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
	AL11911449	A. BUILDING: _____ B. WING _____	06/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA OF HALLANDALE BEACH	3535 SW 52ND AVENUE PEMBROKE PARK, FL 33023

(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 Complaint (#2022008215) and Wellness Monitoring survey was conducted on at Plaza of Hallandale Beach. The facility had a deficiency related to the Complaint 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 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		

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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 observations and interviews, it was determined that a clean, safe, and homelike environment was not maintained by the facility. The findings included: On at 12:05 PM, during a tour of the facility, the following issues were observed: a) The wallpaper on the wall of second floor hallway was peeling throughout. b) The doorknob was missing from the door of . . . . . . c) There were no lights in . d) The fire alarm attached on the ceiling of . . was broken. e) The doorknob of . . . . . was missing. f) There was a hole on the entrance wall of . . g) The storage room by the nursing station next to the exit door of the second floor Memory Care Unit was unlocked. Observed was a housekeeping cart containing hazardous materials, and chemicals like neutralizer; 946 ml bottle of Greenex Gel bathroom; an unlabeled bottle of a yellow cleaning agent; a 12 oz bottle of Windex; a bottle of Sapphire cleaning chemical; and a bottle of Broadwalk furniture polish agent. h) The air conditioner ceiling vents on the second floor hallway were filmed with a dust material. Many ceiling tiles were heavily soaked with rain water and had not been replaced during the	A 152		

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A 152	Continued From page 2 ongoing repair of the facility's roof. During an interview conducted with the Administrator and the Maintenance Director on at 2:30 PM, they acknowledged the findings and indicated these issues would be immediately corrected. Class III	A 152		