

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/05/2024
NAME OF PROVIDER OR SUPPLIER BEST CARE SENIOR LIVING AT SAINT JOSEPH			STREET ADDRESS, CITY, STATE, ZIP CODE 4406 MELTON AVE TAMPA, FL 33614		
(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 (#2024010134 and #2024010802) in conjunction with a generator monitoring visit was conducted on _____ at Best Care Senior Living at Saint Joseph. Deficiencies were identified at the time of the visit.	A 000			
A 152 SS=G	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.	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

STREET ADDRESS, CITY, STATE, ZIP CODE

BEST CARE SENIOR LIVING AT SAINT JOSEPH

**4406 MELTON AVE
TAMPA, FL 33614**

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A 152	Continued From page 1 (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 living environment that was free of hazards by ensuring all architectural and structural systems were maintained in good working order resulting in a large roof leak on the third floor, for all fourteen third floor residents, and lack of timely staff follow up resulted in potential for harm for one (Resident #9) who reported falling in the water, of fourteen residents. Findings Included: In an observation conducted on _____ at 5:20am there was a large puddle of water in the middle of the third-floor resident hallway with water dripping from the roof into a clear glass cylinder container that was approximately _____ . There were nine wet ceiling tiles above the pool of water and a large and medium sized black garbage can near the puddle. There were no caution signs or staff present. In an interview with Staff B conducted on _____ at 7:11am she said the roof had been leaking for a week. In an observation conducted on _____ at 7:22am the pool of water on the floor of the third floor was extended further toward the middle of	A 152		

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A 152	Continued From page 2 the hallway, as more rain drips landed on the overflowing glass cylinder container. There was a large and medium sized black garbage can near the puddle. There were no caution signs or staff present. In an interview with Staff A conducted on _____ at 7:22am she said she had called maintenance to report it. In an interview with Resident #9 conducted on _____ at 7:45am he said he slipped in the water in the third floor hallway, but was uninjured. In an interview with the Assistant Manager conducted on _____ at 7:57am she said that as soon as the roof was fixed it would rain and cause it to leak again. No attempt was made to go address the leak until surveyor suggested someone look at the water on the floor and informed her that Resident #9 had reported falling in it. At 8:15am she returned and said that she had housekeeping mop up the water, added another large garbage can for rain drips, and added wet floor signs to the area. In an interview with the Maintenance Director conducted on _____ at 8:47am he said no one had notified him of the roof leak, but he had just called someone to fix it. He acknowledged it was a safety concern and said that it had been fixed five times this year. Furthermore, he said he would go and buy more wet floor signs. Photo Evidence Obtained. Class II	A 152		