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
	AL11964436	A. BUILDING: _____ B. WING _____	03/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER'S CROSSING PLACE-ASSISTED LIVING	4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606

(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 biennial re-licensure survey with limited nursing service and emergency power plan monitoring and a COVID-19 focused control survey were conducted at Hunter's Crossing Place Assisted Living on - 30, 2021. Deficiencies were identified.	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.	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 a safe living and hazard-free environment for 1 of 12 sampled residents, Resident # 9. (Photographic evidence) Findings: An observation on at 10:12 AM revealed Resident # 9 was in bed awake and alert. A free-standing cylinder was unsecured near the bathroom door. There was a concentrator in the living room with tubing on the floor and uncovered. The resident's room floor was cluttered with paper debris on both sides of the bed. The carpet had brownish stains. An observation on at 2:18 PM showed the cylinder was still in the same place and unsecured. The room floor was cluttered with paper debris. An observation on the following day on at 8:30 AM revealed no changes from yesterday's observation. The cylinder was unsecured, tubing on the floor, stained carpeting and cluttered with paper debris. During an interview on at 9:56 AM with the Health and Wellness Director, she confirmed the unsecured cylinder as well as the	A 152		

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A 152	Continued From page 2 . , , . tubing on the floor. She stated, "This equipment should have been picked up last week, the resident is not using them anymore." She stated the facility does not have a policy on . , , . storage. Class III	A 152		