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
	AL11965233	A. BUILDING: _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE COURT ALF, INC.	9709 NORTH NEBRASKA AVENUE TAMPA, FL 33612

(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 survey (#2021005942 and #2021008063) was conducted at Castle Court Assisted Living Facility on . Castle Court Assisted Living Facility had deficient practice 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 . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe and decent living environment for 68 of 68 residents that reside at the facility. Findings Included: On at 12:40 p.m. a tour of the facility was conducted with the facility Owner/Administrator and Staff A. The following areas noted below were observed at this time: 1.Resident rooms were semi-private and occupied with two (2) residents per room. 2. # : heavily stained and clogged sink and a broken cabinet hanging door. 3. # : floor and sink visibly stained and heavy soiled. 4. # : toilet stained and heavy stained tile, toilet paper holder broken off wall, air conditioner appeared to have a mold-like substance and heavily soiled, top vent cover missing, exposing silver lining. 5. . . #. : bathroom contained mildew and missing tiles. Floors were heavy stained. 6.Common and hallway areas were observed a wooden file and or dresser left sitting in hallway broken, doors hanging off it and bottom drawer missing. 7. Hallways and common areas were observed stained walls and tiles, corners and baseboards	A 152		

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A 152	Continued From page 2 extremely stained and most furniture visibly soiled throughout the facility (photographic evidence obtained). On at 12:49 p.m. during an interview with the Administrator, the Administrator, confirmed all areas are unclean and should not be in these conditions. No reason or explanations as to why these areas have been unkept and or cleaned was given. Class III	A 152		