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
	AL11966607	A. BUILDING: ______ B. WING ______	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	**2050 EAST BAY DRIVE** **LARGO, FL 33771**

(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 (complaint numbers 2023007048, 2023005533 and 2023008197) in conjunction with a generator monitoring survey was conducted at Heron House of Largo on [illegible] 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 [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] 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.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966607	A. BUILDING: _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 152	Continued From page 1 (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 provide a safe living environment that was free of hazards, by ensuring all air conditioning systems were maintained in good working order for all residents. Additionally, the facility failed to provide a clean and decent living area with clean carpeting for one (Resident #1) of one sampled resident. Findings Included: In an interview with the Maintenance Director conducted on at 9:10am he reported that an air conditioning company had come on to fix the dining room air conditioner but it had stopped working, so he came out and got it working again. Additionally, he stated "we have collected repair quotes for over a year now." In an interview with Resident #2 at 9:49am they reported that the past day or two there had been an air conditioning issue and it got really hot in the whole facility. In an interview with Staff A conducted on at 9:58am they reported the heat had been terrible within the facility in the afternoons and it had been going on for a week or more.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966607	A. BUILDING: _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 152	Continued From page 2 Staff A stated that ..... was the hottest day, but there was a slight improvement with the main dining room air conditioner being fixed on . In an interview with an outside agency representative conducted on ..... at 10:07am they reported it had been warm for the past week in the elevator and hallways, and that they often worked with residents in the hallways due to space needed. In an interview with Staff D conducted on at 10:14am they reported it had been hot in the facility for the past two weeks and that it would come and go, but the resident rooms were okay. In an interview with Staff B conducted on at 10:17am they reported that the air conditioning had not been working for a while and that it would get extra hot in the afternoons when the sun was beaming into the facility. In an interview with Resident #1 conducted on at 10:31am they stated it was extremely hot in the dining room and that the facility had served the residents in their rooms on ..... because the air conditioner was not working, and they had not been to the dining room since then. In an observation of the facility conducted on ..... between 10:12am and 12:23pm: *The 250 hallway was 80.0 degrees Fahrenheit via hygrometer at 10:12am *The Memory Care hallway was 80 degrees Fahrenheit via hygrometer at 10:23am	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966607	A. BUILDING: _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 152	Continued From page 3 *The 2nd floor terrace/balcony hallway was 81.8 degrees Fahrenheit via hygrometer at 10:27am. *The 205 hallway was 82.0 degrees Fahrenheit via hygrometer at 10:28am *The 205 hallway was 80.7 degrees Fahrenheit via hygrometer at 10:44am *The 250 hallway was 80.6 degrees Fahrenheit via hygrometer at 10:45am *The 2nd floor 219 hallway temperature was 79.5 degrees Fahrenheit via hygrometer at 12:16pm *The 2nd floor 201 hallway was 79.8 degrees Fahrenheit via hygrometer at 12:17pm *The elevator was 80.4 degrees Fahrenheit via hygrometer at 10:48am and 12:21pm *The first floor common area was 81.3 degrees Fahrenheit via hygrometer at 12:23pm. In an interview with Resident #4 conducted on at 12:16pm they reported it had been dreadfully hot in the facility for the last couple of years, but was fine when they moved in four years ago. In an interview with Resident #3 conducted on at 12:20pm they reported the facility had been hot and that they ate in their rooms for lunch on because of it. In an observation conducted on at 12:25pm there was an activity in progress with Staff E and multiple residents. Both sets of doors to the activity room were closed and the temperature was 81.3 degrees inside the room. Resident #4 was fanning himself with a bingo card. In an interview with Staff E conducted on at 12:25pm they stated that it would get warmest in the late afternoons so they would	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966607	A. BUILDING: _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 152	Continued From page 4 open the doors to the activity room, or even the doors to the outdoor patio during activities. In an interview with Resident #5 conducted on . . . . . at 12:30pm they reported the chapel was very hot and that was where resident meetings were conducted. Additionally, they stated both the first and second floor hallways were hot and it had been like that for over a month. In a record review of the facility Grievance log conducted on . . . . . there was an entry dated that read "why do we have to sit in there with no AC? It's so hot we sweat and some people like them will pass out. Fix it ASAP." During an interview with the Administrator conducted on . . . . . at 11:20am she reported she was aware of the air conditioner issues and that they had someone fix the dining room air conditioner but were waiting for a response from the air conditioner company about fixing the other two facility air conditioners located on the roof that ran the hallways, common areas, some offices and the memory care hallway and common area. She stated "he was here on Tuesday ( ) and we sent everything over to him on Wednesday (. . . . .) but we have no estimated date it will be fixed. I will have to check with him." In an observation with Resident #1 conducted on . . . . . at 10:31am there was filthy black and brown stained carpeting throughout his room, in the doorway, in the kitchenette area, and in front of and around the bed and recliner chair. In an interview with the Administrator conducted	A 152		

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
	AL11966607	A. BUILDING: _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 152	Continued From page 5 on . . . . . at 11:12am she said she would make sure the filthy carpet was cleaned in Resident #1's room. Photographic Evidence Obtained Class III	A 152		