

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/03/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STRATFORD COURT OF PALM HARBOR

**45 KATHERINE BLVD.
PALM HARBOR, FL 34684**

(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 investigation (#2024010658) in conjunction with a generator monitoring visit was conducted at Stratford Court of Palm Harbor on Deficiencies were identified at the time of the visit.	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. (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		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER STRATFORD COURT OF PALM HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 45 KATHERINE BLVD. PALM HARBOR, FL 34684		
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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, interview, and record review the Facility failed to provide a safe living environment that was free of hazards by ensuring all architectural and structural systems were maintained in good working order, resulting in a leak in the ceiling and bio-growth on a ceiling vent in resident hallways, and water leakage on the floor in the main dining room, for all residents in the facility. Furthermore, the facility failed to ensure a safe and clean environment of the satellite kitchen with drip stains from ceiling to floor on the interior door and wall where prepared food was stored and served to all residents in the main dining room. Findings Included: In an observation conducted on at 8:47am there were water droplets coming from condensation on a square metal cover in the ceiling of a resident hallway that landed on the surveyor. There was a round wet spot on the carpet directly beneath the leak that measured approximately 6 inches. In an interview conducted on at 8:50am Staff A said that maintenance staff had been working on the ceiling leak and it had been leaking for a while. Additionally, they said that the facility was an older building and they were always working on pipe or leak issues.	A 152		

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A 152	Continued From page 2 In an observation conducted on _____ at 9:25am there were two towels rolled up on the floor to fit along the entire edge of the glass door in the dining room, with a wet floor sign nearby. In an interview conducted with Staff B on _____ at 9:30am they said the towels were on the floor under the door in the dining room because it always leaked when it rained. In an interview conducted with the Executive Director conducted on _____ at 9:45am she said that the weather stripping on the dining room door needed replaced and it would be done that day. In an observation conducted on _____ at 9:12am there was a ceiling vent with dark red rust spots along the edge of the ceiling where it met the ceiling tile by an air vent that was gray and black with dust and bio-growth in a resident hallway. In an observation conducted on _____ at 10:12am there were reddish brown drips down the interior kitchen door and wall from the ceiling to the floor, near the sink in the satellite kitchen where prepared food was stored and served to the main dining room. (Photo Evidence Obtained) In an interview with the Director of Facilities conducted on _____ at 10:20am he said the leak in the hallway was from an air conditioner drip pan and he had someone coming out to fix it. At 1:05am he said that the drips in the satellite kitchen were from rusty fire sprinkler water that leaked. He said it would be cleaned and painted. Additionally, he said that they had a quote for work to be done to work on duct work and	A 152		

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A 152	Continued From page 3 insulation that would fix the ceiling leak in the resident hallway. In a record review of a proposal for duct work conducted on _____, it was dated _____ and included a proposal to look at duct system, insulate the existing duct work, replace lighting, put drywall _____ and finish painting. Class III	A 152		