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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a	A 165		

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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 165	Continued From page 1 preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 165	Continued From page 2 this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file an Adverse Incident Report (AIRS) for two residents (Resident #1 and Resident #2) of two sampled residents for events reported to law enforcement personnel for investigation. Findings included: During an interview with Resident #11 conducted on [redacted] at 11:13am he said that he had been a victim of theft of [redacted] pills and cash from a facility Manager, and he called the police who were investigating. Additionally he said two other local state agency representatives were involved in the the investigation. During an interview with Resident #12 conducted on [redacted] at 10:36am he said cash was stolen from him and the police were investigating. In an observation with Resident #12 conducted on [redacted] at 10:49am he had the police card for the investigation. The card said the local police department, a handwritten officer's last name, officer badge number and case number. (Photographic Evidence Obtained.)	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 165	Continued From page 3 In an interview with the Administrator conducted on at 10:20am he said he notified another outside state agency of the resident allegations and said that police were still investigating and had not finalized their case. At 12:55pm he said he did not submit an adverse incident report to the local state agency for Resident #1 or Resident #2. Class III	A 165		
{A 000}	Initial Comments A revisit to a complaint investigation (#2024003074 & #2024003310) was conducted at Heritage House Assisted Living Facility on . Deficiencies were identified at the time of the visit.	{A 000}		
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.	A 026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 026	Continued From page 4 (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide an ongoing activities program with diversified individual and group activities in keeping with each resident's needs, abilities, and interests for a total of six days a week, for no less than 12 hours a week for all residents. Findings Included: An observation conducted on . . . . . from approximately 10:10am to 2:30pm there were no activities being conducted in the facility. In an interview with Resident #1 conducted on at 11:13pm they said there were never any activities for them, but they used to have bingo occasionally. They said they even lost the beauty shop because it was recently converted into an office.	A 026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 026	Continued From page 5 In an interview with Resident #3 conducted on [redacted] they said there were no activities there and they would just sit outside for enjoyment. Additionally, they said that one of the residents was and and there was nothing for them to do. In an interview with Resident #2 conducted on at 10:36am they said there were no activities in the facility. In an observation conducted on [redacted] at 2:15pm Resident #8 was in their room playing solitaire. In an interview with Resident #8 conducted on at 2:15pm they said there were never any activities in the facility, and they would just watch tv or play cards alone in their room. In an observation conducted on at 2:09pm there was a large dry erase board on the floor in the common area that was leaned against the wall. The board had " [redacted] " in red at the top. The board listed "Activities 9-11AM and 1-3PM" with activities on Monday through Friday, and the weekends marked as "free." Resident #9 was sitting nearby on the couch watching television. In an interview with Resident #9 conducted on [redacted] at 2:09pm they said there were no activities done that day. In an interview with the Administrator conducted on [redacted] at 2:33pm when asked why there were no activities, he said they would do activities in the afternoon.	A 026		

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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 026	Continued From page 6 Class III	A 026		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 055	Continued From page 7 been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 055	Continued From page 8 abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to store and dispose of expired or discontinued medications within thirty days as required for three residents (Resident #7, Resident #13 and Resident #14) of three sampled residents. Findings Included: In an observation conducted on at 12:05pm there were approximately 47 pill packs marked with "D/C" and various dates that ranged to , and of 2023 for multiple residents that included, but were not limited to Resident #7, Resident #13 and Resident #14. (Photographic Evidence Obtained.) In an interview with Staff A conducted on at 10:57am she said that the drawer on the second med cart contained discontinued medications next to some good medications. She said she did not know why they were still in the	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 055	Continued From page 9 facility. In an attempted record review of the requested facility Medication Disposal policy conducted on [redacted] there was no policy provided. In an interview with the Administrator conducted on [redacted] at 12:30pm he said the pharmacy usually picked up the expired medications. He could not explain why medications discontinued in [redacted] and [redacted] of last year were still in the cart with other good medications. Class III	A 055		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as	A 056		

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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 056	Continued From page 10 directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and	A 056		

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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 056	Continued From page 11 Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to ensure that prescriptions for residents who received assistance with self-administration of medication were refilled in a timely manner for two residents (Resident #4 & Resident #5) Findings Included: In an interview with Staff A conducted on she said that the , 0.5mg for Resident #4 was out and had been out for days. Additionally, she said Resident #5 had an	A 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 056	Continued From page 12 order for [redacted], 0.5mg that was used as needed for showers and it had been out for 2 to 3 weeks. In an interview with Resident #2 conducted on [redacted] at 10:36am they said the Administrator needed to "get the drug situation straightened out." In an observation with the Administrator conducted on [redacted] at 1:13pm he returned from the front office with the new pill pack for Resident #4's [redacted], 0.5mg. The unopened pill pack had a refill date of [redacted]. In an interview with the Administrator conducted on [redacted] at 12:49pm he said that Resident #5 would need a new prescription for [redacted], from the physician. At 1:12pm when asked about the missing medications he said he did not know Residents #4 or #5 were out of their medication and the prior manager handled the medications. At 1:13pm he said he was not sure why the [redacted] was refilled for Resident #4 on [redacted] but not put in the medication cart. Additionally, he said they had [redacted] missing before, so he wanted to keep an [redacted] on the controlled medications, and they had been putting them in the office. Class III	A 056		
{A 093} SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 13	{A 093}		

facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible.

(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.

(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.

1. Daily food servings may be divided among three or more meals per day, including snacks,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 14 as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities,	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 15 snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on [illegible]. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on [illegible] at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to meet residents' nutritional needs by failing to offer a variety of food choices adapted to the food preferences of the residents, failed to use standardized recipes, failed to follow their approved menu, and failed to maintain a log of six months' of substitutions noted before or at the time the meal was served; and failed to adhere to a therapeutic diet for one (Resident #15) of one sampled resident with a diagnosis of stage 5 [illegible]. The failure to follow the therapeutic diet placed Resident #1 at risk for harm and exacerbation of [illegible] health conditions. Findings Included:	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 16 In a review of the therapeutic menu for Resident #15 conducted on . . . . . Resident #15's first name was written at the top of week 1. The main course protein for lunch over the four-week cycle for week 1 to 4 were: roast turkey, meatloaf, grilled chicken . . . . , roast beef, apple ginger pork chop, hamburger, meatballs, turkey with cranberry glaze, spaghetti with marinara sauce, grilled pork chop, roast beef, baked cod, with sugar free sauce, lemon pepper chicken, grilled pork chop, grilled turkey, herb baked chicken, pot roast, chicken stir fry, and angel hair pasta with meat sauce. The main course protein for dinner over the four-week cycle for week 1 to 4 were: Roast beef, chicken/rice & broccoli casserole, tuna salad, chicken salad wrap, Philly steak sandwich, sliced turkey sandwich, meatloaf, baked chicken, tuna salad, grilled fish, chicken salad and hamburger. {Photo Evidence Obtained.} In a tour of the kitchen refrigerator and freezer conducted with the Administrator on . . . . . at 10:20am there were approximately 14 bags of frozen vegetables, eight loaves of frozen bread, a package of frozen buns, a box of pork egg rolls with textured vegetable protein, a box of pancakes and sausage on a stick, a bag of frozen sausage links, six boxes of breaded frozen fish sticks, two boxes of frozen corn dogs, two bags of frozen chicken . . . . . , a bag of frozen breaded chicken nuggets, a bag of frozen breaded chicken patties, three bags of frozen french fries, a bag of frozen tater tots, a box of beef patties, and 7 bags of frozen chicken parts in clear bags tied with knots. One of the clear bags of chicken was dated . . . . . Additionally, there were three pitchers half full of	{A 093}		

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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 17 red and orange liquid, a brown pitcher, a pitcher with clear liquid, a half bag of shredded cheese, 5 cases of eggs, four containers of margarine, 5 ½ gallons of 2% milk, and an unopened package of fresh chicken wings in the refrigerator. (Photo Evidence Obtained.) In a record review of the facility menu conducted on . . . . . , breakfast was listed as . . cup of orange juice, ¾ cup choice of cereal, ½ cup of sausage gravy and one biscuit, 1 cup of low-fat milk, coffee or water. Lunch for the day was listed as half a chicken salad sandwich, ½ cup of pasta with vegetables, ½ cup of pudding, 1 cup of low-fat milk, water, tea or lemonade. (Photo Evidence Obtained.) In an observation of lunch conducted on at 12:08pm residents were served small, thin breaded fish sticks, cooked spinach, macaroni and cheese and a half a slice of bread with a light-colored spread on top. (Photo Evidence Obtained.) In an observation of the facility menu posted on the main dining room dry erase board conducted on at 12:16pm the following was written in blue marker with the date of " ": Breakfast: "Choice of cereal, fruit, cracker, scrambled egg." Lunch: Chicken salad sandwich, pasta salad with vegetables, pudding." (Photo Evidence Obtained.) In a record review of the facility substitution log conducted on there were substitutions logged for through . (Photo Evidence Obtained.)	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 18 In an interview with Resident #13 conducted on [redacted] at 12:10pm they asked if the surveyor was going to get them better food. When asked by surveyor how it tasted, they said, "what do you think?" and rolled their , as they pushed the food around on their plate with a fork and made a disgusted . In an observation conducted with Resident #1 on [redacted] at 12:17pm the small fish stick was hard to touch and unable to be broken in two without two [redacted] by surveyor. They were at the dining room table with a peanut butter and jelly sandwich on a small plate with nothing else. In an interview with Resident #1 conducted on [redacted] at 12:17pm they said they were having a peanut butter and jelly sandwich because they had fish three times that week. When asked if they wanted anything with the sandwich, they said no because they did not want cake. Additionally, they said the fish stick was given to them by another resident from their plate because it was so hard. They asked surveyor to try to break the fish stick. They said they wondered how the residents were supposed to eat it. In an observation of Resident #10's lunch plate in the dining room conducted on [redacted] at 12:44pm there were four small brown fish sticks and spinach under a napkin on their lunch plate in front of them. In an interview with Resident #10 conducted on [redacted] at 12:44pm when asked why they did not eat they said they got tired of fish and could not eat fish again.	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 19 In an interview with the Kitchen Manager conducted on at 12:39pm he said he served fish because that is what he served on Fridays, and he could not answer questions on meals when he was not there. He said he had not entered the substitution for lunch on the log yet. Furthermore, when asked to show surveyor food for the meals on the menu for and , he was unable to. He said he would normally make a list on Friday of foods needed for the weekend meals and the Administrator would purchase them, however he said he had not had a chance to make the list. In a record review of the facility recipes conducted on there were 7 recipes in page protectors with no website or dietician information for honey mustard chicken, Salisbury steak, green bean casserole, scalloped potatoes, papas empanizadas at horno, garlic tomato over couscous on rice and candied yams. (Photo evidence obtained.) In an observation with Resident #15 conducted on at 1:30pm they handed surveyor a napkin that contained three hard fish sticks from lunch. In an interview with Resident #15 conducted on at 1:30pm he said he had come from in time for lunch, and the fish sticks were hard like "bricks". He said he could not understand how residents were supposed to eat them. He said that the day before they had fish for lunch, shrimp for dinner, and were not happy to have fish again that day, especially when the menu said chicken salad. He said he could not understand why they were never served good food and it was all processed. Additionally, he said the only time they had real chicken was	{A 093}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 093}	Continued From page 20 when it was rotisserie from a popular grocery chain. Furthermore, he said he had not had the main dish items listed on the . . . diet menu except for a breaded chicken patty. In an interview with the Administrator conducted on . . . . . at 10:20am he said that Resident #15 had given him notice he would be moving out, but that he understood he was required to have and follow the menu. At 1:05pm he said he understood the substitution log should be updated and maintained for 6 months and was not sure why the menu was not followed, or the frozen fish sticks were overcooked. Additionally, he was unsure of any standardized recipes, and said he would have to check his email to see if he had any from the dietician. He agreed recipes were not followed. Class II	{A 093}		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 21 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 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 the facility failed to provide an environment free from hazards by ensuring that existing architectural systems were maintained in good working order. Findings Included: In an observation conducted on at 1:30pm there were approximately 9 large pieces of metal flashing from the eaves trim laying on the ground under a window, behind the gazebo in the courtyard. The wood frame of the eaves at the base of the exterior wall and roof were exposed above a hallway window. The window was adjacent to the resident hallway table that	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
	AL11910622	A. BUILDING: _____ B. WING _____	R-C 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE RETIREMENT HOME	1810 S. BELCHER ROAD CLEARWATER, FL 33764

(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 22 housed the resident facility phone ,and a resident was on the telephone. There were three residents sitting under the gazebo in the courtyard. (Photo Evidence Obtained.) In an interview with Resident #3 conducted on [redacted] at 1:30pm they said the metal pieces from the roof had been laying there in the courtyard for several weeks. In an interview with Resident #2 conducted on [redacted] at 1:30pm they said the metal from the eaves had been laying on the courtyard ground for a month. In an interview with the Administrator conducted on [redacted] at 1:05pm he said he had a handyman coming to fix the area where metal was on the courtyard ground. Class III	A 152		