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
	AL11969717	A. BUILDING: _____ B. WING _____	C 04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEACOAST AT UPTOWN OAKS	12250 N 22ND STREET TAMPA, FL 33612

(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 biennial re-licensure survey in conjunction with a generator monitoring visit was conducted at SeaCoast at Uptown Oaks on . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of ... or ... , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making ... for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the Facility failed to maintain an awareness of the general health, and physical well-being of the resident by failing to maintain a written record of the resident condition that resulted in the provision of additional services for one (Resident #14) of two sampled residents. Findings Included: In a record review for Resident #14 conducted on there were notes from the physician dated that listed a diagnosis of lymphedema of both lower extremities and	A 025		

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A 025	Continued From page 2 . . . . . The Agency for Healthcare Resident Assessment Form 1823 (1823) dated . . . . . revealed a diagnosis of insufficiency with , and care was listed. There were no notes on . . . care found in the chart. In an interview with the Resident Care Coordinator conducted on . . . . . at 1:35pm she was unable to provide paperwork or answer surveyor questions on the type or status of and treatments provided for Resident #14. She said it was because the resident went out for treatment rather than having a provider come in to treat her. She said she would call to get paperwork and maintain records going forward. Class III	A 025		
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	A 152		

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A 152	Continued From page 3 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. (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 [illegible] This Statute or Rule is not met as evidenced by: Based on observation and interview the Facility failed to provide a safe living environment that was free of hazards, by ensuring all air conditioning systems, which included the kitchen and main dining room were maintained in good working order for all residents; and based on observation and interview the Facility failed to ensure all existing architectural areas were maintained for one (Resident #1) of one resident sampled; and based on observation, interview and record review the Facility failed to provide a safe living environment that was free of hazards by ensuring all mechanical systems and appurtenances were maintained in good working order for all residents.	A 152		

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A 152	Continued From page 4 Findings Included: In an observation conducted on from 9:30am through 2:00pm one of the facility elevators was out of service and had a sign posted. In an observation in Resident #1's room conducted on at 9:30am there was a long crack in the ceiling above the resident bed that was approximately 5 in length and extended from above the window across the ceiling toward the doorway. There was an old stain from water between the edge of the window and the ceiling. Additionally, there were two oblong circular areas along the ceiling crack that were missing portions of the ceiling and exposed the layer underneath. In an interview with Resident #1 conducted on at 9:30am he said that the ceiling crack and damage had been that way for a couple of years since he had moved in. In an interview with Resident #3 conducted on at 10:03am they said they had a portable air conditioner and a fan in their room. In an interview with Resident #15 conducted on at 11:09am they said the elevator had been out for three weeks and they were told a part was on order. They said the one working elevator caused a slowdown for those going up and down within the facility, especially at lunchtime. Additionally, they said the facility had been having issues with the air conditioning for three months, and a resident had been moved to a different room, while two others received portable air conditioners. Furthermore, they said	A 152		

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A 152	Continued From page 5 one of the residents would still come to her room to cool off. In an interview with Resident #16 conducted on at 11:46am they said the facility was "dragging their " on repairs in the facility. They said the elevator had been out for longer than three weeks. Additionally, they said things in the facility were not being done or were delayed or ignored to be more "cost-effective." They felt the facility would find a cheap way to get out of or prolong needed repairs. In an interview with the Chief Operating Officer conducted on at 10:47am he said some residents had portable air conditioners and that their backup maintenance staff was working on the air conditioner, at 11:39am he said the elevator had been out for two weeks and that the ordered part was taking a long time. Additionally, he said they would fix the ceiling in Resident #1's room. In a record review conducted on of a document emailed to the facility entitled "Repair Work Order" from an elevator corporation revealed a date of for a push button repair quote totaling $1598.00. The elevator corporation wrote in a follow up email dated at 10:42am "we'll need to order the material, so it might not be until later this week or next unfortunately. Can you sign and return the proposal?" The proposal was signed and returned by email from the Facility Corporate Operations Manager on . (Photo evidence obtained.) In an interview with Resident #21 conducted on at 11:29am they said the elevator	A 152		

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A 152	Continued From page 6 being out caused delays and that they had not heard any updates on it. In an interview with Resident #20 conducted on [redacted] at 11:32am they said the elevator was still not working and had been out for a month. In an interview with Resident #17 conducted on [redacted] at 12:13pm they said it was hot in the dining room and that the elevator had been out for at least three weeks. In an interview with Resident #18 conducted on [redacted] at 12:14pm they said something had happened to the air conditioner about three weeks before, and it had been warm in the dining room. They said the elevator was out for three weeks and it was taking longer to go up and down to their room due to delays. In an interview with Resident #19 conducted on [redacted] at 12:14pm they said it was warm in the dining room and had been hot in there for a few weeks. In an interview with Resident #5 conducted on [redacted] at 12:15pm they said it was very warm in the dining room. In an observation of the main dining room conducted on [redacted] at 12:22pm the kitchen felt very warm. The temperature read 84.3 degrees Fahrenheit per hygrometer. The main dining room filled with residents at lunch felt warm, and the temperature read 82.5 degrees Fahrenheit per hygrometer. In an interview with Staff E conducted on [redacted] at 12:22pm they said that it was hot in the kitchen and the air conditioner had been out	A 152		

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A 152	Continued From page 7 in the kitchen for months. In an interview with Resident #22 conducted on at 1:00pm they said they had a portable air conditioner in her room. In an interview with the Kitchen Manager conducted on at 12:24pm he said he was aware it was warm in the kitchen two weeks prior, but that the air conditioner was fixed a month ago, and that a week ago it was not working right, and he was told a part had been ordered. Additionally, when asked how he would maintain food temperatures he said they would use ice baths for the egg salad and not serve those dishes on the line where it was warmer. He was not aware the dining room was warm, but said he assumed if it was, that the whole air conditioner unit just went. In a record review conducted on . . . . . there was a document entitled "price quotation" from a facility supply company dated . . . . . for a water source heat pump for a total of $78,644.73. In an attempted record review of the payment for the repair, no payment copy was provided. In an interview with the Administrator conducted on at 12:39pm she said she would open the second-floor dining room for meals, and that they were ordering air conditioner units because they could not replace the freon in older existing units. At 1:22pm she said she did not have proof of payment on the air conditioner repair quote provided. In an interview with the Chief Operating Officer conducted on at 12:59pm he said he had just put two portable air conditioners in the	A 152		

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A 152	Continued From page 8 dining room, and they were trying to find out on the part ordered. Additionally, he said they had fixed the outside part, and it was no longer leaking, but he would have someone fix it that day. At 1:22pm he said this was the second issue with the elevator and the button was damaged by a resident. Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ..., or other services to be provided, supervised, or implemented by the facility that require a health	A 162		

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A 162	Continued From page 9 care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	A 162		

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A 162	Continued From page 10 disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon	A 162		

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A 162	Continued From page 11 departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain an updated and completed Agency for Health Care Administration (AHCA)1823 assessment form (1823) for 1 of (Resident #13) of 2 sampled residents. Findings Included: A record review was conducted on for Resident #13, who was admitted on , revealed Resident #13's 1823 which was signed and dated on did not identify the correct facility, phone number, or address of the facility. Further review of Resident #13's 1823 revealed the resident was not receiving any nursing services, however resident had an order for hospice on and was admitted to hospice on . During an interview conducted on at 1:43pm, the Resident Care Coordinator stated she text the primary care doctor to get new 1823 for resident #13 and agreed it was not up to date with the current facility name, address, and phone number. During an interview conducted on at 1:43pm, with the Administrator, they stated the 1823 should be updated with any significant change and agreed hospice services was a significant change.	A 162		

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A 162	Continued From page 12 (Photographic Evidence Obtained) Class III	A 162		