

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER LAS PALMAS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5300 West 16 Avenue HIALEAH, FL 33012		
(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 (# 2024013191) was conducted at Las Palmas Senior Living on . The provider had a deficiency identified 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 interview the facility failed to provide a safe living environment and it failed to maintain the all existing architectural, mechanical, electrical and structural systems in good repair. Findings as follow: On at 9:29 AM during the facility tour it was observed the did not have a dresser. In a resident observed sitting in a recliner, the wall in the of it had a white patch which had not been painted. Resident stated she broke the wall moving the recliner. # had missing the upper drawer in the dresser. In there was a screen door on the main entrance of the apartment that was loose and ripped. The closet door did not have a knob. In observed that the flooring was lifting off the ground. In was a mildew smell. In there was damaged wall with marks on it, flooring tile with gaps in between them which presented a trip hazard. did not have drawers in the dresser. The lamp and nightstand were missing, and the wall was soiled. On at 12:37 pm the maintenance manager stated he does a monthly check of apartments and, a 3rd party service comes to clean carpet monthly. He said housekeeping reported out any issue to maintenance because	A 152		

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A 152	Continued From page 2 they were on the floor daily. Staff stated they could not replace the screen door because they're special order. He said there was no mold issue in the buildings and the warped laminate flooring was for the air conditioning water damage adding "If maintenance sees something they fix it." Class III	A 152			