

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/10/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MAGNOLIA GARDENS

**3800 62ND AVENUE NORTH
PINELLAS PARK, FL 33781**

(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 investigation (#2023003347 and #2023003846) was conducted at Magnolia Gardens on . 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 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	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 MAGNOLIA GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 62ND AVENUE NORTH PINELLAS PARK, FL 33781		
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A 152	Continued From page 1 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 provide a safe and decent living environment for all residents by failing to ensure all existing mechanical systems and appurtenances were maintained in good working order. Findings Included: In an interview with the Administrator conducted on at 9:30am she stated the air conditioner was down in the activity room. She stated there was still a part missing for the installation of the new air conditioner unit and no other areas were affected. In a tour of the facility conducted on from 9:20am until 12:50pm there were two spot chillers and a tall fan blowing on each side of the activity room, and spot coolers and fans blowing in the main dining room. In an interview conducted on at 10:07am with Resident #1 they stated it got very warm in the dining room and that the air was not working in there. In an interview conducted on at 10:12am with Resident #2 they stated it was very warm and over 81 degrees in the dining room but there was no other place to eat unless they	A 152			

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A 152	Continued From page 2 wanted to eat in their rooms but they did not think everyone was aware of that. Additionally, they stated if they ate in their rooms, they would lose out on time to socialize with friends. In an interview conducted on _____ at 10:30am with Resident #3 they stated they felt the heat most in the recreation room. They also stated they preferred warmth over cool but that it was obviously hot, even to them. In an interview conducted on _____ at 10:33am with Resident #4 they stated the air had been out for three months since and affected the dining room and activity room, and that the coolers affected the coffee machine because they kept blowing the circuit. Additionally, they stated they could not eat in the dining room because they could not breathe in there and had _____. In an interview conducted on _____ at 10:40am with Resident #5 they stated the portable units blew _____ air but it did not reduce the temperature enough in the dining room and activity room, and it was getting hotter. In an interview conducted on _____ at 11:18 am with the Maintenance Director he stated they were waiting on the control board that was equipment specific for the air conditioning unit and had been reaching out weekly for updates, but were hearing there were no updates. Additionally, he stated they got spot coolers three weeks prior to help with the temperature and humidity. In an observation conducted on _____ at 12:47pm in the activity room the temperature reading on the wall thermostat was 80 degrees	A 152		

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A 152	Continued From page 3 and was confirmed with _____ hygrometer. The spot chillers and fans were on. Photographic Evidence Obtained. Class III	A 152		