

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967240</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/18/2021</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORIA'S ASSISTED LIVING FACILITY II**

**613 FOREST HILLS  
BRANDON, FL 33510**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 000                    | Initial Comments<br><br>A complaint survey complaint (#2021011350 )<br>was done in conjunction with a revisit to<br>complaint survey (#2021005975) at<br>Toria's Assisted Living Facility II on .....<br>Toria's Assisted Living Facility II had deficient<br>practice identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 000               |                                                                                                                          |                          |
| A 152<br>SS=D            | 59A-36.014(3) FAC Physical Plant - Safe Living<br>Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to<br>section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural,<br>mechanical, electrical and structural systems,<br>and appurtenances are maintained in good<br>working order.<br>(b) Pursuant to section 429.27, F.S., residents<br>must be given the option of using their own<br>belongings as space permits. When the facility<br>supplies the furnishings, each resident bedroom<br>or sleeping area must have at least the following<br>furnishings:<br>1. A clean, comfortable bed with a mattress no<br>less than 36 inches wide and 72 inches long, with<br>the top surface of the mattress at a comfortable<br>to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging<br>clothes,<br>3. A dresser, ..... or other furniture designed for<br>storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor<br>lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate<br>keys to resident bedrooms to be used in the<br>event of an emergency. | A 152               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY II</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>613 FOREST HILLS<br/>BRANDON, FL 33510</b>                                   |                          |                                                        |
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| A 152                                                                          | <p>Continued From page 1</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(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</p> <p>This Statute or Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to maintain a safe living environment, free of hazards temperatures for 2 (Resident #2 and #5) out of 7 residents who resides at the facility.</p> <p>Findings included:</p> <p>On at 09:42 a.m. during a tour of the facility with Staff A, Staff A toured Resident #2 and Resident #5's rooms with surveyor at this time. Staff A confirmed both air-conditions vents were closed in Resident #2 and Resident #5's rooms. Staff A stated, "Yea, it's warm in these rooms, I tried to get Resident #5 to open her air condition vent!"</p> <p>On at 9:50 a.m. Resident #2 toured her room with surveyor and stated, "Hey make sure you look in my room, it's always hot in my room." Resident #2 accompanied surveyor to her room at this time. Resident #2's room temperature was taken with a handheld thermometer. Resident #2 room temperatures reached 78.5 degrees. Resident #2 then accompanied surveyor to Resident #5's room and rooms temperature were taken. Resident #5 rooms temperatures reached 79.0 degrees at this time. No air could be detected coming from</p> | A 152                                                                          |                                                                                                                          |                          |                                                        |

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|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 152                    | <p>Continued From page 2</p> <p>Resident #2 or Resident #5 air-conditioning vents.</p> <p>On _____ at 1:07 p.m. during an interview with the Maintenance Personnel, the Maintenance Personnel stated, he is the air conditioning technician for the facility. On _____ he came to service the air conditioning unit at the facility. On _____ he notified the Administrator that the facility air conditioning flint was broken and needed to be replaced.</p> <p>On _____ at 1:12 p.m. during an interview with Resident #2, Resident #2 stated she has lived at the facility since _____ and her room has always felt extremely warm. Resident #2 stated, she has told the Administrator on several occasion that the room was warm, but not much has been done about it. Resident #2 stated, she purchased a third _____ fan to try to stay cool but doesn't help much at all. She stated, the Administrator told her its warm in her room because her room was an addition to the home. At this time, Resident #2 was observed with sweat trickling from _____ and under armpit area.</p> <p>On _____ at 2:00 p.m. during an interview with the facility's Administrator, the Administrator confirmed, she was aware that there were warm temperatures in both Residents #2 and #5 bedrooms. The Administrator stated, she did not think to come check to see if the rooms were cooled after being serviced on _____ by _____ maintenance.</p> <p>A record review of the Florida's Forecast Weather.gov Website on _____ at 2:06 p.m. revealed a heat index of 106 °F in the area of the facility at this time.</p> | A 152               |                                                                                                                          |                          |

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| A 152                                                                          | Continued From page 3<br><br>Class III                                                                                       | A 152                                                                                  |                                                                                                                          |                                                        |