

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910385	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TROPICAL GARDEN VILLAS INC. (H

**432 SOUTH 'F' STREET
LAKE WORTH, FL 33460**

(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 Relicensure with Limited Mental Health (LMH), Complaint (#2023015932) and Generator Monitoring survey was conducted on through at Tropical Garden Villas Inc. The facility had deficiencies related to the Relicensure with (LMH) and Complaint #2023015932 at the time of the survey.	A 000		
A 152	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. (c) The facility must maintain master or duplicate	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 152	Continued From page 1 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 interviews, a homelike environment was not maintained as evidenced by concerns noted in 2 of the 4 common areas of the facility (common areas 2 & 3), and in five bedrooms and bathrooms located in 1 of 2 buildings (Building #2 or 428). The findings included: A tour of the facility on _____ from 9:30 AM to 10:00 AM revealed the following: 1. The vanity lighting in the bathroom near bedrooms five and six was rusted. 2. There were shaving blades exposed in the bathroom shared by residents of bedrooms three and four. 3. The tiled counter of the sink in the bathroom near bedrooms three and four had a missing tile. 4. The mattress of the bed in room five located near the door did not fit the metal frame of the bed. A portion of the metal frame was exposed posing a hazardous condition. 5. In the common area of Building three there were gallons of paints, paintbrushes, picture frames, chairs, and a door that were inappropriately stored. There were mattresses placed against the wall that needed to be	A 152		

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A 152	Continued From page 2 discarded. The House Manager reported on _____ at 10:04 AM that those items were placed in the common area for more than a month. She said that some of the items were debris that would be discarded. 6. The base of the door of _____ was peeling off and was in disrepair. 7. The container containing the chemical used to rid the facility of bedbugs was left on the countertop of the cabinet in the laundry area of building 3. 8. The vanity mirror in the bathroom near bedrooms 3 and 4 was eroded and the metal frame rusted. 9. The tub in the bathroom near bedroom 5 and 6 in building 428 was heavily stained with oxidation from the water faucet. The findings were discussed with the Administrator and the Manager during the exit on _____ at 3:00 PM. They acknowledged the findings. Photographic evidence obtained. Class III	A 152		