

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/29/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRENTWOOD RETIREMENT COMMUNITY

**1900 WEST ALPHA COURT
LECANTO, FL 34461**

(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 re-licensure survey with Emergency Power Plan and Extended Congregate Care monitoring, in conjunction with a COVID-19 focused control survey, was conducted at Brentwood Retirement Community on through Deficiencies were identified 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	A 152		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 152	Continued From page 1 keys to resident bedrooms to be used in the 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, interview and record review, the facility failed to ensure that all existing architectural, electrical, and structural systems and appurtenances are maintained in good working order for one building ("Lodge") out of five buildings observed which contained residential dining areas. Findings: During a tour of the "Lodge" building conducted on _____ at 10:00 AM, the ceiling over the common area, which includes the dining area, was observed with plaster peeling in several areas. The hallway carpet outside of the laundry area near resident rooms was observed to be wet. The recessed light fixture outside the door leading to the resident smoking area was observed to be covered in spider webs and not lit. (Photographic evidence obtained.) During a second tour of the "Lodge" building conducted on _____ at 7:00 AM, the light outside the door leading to the resident smoking area was observed to be not operable. The lights in the adjacent screened smoking area were on and working.	A 152		

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NAME OF PROVIDER OR SUPPLIER BRENTWOOD RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 WEST ALPHA COURT LECANTO, FL 34461		
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A 152	Continued From page 2 During a third tour of the "Lodge" building conducted on _____ at 10:00 AM with the facility's Director of Maintenance and the Corporate VP, the ceiling plaster was observed to be peeling in the "Lodge" dining area, the carpet was wet outside the "Lodge's" laundry room and the recessed light outside the "Lodge" door to the residents' smoking area had spider webs in it and was not lit. During an interview conducted on _____ at approximately 10:00 AM, the facility's Director of Maintenance confirmed the plaster on the ceiling above the residents' common area was peeling, the light was not functioning outside the door to the smoking area and that the carpet was wet outside the laundry area with all referenced areas being in the "Lodge" building. Review of facility policy titled, "Maintenance," dated _____, revealed it read, "The Director of Environmental Services will perform daily rounds of the building to ensure the plant is free of hazards and in proper physical condition ...All items needing maintenance will be reported to maintenance using the Maintenance Repair Request form." Review of facility policy titled, "Maintenance Plan," dated _____, revealed it read, "The company will hire staff or contract for services to ensure the continued maintenance of the Residence. The building and grounds will be maintained in a clean, orderly condition and in good repair either by staff or a _____ landscaper ... The maintenance staff will review the log and make the appropriate repairs which may include: painting, repairing cracks in walls and ceilings, inspection of plumbing fixtures ..."	A 152			

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A 152	Continued From page 3 Class III	A 152		