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
	AL11968024	A. BUILDING: _____ B. WING _____	R-C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES SENIOR LIVING	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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 (09/24/2024) complaint survey (2024012545) was conducted at The Villages Senior Living on 12/03/2024. Deficiencies were 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}		

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
	AL11968024	A. BUILDING: _____ B. WING _____	R-C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES SENIOR LIVING	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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	{A 152}		

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 as evidenced by the lack of an operational elevator and one hot water tank; and failed to provide a safe and decent living environment by failure to have hot water for control practices in the laundry department for all residents in the facility.

Findings Included:

In an observation conducted on at 8:55am there was a cart with maintenance supplies fully blocking the elevator. At 9:30am Staff A and Resident #15 were observed coming down the stairwell from the second floor.

In an interview with Staff A conducted on //2024 at 9:30am they said the hot water-had not worked in the laundry for a long time. Additionally, they said the facility needed to order a new water heater for one not working for a week and that they were waiting on a part to fix the elevator. Furthermore, they said residents were complaining of water.

In an interview with Staff F conducted on at 9:32am they said the hot water had not worked in the laundry for years.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968024	A. BUILDING: _____ B. WING _____	R-C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES SENIOR LIVING	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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 Staff G conducted on at 9:36am they said the elevator had been out of order for four months waiting on a part, and the hot water in the laundry had not worked for six years, and that staff that worked in there would go to the kitchen to get hot water to wash their . . . In an interview with Resident #12 conducted on at 9:40am they said the hot water stopped working a week prior and they had to shower in water. In an interview with Resident #14 conducted on at 9:53am they said the lack of hot water was troubling and it had been out for a week, but it had happened before, and it took quite a few weeks to get the part to fix it. They said they needed hot water to wash after using the bathroom. In an observation of Resident #14s sink and shower water conducted on at 9:53am it ran for more than two minutes and was cool to touch. In an interview with Resident #15 conducted on at 10:00am they said there was no hot water to shower or wash and it had been out for over a week. Furthermore, they said they had to sponge bathe in water the previous night. In an interview with Resident #6 conducted on at 10:23am they said the hot water ran out and that it would get hot in the sink but not in the shower. In a record review of an un-dated proposal conducted on it said to "drain and	{A 152}		

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
	AL11968024	A. BUILDING: _____ B. WING _____	R-C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES SENIOR LIVING	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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 disconnect existing defective/ broken water heater and remove existing water heater and place new unit in place" totaled $23,714.00 for one and $19,989.63 for another, for a grand total estimate of $43,703.63. (Photographic Evidence Obtained.) In an interview with the Administrator conducted on at 9:43am she said the owners were working to replace the smaller water heater in the facility boiler room that still needed replaced and was affecting the resident hot water. She said she would notify the owners about the laundry hot water not working and agreed it needed to be resolved. Additionally, she said it would be days for the elevator to be fixed as they were still waiting on parts. At 12:30pm she said they would get the hot water issues fixed. Class III	{A 152}		