

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910711	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/13/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MIDTOWN MANOR ASSISTED LIVING

**2001 POLK STREET
HOLLYWOOD, FL 33020**

(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 revisit to the Change of Ownership survey was conducted on ... at Midtown Manor Assisted Living. The facility had an uncorrected deficiency related to the Change of Ownership at the time of the survey.	{A 000}		
{A 152}	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 height 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	{A 152}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER MIDTOWN MANOR ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 POLK STREET HOLLYWOOD, FL 33020		
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{A 152}	Continued From page 1 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 provide a safe living environment, which was free of hazards, by not ensuring that its 2 elevators were adequately maintained and in good working order. The findings included: In an interview with the Administrator on at 3:25 PM, he stated that he did not have any documentation to provide that the facility's 2 elevators received a current inspection to verify that they were properly maintained and in good working order. He stated that the facility was presently in contract with an independent elevator contractor, but no substantial work has been done to certify them with the county elevator inspection program. In an observation on at 4:15 PM in the facility's 3-level building located on the east side of the property, the elevator (BCID# 17043) had an expired certificate of operation, which documented that it expired on and it was last inspected on In an observation on at 4:20 PM in the facility's 3-level building located on the west side of the property, the elevator (BCID# 44148) had	{A 152}			

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{A 152}	Continued From page 2 an expired certificate of operation, which documented that it expired on _____ and it was last inspected on Class III Uncorrected	{A 152}		