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
	AL11967339	A. BUILDING: _____ B. WING _____	C 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODS	1889 CURLEW ROAD PALM HARBOR, FL 34683

(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 survey (complaint #2023001068), in conjunction with a generator monitoring survey was conducted at Woods on . Deficiencies were identified at the time of 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	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 observation and interview facility failed to provide equipment/building repairs as needed for 5 of 10 resident rooms observed (# , . . , 17 and 20). Findings Include: An observation of Resident # on at 10:06am revealed the ceiling had a large, discolored yellow and brown stain on the ceiling of her room above her bed. An observation of Resident # on . . . . . at 10:08am revealed the ceiling had a large, discolored yellow and brown stain on the ceiling. An observation of Resident # on at 10:24am revealed the ceiling had a large, discolored yellow and brown stain on the ceiling. An observation of empty Resident # on . . . . . at 11:00am revealed the ceiling had a large, discolored yellow and brown stain on the ceiling. An observation of empty Resident . . # on at 12:23pm revealed the ceiling had a large, discolored yellow and brown stain on the ceiling.	A 152		

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A 152	Continued From page 2 In an interview with the Owner conducted on at 12:27pm, the Owner acknowledged that stains were present on the ceilings of Resident # , , , 17 and 20 . Photo evidence obtained. Class III	A 152		