

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2024
NAME OF PROVIDER OR SUPPLIER ALDEA GREEN			STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. KINGS AVENUE BRANDON, FL 33511		
(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 (#2024012702) in conjunction with a generator monitoring visit was conducted at Aldea Green on 11/22/2024. 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

(X8) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2024
NAME OF PROVIDER OR SUPPLIER ALDEA GREEN		STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. KINGS AVENUE BRANDON, FL 33511			
(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, record review and interview the failed to ensure that all existing architectural and structural systems were maintained in good working order; and failed to provide a safe and decent living environment with hot water and sufficient water pressure required for control practices for all residents in the facility. Findings Included: In an interview with Resident #1 conducted on _____ at 11:10am they revealed they had no hot water and no water pressure in the shower. They revealed the prior maintenance staff was supposed to check on it, but he retired. Additionally, they said family had sent them an electric kettle to heat water to use to clean their _____ on lower _____. Furthermore, they said when nurses gave them baths, they would freeze from the _____ water and no water pressure. In an observation of Resident #1 conducted on _____ at 11:10am there were bandages on _____ lower extremities that extended from ankle to _____. Additionally, there was no water pressure in the shower, and _____ water in the shower and the sink in the kitchenette area.	A 152			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2024
NAME OF PROVIDER OR SUPPLIER ALDEA GREEN		STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. KINGS AVENUE BRANDON, FL 33511			
(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 In an interview with an outside nursing agency representative conducted on _____ at 11:30am she said Resident #1s lack of water pressure and _____ water had been reported. She said the resident needed access to water pressure and hot water in order to shower and clean lower _____ daily, but the water was always _____ and the water pressure was a big issue. Additionally, she said Resident #8 also had no hot water. In an interview with Staff B conducted on _____ at 11:37am they said they gave showers that morning and there was hot water for once. They felt Resident #1's water pressure issue could be due to a bad shower _____. In an interview with Staff C conducted on _____ at 11:39am they said there was hot water that day, but it was inconsistent most of the time. In an interview with Resident #2 conducted on _____ at 11:44am revealed there was no hot water most of the time and it was colder in the evening. Additionally, they said they would generally need to run the water over 10 minutes for it to get slightly warm. In an observation of the shower and sink water temperature for Resident #1 conducted on _____ at 12:40pm with the Health and Wellness Director there was still very low water pressure with the new shower _____, and the water was cool to touch. In an interview with the Health and Wellness Director conducted on _____ at 12:40pm she said that the water was still cool, and the	A 152			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2024
NAME OF PROVIDER OR SUPPLIER ALDEA GREEN			STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. KINGS AVENUE BRANDON, FL 33511		
(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 pressure was not enough to shower in. In a record review of the facility grievance log conducted on _____ there was a grievance dated _____ by Resident #9 for a "hot water issue". In an observation of the water temperature in Resident #9's sink conducted on _____ at 12:42pm with the Health and Wellness Director, the water was cool to touch trying both hot and settings. In an interview with Resident #3 conducted on _____ at 12:44pm they reported they had no hot water and would have time to let it run while they got clothes ready and set up towels for shower before it would begin to get slightly warm. Additionally, they said it had been over a year and the water was only hot one time. In an interview with Resident #4 conducted on _____ at 12:49pm they said the water was so _____ they could only handle a three-minute shower, but that the day prior it was hot for the first time, so they stayed in the shower for forty minutes because it felt so good for a change. In an interview with Resident #5 conducted on _____ at 12:52pm they said the water in the facility was lukewarm and never hot. Additionally, they said there was no hot water for washing and they traveled everywhere with sanitizer. In an interview with Resident #6 conducted on _____ at 12:54pm they said they had been in the facility for three years and the lack of hot water had been going on for two years, but had gotten worse in the past six months. They	A 152			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963945	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/22/2024
NAME OF PROVIDER OR SUPPLIER ALDEA GREEN		STREET ADDRESS, CITY, STATE, ZIP CODE 700 S. KINGS AVENUE BRANDON, FL 33511			
(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 4 reported that even if they let the water run for thirty minutes it would never get warm. In an interview with Resident #7 conducted on at 1:01pm they said there was not much water pressure and only hot water at times. They said it could be weeks without it and then they would have it for a few days. In a record review of a proposal dated number 73514205 from a supply company totaled \$51,781.00 to supply and install seven new tankless water heaters and connect to the existing water distribution system. (Photographic Evidence Obtained.) In a , interview with the Administrator and Health and Wellness Director conducted on at 12:00pm they said the water temperatures were not warm enough for them, and they had coordinated the quote for the water heaters as their hot water was controlled by the boiler in the adjacent facility. They said the boiler controlled both buildings and they had been working on it for a while with plans to get it fixed. They understood the need for residents to have hot water and water pressure for control practices and , for Resident #1 who had care on lower . Class III	A 152			