

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/17/2024
NAME OF PROVIDER OR SUPPLIER WATERMARK AT VISTAWILLA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1519 EAST SR 434 WINTER SPRINGS, FL 32708		
(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 revisit to complaint investigation #2024009274 was conducted at Watermark at Vistawilla on . The facility had an uncorrected deficiency 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. (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	{A 152}			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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{A 152}	Continued From page 1 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, the facility continued to fail to provide a clean and safe living environment. Findings: On at 1:35 pm, during the entrance conference Staff F and Staff A stated housekeeping has a new cleaning schedule. Observations on at 1:50 pm, escorted by Staff A revealed the Memory Care Unit continued to remain an uncleaned environment. The kitchen sink near the activity area was dirty with what appeared to be brown like rust stains. The stains were rubbed to determine if they were removable or permanent. After rubbing my on the brown-like stains. It would appear that they were removable with minimal pressure. The kitchen floor needed mopping and contained dirt spots throughout. The tile flooring and grout remained dirty with no visible evidence and any measures were taken to clean. The baseboards inside the kitchen remained dirty with what appeared to be built up dirt and food. The column in the dining area baseboards remained dirty along with the baseboards around the counter area. On at 1:55 pm, observations of the 2 laundry rooms located in Memory Care revealed the dryer vent lint traps remained full of lint build	{A 152}			

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{A 152}	Continued From page 2 up. On at 1:56 pm, Staff A, a licensed nurse, stated after observing the lint traps, "I will clean them out." Staff A was asked who does the residents' laundry? She stated, "the care staff does the laundry in Memory Care and yes, they are able to clean the vents." On at 1:57 pm, observation revealed a housekeeper sweeping the floor in dining area near the dirty column where food was observed under the table. On at approximately 2:00 pm, Staff F entered the Memory Care Unit and was shown the findings that remained uncorrected. On at 2:08 pm, Staff F provided the new cleaning schedule which did not include the Memory Care Unit. On at 2:15 pm Staff F, Staff E, and the Program Nurse Director confirmed the findings. (photographic evidence obtained) Class III	{A 152}			