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
	AL11911240	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT SAINT JOSEPH	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 revisit to a complaint investigation (#2024010134 and #2024010802)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=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}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911240	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT SAINT JOSEPH	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 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 large roof leak for all fourteen third floor residents. Findings Included: In a record review of the roof repair payments conducted on there was a copy of a check dated for $3000.00, and another check dated for $1200.00 made out to a [local handyman repair contractor]. There was no proof of repairs or work completed on the roof after the date of . In an interview with Staff A conducted on at 9:54am they said the roof on the third floor had been leaking badly on during the hurricane and they had garbage cans set up in the hallway with leaking water dripping into them. Additionally, they said Resident #2 had water leaking from the ceiling in his room during the hurricane and they had to move his bed to the other side of the room. In an interview with Resident #5 conducted on at 9:59am they said there were trash	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911240	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT SAINT JOSEPH	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 152}	Continued From page 2	{A 152}		

cans lined up in the hallway on the third floor during the hurricane and that everyone saw it.

In an interview with Resident #4 conducted on at 10:05am they said that it would rain and flood the third floor hallway. Additionally, they said there were ceiling leaks recently and the staff had five trash cans to collect the water leaking from the ceiling, Additionally they said any work done on the roof was just a quick fix and did not stop the leaks.

In an interview with Resident #3 conducted on at 10:05am they said if not for the walls they would not feel safe since the third floor flooded each time it rained, and that they just replaced new ceiling tiles but did not fix the leak.

In an interview with Resident #2 conducted on at 10:15am they said that their bed was moved during the hurricane because the staff were afraid for him since the bucket had overflowed with water from the leak in his ceiling.

In an observation of Resident #2's room conducted on at 10:15am there were bulging areas on the wall near the ceiling that were painted.

In an interview with the Maintenance Director conducted on at 10:34am he said the leak on the third floor had been patched but that they were working to repair the entire roof. He said the roof was leaking during the hurricane and he spent all night on the third floor during the storm.

In an interview with the Administrator conducted on at 10:13am she said that the

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
	AL11911240	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT SAINT JOSEPH	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 152}	Continued From page 3 owner was working to determine how to replace the whole roof. Additionally, she said Resident #2 had a leak in their room during the hurricane, but they had garbage cans out to collect the water and they moved him to another room during the storm. Photo Evidence Obtained. Class III	{A 152}		