

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969273	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/30/2020
NAME OF PROVIDER OR SUPPLIER FAITHFUL FRIENDS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1902 49TH AVE E BRADENTON, FL 34203		
(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 2020018956) was conducted at Faithful Friends on . Deficiencies were identified at the time of 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 _____ 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. (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	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 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 interview and record review, the facility failed to honor the resident's rights for a safe, clean and decent living environment, free from pests and in compliance with local department of health (DOH) requirements impacting 10 of 10 residents residing at the assisted living facility. Findings included: Interviews conducted on _____ between the time of 10:00am thru 10:09am with Residents #1, #2, #3 and #4 confirmed that the facility had a bed bug infestation in _____ of 2020 and in _____ During an interview conducted on _____ at 10:11am, the Administrator confirmed that the facility had a bed bug infestation in _____ of 2020 and in _____ Record review of an invoice from a pest control company revealed that the facility did acquire pest control services to treat for the bed bug infestation on _____ (photographic evidence obtained) Record review of the local department of health (DOH) records conducted on _____ revealed that the facility has had an infestation of bed bugs since _____ when they were discovered by the DOH during an inspection of the facility and the facility has not been in	A 152		

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A 152	Continued From page 2 compliance with the local department of health requirements. Class III	A 152			