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
	AL11969459	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT HUNTER'S CREEK	1701 BALL PARK RD KISSIMMEE, FL 34741

(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 survey for complaint #2024013928 and a generator monitoring were conducted at Providence Living at Hunters Creek Assisted Living Facility. There was 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	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
	AL11969459	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT HUNTER'S CREEK	1701 BALL PARK RD KISSIMMEE, FL 34741

(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 interviews, the facility failed to ensure all existing furnishings were maintained in safe and good working order and failed to provide a clean-living environment free of mold/mildew. Findings: On at 9:45am an interview with housekeeper (A) was conducted. He said resident #1 had been moved out of her room because of mold. He did not work in that room before the resident moved. He says he cleans a different . . of rooms daily. Some residents have weekly housekeeping, and some have more often cleaning. At 9:55am an interview with resident #1 was conducted. She was observed in the activity room. She said she moved out of her room because the room was contaminated. She was upset about her French provincial furniture that she had since she got married. She did not know where that furniture was. She was unsure when the housekeepers came but said someone makes her bed when she is gone. A review of resident #1 record revealed she was admitted on . Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included ,	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
	AL11969459	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT HUNTER'S CREEK	1701 BALL PARK RD KISSIMMEE, FL 34741

(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 , , and forgetfulness. She required supervision with bathing, , and transfer and assistance with self-administration of medications. A review of her service agreement found once a week light housekeeping and laundry. At 10:25am an interview with the administrator was conducted. She said resident #1's room had mold/mildew growth on the furniture and bed due to the resident keeping the heat on which caused condensation and a powdery yellow/green substance on everything. She said the resident's power of attorney brought the mold/mildew to her attention when she visited on Monday . The resident was moved to a new room the same day. She said resident #1 had weekly light housekeeping and laundry service but the administrator confirmed she could not provide any documentation, assignment sheets or schedules of housekeeping for resident #1. She said the Maintenance Director should have had that documentation, but he was no longer employed at the facility. She said she conducted an internal investigation and interviewed all staff. All the staff denied seeing or smelling anything in resident #1 room. She was unable to determine when a staff member was last in resident #1 room. A tour of resident #1 room with the administrator was conducted. All the furniture was still in the room. A gray/green substance was observed on the surface of all furniture. A restoration company assessed the condition of resident #1 room on . A review of their assessment found "Mustard mildew" likely caused by the high temperature in the room	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
	AL11969459	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT HUNTER'S CREEK	1701 BALL PARK RD KISSIMMEE, FL 34741

(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 which caused condensation and mildew growth. On at 12:15 the Administrator confirmed the findings. (Photo Evidence Obtained) Class III	A 152		