

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ISLANDS ALF (THE)

**901 NORTH HIAWASSEE ROAD
ORLANDO, FL 32818**

(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 investigation #2021011834 was conducted at The Islands Assisted Living Facility on . The facility had a deficiency 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		

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 ISLANDS ALF (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH HIAWASSEE ROAD ORLANDO, FL 32818		
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A 152	Continued From page 1 commodities 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 observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide a safe living environment for the residents of the facility. Findings: On at 9:30 AM observations of the outside backyard of the facility, revealed there were several chairs with black speckled substance on the arms of the chairs, there were some chairs that were stained, there were two brown chairs on the left side of the facility that were on a ledge that were covered with dust and a yellow substance, there was a broken dresser that was wet observed in the yard, on the left side of the backyard down the walkway was a propane tank and old storage bins, in the fenced in area of the facility in the side of the facility, there were a large amount of garbage bags, storage bins and a grocery cart, on the right side of the yard across from the shed where the generator was stored were red gas cans stored against the wall along with other items underneath the gas cans. Residents were observed sitting outside in the chairs and walking around. Observation of the administrator's office revealed black and brown ceiling stains around the air conditioner vents that was next to the ceiling fan. Next to room A2 there was black speckled	A 152		

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A 152	Continued From page 2 substance around the ceiling air conditioner vent next to the room, in the bathroom across from room A2, the outside of the wall around shower had a missing piece of tile. On at 11 AM, the administrator said confirmed the findings. He said he had to make an for waste management to pick up the items. Class III	A 152		