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
	AL11965739	A. BUILDING: _____ B. WING _____	09/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

(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 survey for complaint #2022012551 was conducted on [redacted] at The Heron Club at Prestancia, an assisted living facility in Sarasota, Florida. Complaint #2022012554 was substantiated at A0152 The following is a description of the deficiency.	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 [redacted] 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.	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 (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 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 [illegible]. This Statute or Rule is not met as evidenced by: Based on observations and staff interview made during tour of the facility it was determined that the facility failed to maintain a clean, safe, sanitary environment. This poses potential for negative outcomes to the clients. The findings included: During the tour of the facility on at 11:05 a.m., the following was observed by a Life Safety Surveyor, Administrator and Regional Director of Operation during the tour. : 1. with grime and debris on ceiling vent 2. wall cracked, with a hole, and broken wall around vent in ceiling 3. with grime and debris on ceiling 4. 2nd floor storage room with peeling paint on wall, black growth on wall, base board and wall stained with grime and debris. 4. kitchen 3 compartment sinks with hole present underneath in wall, ceiling tile on the floor with water damage stain, open area in kitchen ceiling over 3 compartment sink, ceiling tile with evidence of water damage in ceiling, sink in kitchen heavily rusted with corrosion behind faucet, hinges on the interior of the entrance door to the kitchen was stained brown, soiled with	A 152		

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A 152	Continued From page 2 grime, with base of wall with accumulation of black debris, kitchen wall in hallway behind 3 compartment sinks soiled with grime and debris, cracked and peeling 5. Exterior wall of electrical room with peeling paint and heavily rusted. 6. Carpet at entrance of 3 floor when exiting the elevator heavily stained and soiled. 7. 2nd floor memory care nurse station office exterior wall with black bio growth on wall 8. 2nd floor nurse station with black bio growth on ceiling tile. 9. black bio growth and wet ceiling tile outside of . . . . . with no kitchen sink. Resident #3 states she has not had a sink since moving into the facility 3 weeks prior, and at times there is an odor coming from the area where the sink should be. On . . . at 2:00 p.m., the Administrator confirmed the environmental findings in the facility. Class III **Photographic Evidence Obtained**	A 152		