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
	AL11966307	A. BUILDING: _____ B. WING _____	06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUDSON MANOR	115 EAST DAVIS BLVD TAMPA, FL 33606

(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 (#2021005104) and generator monitoring survey was conducted at Hudson Manor Assisted Living Facility on . Deficient practice was 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 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	A 152		

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A 152	Continued From page 1 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 [illegible]. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure their walk-in freezers (located in the main kitchen) was maintained in a manner free from mold - like [illegible] growth on its outside doors. Findings included: On [illegible] at 10: 17 AM a tour of the main kitchen was conducted with the facility's Maintenance Director (DOM). During this tour the outside doors of both walk-in freezers revealed evidence of mold-like substance. (Photographic evidence obtained) An interview was conducted with the facility's DOM on [illegible] at 10;23 AM. During this interview the DOM confirmed the findings and stated, "I'm not going to lie it's definitely been a 180 since the new owners have bought this place but I think they are cutting corners and trying to save money on some things. I've been telling the Administration about the mold on the walk-in freezer for months now and they haven't done anything about it." An interview was conducted with the Administrator on [illegible] at 1:11 PM. During this interview the Administrator confirmed the concerns related to the walk-in freezers and stated," yes, our maintenance director has	A 152		

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A 152	Continued From page 2 brought this to our attention. I have been in the process of trying to source the doors. This is an old walk-in unit and we haven't been able to find a vendor who can replace the doors. I've called around and actually had a phone conversation about it with one of the vendors the other day. No , I don't have any estimates or invoices at this time." Class III	A 152		