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
	AL11932678	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET WATER AT LARGO	11290 WALSINGHAM ROAD LARGO, FL 33778

(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 (complaint numbers 2024009168) in conjunction with a generator monitoring survey was conducted at Sweet Water of Largo 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 . . ˇ 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	A 152		

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A 152	Continued From page 1 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 the facility failed to ensure to honor residents' rights to a congenial and homelike atmosphere related to pests. Findings Included: An observation within the facility on at 9:17am revealed that . . was taped off and was being heat treated. An observation within the facility on at 10:55am revealed that . . . . was taped off and was being heat treated. During an interview conducted on at 9:17am with Staff B she stated that . . was being heat treated due to bed bugs and she was getting . . . . ready to be heat treated as well. During an interview conducted on . . . . . at 9:39am with Resident #1 she stated she had been having an issue with pests for about 4 months. During an interview conducted on at 9:23am with Resident #4 he stated that the facility had been treating for bed bugs lately. During an interview conducted on at 9:40am with Resident #5 she stated there had been an issue with bed bugs in a couple of	A 152		

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A 152	Continued From page 2 rooms. During an interview conducted on at 10:34am with the executive director he stated the bed bugs had been an ongoing issue, each time the bed bugs are gone, they make their way in. During a record review conducted on of the pest control receipts revealed the facility was being treated for bed bugs on . Receipt comments stated a call was received that there were bed bugs in one of the rooms at the facility. Further review of receipts indicated pest control treatments for bed bugs was completed on , , , , , , , and . (Photographic Evidence obtained) Class III	A 152		