet On at approximately 11:30 AM, resident #4 reported that sink in bathroom had leak, and needed fixing. Observation of underneath sink	A 152		

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A 152	Continued From page 2 found a bucket catching dripping water. On .. . . . at approximately 11:50 AM, large amount of brown stain observed inside bottom of toilet. Resident #3 (room on 300 hall) who was present in room, reported that inside toilet needed cleaning. On .. . . . at approximately 11:59 AM interview with Executive Director who reported that new maintenance and housekeeping staff started today and she would ensure that they focus on those rooms and concerns. The Executive Director stated that she implemented a maintenance log. Class III	A 152		