

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/14/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OAK MANOR

**3600 OAK MANOR LANE
LARGO, FL 33774**

(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 (Complaint Number: 2023007137) in conjunction with a generator monitoring survey was conducted at Oak Manor Senior Living Assisted Living Facility 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.	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 OAK MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3600 OAK MANOR LANE LARGO, FL 33774		
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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 observations, record review, and interview, the facility failed to maintain a safe living environment free from hazards including biological growth. Findings included: During a tour of the Pines building conducted on _____ at 9:47AM, it was observed that the Pines building's community room was unlocked. The inside of the community room was observed to have the ceiling panels removed and biological growth that appeared black and brown in color growing on the exposed ceiling. The walls and inside of the doors also had biological growth that was black and brown in color on them. The community room flooring was also removed exposing the concrete underneath. Four trash cans were seen in the center of the room. During an interview with Resident #1 conducted on _____ at 9:42AM, Resident #1 revealed that the Pines Community room was closed and leaks. They stated that the residents in the Pines building have not had a common room available for use. The resident went on to say that they were unsure if the brown growth was mold, but that they believed mold was likely growing in that room.	A 152			

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A 152	Continued From page 2 During an interview with the Administrator conducted on _____ at 10:20AM, the Administrator confirmed that there was a biological growth in the community room and stated that the maintenance director could provide additional information. During an interview with the Maintenance Director conducted on _____ at 10:30AM, the Maintenance Director stated that they were aware of the growth on the walls and confirmed that it had been in that state for at least four months. He went on to state that the door to the community room has to remain unlocked as it is a fire exit. Photographic Evidence Obtained Class III	A 152		