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
	AL11910551	A. BUILDING: _____ B. WING _____	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROXTON'S A L F HOMES	2233 PATE POND ROAD CARYVILLE, FL 32427

(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 An unannounced standard biennial survey, including a review of the facility's Limited Mental Health services, generator assessment, a review of the comprehensive emergency management plan, and a review of the visitation policy was completed at Broxton's ALF Homes Assisted Living Facility in Caryville, FL on . Deficient practice was 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 . . 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.	A 152		

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A 152	Continued From page 1 (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 a safe outdoor smoking patio area. The findings include: On , an observation was made of the outdoor smoking patio area. The furniture upon which residents were sitting on while smoking was in disrepair. Observations were made of torn upholstery on chair cushions, exposing the seating pads. (see photographic evidence) On , during an interview with Resident #1, it was learned that she lived in the facility for about three years and the condition of the chairs was in this manner when she was admitted. The resident stated the facility needed new furniture for patio. On , Resident #2 reported that he came to the facility in . . . . . and that the furniture on the patio was in the same manner then as it was now. On at approximately 1:45 pm, the facility supervisor confirmed that the furniture was torn	A 152		

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A 152	Continued From page 2 and had holes in the padding. The supervisor reported that the residents sit on the smoking patio day and at night. The supervisor reported that the furniture had been in this condition for a few months. Class III	A 152		