

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/23/2022
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NAME OF PROVIDER OR SUPPLIER HERON HOUSE OF LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 EAST BAY DRIVE LARGO, FL 33771
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(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 third revisit to a Complaint investigation (# 2022006976 and # 2022007450) was conducted at Heron House of Largo on Deficiencies were identified at the time of the visit.	{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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{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 observation and interviews, the facility failed to provide a safe and clean environment for all residents. Findings Included: In an observation during a tour of the facility conducted on from 9:30am-10:00am revealed the following: First and second floor resident hallways had dark, soiled and stained carpeting with black oil type track marks, brown stains, bleach spots, and white spilled liquid. Missing baseboards and uneven cement thresholds where flooring from the hallway stopped, going into resident rooms and common areas in the memory care unit. An exposed wire from the automatic locked memory care unit door loose on the floor laying along the missing baseboard inside the memory care unit door, and a resident in her wheelchair next to it. Upstairs Bistro area had a missing baseboard, a strip of flooring missing, and a pipe in the wall that was filled with a rolled-up tissue. A mattress leaned against the wall in a second-floor hallway A missing air conditioner cover in Resident #8's room along with a nightstand covered with 17 white Styrofoam cups, two empty peanut butter containers, 9 clear cups, three blue coffee cups,	{A 152}			

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{A 152}	Continued From page 2 a plastic spoon inside a cup, a silver spoon, and used condiment paper wrappers. Three water-stained ceiling tiles and brown stained carpeting near the bed in Resident #1's downstairs room. Stained and soiled carpeting in Resident #16's room in front of the small refrigerator and kitchenette counter, brown and dark stains on the carpeting next to the bed and on the floor next to the black mini refrigerator, four dried water stained ceiling tiles in the closet, a large wet water spot on a ceiling tile in the closet, resident clothes from the closet piled on top of the dresser, and debris and crumbs on the carpeting. Dark brownish black stain on the floor next to blue storage bins and near the doorway on the carpeting in Resident #3's room. Dark stained carpeting in Resident #14's room extending from the doorway to hallway. In an interview conducted with Resident #2 on at 10:17am he stated "they never clean the carpet and I have tiles on the ceiling with water damage." In an interview conducted with Resident #3 on at 11:00am she stated "the carpet is dirty in here. They moved me into a dirty room when I came ... from the hospital." In an interview conducted with Resident #16 she stated there had been [biogrowth] in the ceiling tile in her closet until it was replaced, but now it is wet with water again. She said they had her move all of her clothing out of her closet due to the leak. In an interview with the Administrator conducted on at 9:54am she stated she would have to ask corporate about the carpeting as she	{A 152}			

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{A 152}	Continued From page 3 had not heard anything since the last survey. She stated the incomplete memory care unit floors were "on the Maintenance Director". She stated she had made it clear to him after the last survey, but he had not completed them yet. She stated the air conditioner was not repaired and she asked corporate for portable air conditioners a week ago, but they had not yet been received. At 12:40pm she stated "when we came ... from hurricane I had him (maintenance director) start keeping a record of the carpets and did start cleaning the carpets. I am aware some resident carpets need to be cleaned." Photo evidence obtained. Class III	{A 152}			