

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968783	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/02/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARBOR TERRACE AT CITRUS PARK

**13810 SHELDON RD
TAMPA, FL 33626**

(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 re-licensure with extended congregate care (ECC) and generator survey was conducted at the Arbor Terrace at Citrus Park on 11/2/23. Deficiencies were identified at the time of survey.	A 000		
AE205 SS=D	59A-36.021(5); 429.07(3)(b) ECC - Health Assessment 59A-36.021 (5) HEALTH ASSESSMENT. Before receiving extended congregate care services, all persons, including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care practitioner pursuant to rule 59A-36.006, F.A.C. A health assessment conducted no more than 60 days before receiving extended congregate care services meets this requirement. Once receiving services, a new health assessment must be obtained at least annually. 429.07 (3)(b), FS 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(5) and the facility must develop a preliminary service plan for the individual. 7. If a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must make arrangements for relocating the person in accordance with s. 429.28(1)(k). This Statute or Rule is not met as evidenced by:	AE205		

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 ARBOR TERRACE AT CITRUS PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 13810 SHELDON RD TAMPA, FL 33626		
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AE205	Continued From page 1 Based on record review and interview, the facility failed to obtain new to health assessments on an annual basis, for 3 (Residents #1, #2 and #5) of 11 residents who were receiving extended congregate care (ECC) services. Findings Included: A review of Resident #1's record on revealed the latest 1823 health assessment was dated . The record showed that Resident #1 was receiving ECC services. A review of Resident #2's record on revealed the latest 1823 health assessment was dated . The record showed that Resident #2 was receiving ECC services. A review of Resident #5's record on revealed the latest 1823 health assessment was dated . The record showed that Resident #5 was receiving ECC services. An interview conducted with the Resident Services Director at 2:00pm on . In the interview she stated that she was not aware that it was a requirement for residents receiving ECC services to have an annually updated 1823 health assessment. Photographic evidence obtained. Class III	AE205			