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
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 (#2021009124) in conjunction with a generator monitoring survey was conducted at Weinberg Village Assisted Living Facility on . . . . Deficiencies were identified at the time of survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the Facility pre-dated medications and failed to administer medications as documented on the Medication Observation Records (MORs) for four (#1, #2, #3 and #4) of four sampled residents. Findings Included: A review of the Medication Passing Detail Report (MPDR) for Resident #1 conducted on revealed orders for medicament with orders to rinse with one ounce twice daily at 9am and 6pm after brushing and flossing. The 9am dose of the rinse on the MPDR was marked as given by Staff D on at 9:20am. In an observation conducted on the Memory Care Unit on at 12:30pm a clear medication cup of blue liquid was on a tray on the counter in the medication room and was labeled in marker with the first name of Resident #1. A review of the Medication Passing Detail Report (MPDR) for Resident #2 conducted on revealed orders for AmLactin 12% lotion to be applied to both arms twice daily at 9am and 7pm. The 9am dose of lotion was marked on the MPDR by Staff D on at 8:50am. In an observation conducted on the Memory Care Unit on at 12:30pm a clear medication cup of cream was on a tray on the counter in the medication room and was labeled in marker with the first name of Resident #2. A review of the Medication Passing Detail Report	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 054	Continued From page 2 (MPDR) for Resident #3 conducted on revealed orders for , 0.44-20.6% apply small amount , to peri area twice daily at 9 am and 8pm. The 9am dose was marked on the MPDR given by Staff D on at 8:18am. In an observation conducted on the Memory Care Unit on at 12:30pm a clear medication cup of cream was on a tray on the counter in the medication room and was labeled in marker with the first name of Resident #3. A review of the Medication Passing Detail Report (MPDR) for Resident #4 conducted on revealed orders for , 0.44-20.6% apply , to twice daily in am and pm. The am dose of the was marked on the MPDR was given by Staff D on at 8:36am. In an observation conducted on the Memory Care Unit on at 12:30pm a clear medication cup of cream was on a tray on the counter in the medication room and was labeled in marker with the first name of Resident #4. In an interview conducted with Staff C on at 12:35pm she said Staff D dispensed the medications in the morning when she did the medication pass and labeled the cups with the resident names so the resident aides and certified nursing assistants could administer them. She confirmed each medication cup and which resident it was for based on the name written on it. In an interview conducted on at 1:00pm with Staff D she confirmed she had left the for Resident #2,#3 and #4 and an	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 054	Continued From page 3 oral rinse for Resident #1 out for the resident care staff to administer. She also provided the , 2021 Medication Observation Records for the individual ordered medications for Resident #1, #2, #3 and #4. In an interview conducted with Staff A on at 1:47pm she stated they were aware that Staff D would dispense the , and oral rinse and leave them in the medication room for the untrained resident care staff to apply/administer them. Photographic evidence obtained. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 055	Continued From page 4 facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate,	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 055	Continued From page 5 or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to keep medications locked and secured at all times. Findings Included: During an observation conducted on the Memory Care Unit on . ..... at 12:30pm, revealed:	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 055	Continued From page 6 -Medication room door had the keys in the door -5 clear med cups containing . . . . . and one containing a blue liquid, on a tray on the counter in the medication room. -Three Residents were seated just outside of the medication room in the common area and no staff were present. -A large canister of Thick-It Powder for Resident #5 sitting on the counter in the open kitchen area by the unit dining/common area. In an interview conducted with Staff C on at 12:35pm she said she left the keys in the medication room door while she mopped the floor around the corner, since she would be returning the mop to the medication room. In an interview conducted with Staff D on at 1:00pm she said she was aware the keys were left in the medication room door for the resident care staff to access it. In an interview conducted with Staff A on . . . . . at 1:47pm she confirmed the keys should not be left in the medication room door and the Director of Nursing said she would address it. Photographic Evidence Obtained. Class III	A 055		
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	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 7 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 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, record review and interview the facility failed to maintain a facility free of hazards; failed to ensure that all existing architectural and structural systems were	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 8 maintained in good working order; and failed to provide a safe and decent living environment with regard to [illegible] control practices. Findings Included: A tour of the facility with representatives of the Department of Health was conducted between 11:30am to 12:30pm on [illegible] and revealed the following: First Floor: - No resident room numbers baseboards or handrails in a hallway . - No caution or warning signs regarding the construction in progress in the facility hallways and no evidence of workers present on the first floor. - Black heavy bio-growth type substance on the baseboards that goes up a and is also extending up the walls in stripes behind the door and on the left side wall(those that are visible) in the dry food pantry; Additionally the walls with bio-growth are touching the large containers of potatoes and sweet potatoes that have non-fitting lids laying loosely over the top, and black unidentified debris, dirt and black and white appearing bio-growth was on the floor at the of the cart containing the potatoes. The light switch for the storage room is discolored brown and covered in dirt, grime and a red jelly like substance. - Mealworms and a [illegible] cockroach in the small conference room off the facility foyer - Mealworms, mealworm beetles, black dirt, unidentified bio-growth, debris, leaves in the hallway that leads to the main kitchen and is the route for the facility food to be delivered from the main kitchen. - Two of the three washing machines are out of	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 9 order and marked as broken on the front in the laundry room. - Can of WD-40 on the windowsill just above the food prep area in the kitchen where onions were diced and sitting on the counter. - Two inches of dust accumulated on the wall fan blowing on the dishwasher and dishwashing area of the main kitchen. - Missing ceiling tiles and water-stained tiles in the foyer directly in front of the elevator - Many missing ceiling tiles in the hallway leading to the Memory Care Unit that exposes wires and some have wires hanging down from the ceiling. - Water stained light cover that covers the width of a resident room doorway and water stained tiles in the resident hallway - An unattended three tier dietary cart containing dirty dishes from 12:30-1:00pm by the door inside of the Memory Care Unit. - Uncovered and outdated foods in the Memory Care unit in the refrigerator and freezer and on top of the medication cart in a container being used for medication pass. - Uncovered medication plastic and paper cups, plastic drinking cups and spoons were uncovered on the medication cart - Two 16.9 ounce water bottles inside the ice holder of the ice dispenser, among the ice cubes in the refrigerator on the Memory Care Unit. - Boxes of opened and closed Ensure supplements on the floor in the medication room on the Memory Care Unit, next to a gallon jug of unidentified liquid labeled in marker with Resident #5's first name and last initial. - A resident's uncovered cup of pureed food on the kitchen counter next to an untied clear bag of garbage including disposed of gloves covered in food and garbage, as well as the television remote control and a staff member's Styrofoam	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 10 cup with straw, by the common area on the Memory Care Unit. - Staff soda in a Big Gulp container on the kitchen counter in the Memory Care Unit - Four slices of uncovered pie on the counter on the Memory Care Unit - The soiled linen cart parked halfway between the clean and soiled linen areas, and the clean linen being folded by staff without a mask, and clean linens having to pass through the dirty linen area to leave the laundry room. - A dirty mop and bucket containing dirty water in a very cluttered medication room, along with a hairbrush, eyeglasses, staff personal items, boxes of nutritional supplements, and a full shelf of activity supplies in the Memory Care Unit. Second Floor: - No resident room numbers or handrails in of a hallway. - Construction dust accumulated on the hallway fire doors and dust and debris on hallway floor - Multiple Resident room doors open on the second floor while construction workers were actively applying spackling to the walls in one of the hallways. - Cardboard pieces taped down on of the width of the hallway at the edges on each side a with tape lifting, sticking up and catching on shoes providing ambulation hazards. - A painting drop cloth extending out of one of the open rooms into the hallway that contained construction supplies, equipment, black garbage bags containing old carpeting and debris and a cockroach near the boxes of Clorox cleaning supplies on the floor of the bathroom. - A black bio-growth substance inside the ice machine on the left side and on and around the	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 11 water filter mechanism and hose on the right side, inside the unit in the food prep room by the upstairs dining room; additionally the thermostat on the wall to the food prep room read 81 degrees Fahrenheit with the door open and contained a tall metal food cart with 8 shelves containing uncovered macaroni salad and slices of pie. - The dietary prep storage room marked to keep closed was propped open with a door stop and inside was uncovered clean silverware in a tray on a dirty table with dirty table skirt containing brown drips, and the room had a full garbage can without a lid and another smaller garbage can with dirty towels in it. - A bug floating in a glass of orange juice where the dietary staff were pre-pouring drinks for lunch and leaving on the table with no covers on the glasses. - A blanket type cover on the top tier of the food cart in the dining room that contained coffee and hot water carafe's on top and an unlabeled spray bottle of sanitizer solution on the second tier of same cart next to the condiments. - The Emergency Equipment Room that was marked with "this room must be locked at all times "was unlocked and contained breakers, emergency equipment and access to the HVAC and an activity staff member was observed going into the room. In a review of the Department of Health report entitled Department of Health Control Assessment and Response Report dated revealed deficiencies that were also identified on the tour of the facility as follows: " Construction dust " Properly store cleaning and products in housekeeping carts	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 12 " Locked housekeeping carts to prevent from being taken-especially on memory care unit. " Black mold-like substance seen inside of the ice machine in 2nd floor prep kitchen area " Have staff follow all proper food safety protocols regarding dating food items. Items were seen without any dates on them while other items were seen way past the throughout date. " Do not store personal items in the kitchen refrigerator or freezer, personal food and drinks were seen stored next to resident food. " Medical items and food should not be stored on the floor and all items should be stored on a shelf at least 6 inches above the floor. " Reevaluate the design of the laundry room so that clean linen is not going through the dirty portion of the laundry room to exit. " Relocate resident items such as items for activities in the MC unit out of the nursing station/medicine room. " Cover cups on the medicine carts to prevent cross contamination " Do not store hydration pitchers on top of towels or paper towels. Store pitchers on a hard plastic tray that can be clean and sanitized. " A can of WD40 was also seen on a windowsill next to the industrial mixer in the kitchen " Verify that all doors that are supposed to be locked in the facility are locked. One of the rooms entering the HVAC system in the facility was left unlocked. " Repair all water damage throughout the facility such as the ceiling on the second floor of the building. " Deep clean and reorganize the kitchen area. A thick layer of dust was seen on the fan in the kitchen next to the dishwasher. " Several of the walls throughout the kitchen	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 13 were dirty and the walls of the dry storage area looked to be covered in a black mold-like substance. " Deep clean push carts located in the kitchen. " Establish a dedicated storage location for kitchen mop heads, floor mats, etc. when not in use. " Cover food items while in the refrigerator and freezer storage areas. In an interview conducted on . . . . . at 11:30am with Staff F she was unsure why there were no construction signs posted in the construction areas and confirmed there were residents their rooms with doors open during the construction on the first and second floors. In an interview conducted on at 11:32am with Staff H and Staff I they confirmed they pre-pour Resident drinks and leave them uncovered on the tables in the second floor dining room for the resident meals. They were unable to say why it was so warm in the food prep room or why the dietary storage prep room was propped open when it was marked to keep closed. Additionally, Staff I confirmed the unlabeled spray bottle on the food cart with the coffee and condiments was the sanitizer they used. In an interview conducted on at 11:40am Staff J was unable to say why the emergency equipment room she was leaving was unlocked but marked to keep locked at all times. In an interview conducted on at 11:52am with Staff B she stated that the kitchen had been cleaned but was not aware of anything done in the food pantry and did not know why the fan was not cleaned over the dishwashing area.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 14 She confirmed the WD-40 needed to be moved off of the window sill by the food prep, and confirmed the hallway that the food is transported through was the hallway that mealworm beetles, mealworms, debris, dirt and leaves were observed in. In an interview conducted on at 12:35pm with Staff C she confirmed that staff water bottles were placed by staff inside the ice in the ice dispenser in the freezer of the resident refrigerator, and that the unit refrigerator also contained uncovered and old food items for residents on the Memory Care Unit. Additionally, she confirmed the uncovered cup of pureed food next to the open garbage bag on the kitchen counter near the common area, was for a resident and she would be feeding her bites of that during the day as tolerated. She also said the plates of uncovered pie on the kitchen counter were from resident trays and were being saved to give to residents later for snack. In an interview conducted on at 1:00pm with Staff D she confirmed staff food and drink items were in the resident refrigerator on the Memory Care Unit and confirmed the Styrofoam container on the medication cart dated ..... was room temperature prunes pureed with applesauce used all week for the medication pass. She was not able to say why it was not refrigerated and was still on top of the medication cart 7 days later. She confirmed plates of uncovered pie were on the counter of the kitchen area on the unit to be given to any resident that wanted it later in the day. She said it did not matter whose tray the pie had initially been on at lunch. In an interview conducted on at	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963791	A. BUILDING: _____ B. WING _____	07/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG VILLAGE LLC	13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

(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 152	Continued From page 15 12:20pm Staff G confirmed only one working washing machine in the laundry for the entire facility. In an interview conducted with Staff A on 1:47pm she confirmed the policy is that once a week the resident care staff should purge the expired foods in the refrigerators. She also agreed staff should have re-covered the food on the second floor food cart. In a phone interview during the exit conference conducted on at 2:00pm with the Administrator and Staff A, findings discussed were not disputed. Photographic Evidence Obtained. Class III	A 152		