

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963819	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/13/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODLANDS VILLAGE

**1055 301 BLVD EAST
BRADENTON, FL 34203**

(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 (complaint numbers 2021014541 and 2021016576) in conjunction with a generator monitoring survey was conducted at Woodlands Village on Deficiencies were identified at the time of 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 WOODLANDS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 301 BLVD EAST BRADENTON, FL 34203		
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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, record review and interview the facility failed to ensure that all existing structural systems are maintained in good working order. Findings Included: During record review of the maintenance log conducted on revealed that work order #9250 and #9251 which for submitted on for Resident #8 were marked as completed. #9250: Bathroom sink stopper is stuck in closed position #9251: Closet door is off track (Photographic Evidence Obtained) During an observation of Resident #8 room on at 12:14pm revealed the sink stopper was still stuck on the closed position, with water standing in it and the closet door was off the hinge leaning against the wall (Photographic Evidence Obtained) During an interview conducted on at 10:03am with Resident #1 she stated there is someone on staff to fix things, but you have to wait and wait and wait. It is not done in a day or two. You get in a habit as a resident to expect to it to take a while. There have been times when I was told my work order has been completed but	A 152		

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A 152	Continued From page 2 when I go to check it's still not working (light bulb, toilet, ext.). During an interview conducted on at 1:21pm with the Maintenance Director he stated a work order is usually completed within 48-hours. Class III	A 152			