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
	AL11910005	A. BUILDING: _____ B. WING _____	R 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BAYSHORE	4902 BAYSHORE BLVD TAMPA, FL 33611

(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 biennial survey with limited nursing services and a complaint investigation (#2024015314 & #2024015329) was conducted on . 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.	{A 152}		

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{A 152}	Continued From page 1 (d) Residents who use portable bedside 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 record review and interview, the Facility failed to ensure that all existing architectural and structural systems were maintained in good working order as evidenced by ongoing elevator operation issues that affected all residents in the multi-story facility. Findings Included: A review of the elevator inspection reports in each of the three elevators, conducted on , revealed that all three elevators' satisfactory inspections expired on . In an interview with family for Resident #1 conducted on they said that the elevator had not worked off and on for the majority of the past year, and that it had been broken down twice since it was last fixed. They said their biggest concern was for the residents that tried to walk up ten plus flights of stairs rather than wait a long period of time for the one functioning elevator. In an interview with Resident #2 conducted on at 11:24am they said the elevator was down off and on and gave them frequent trouble.	{A 152}		

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{A 152}	Continued From page 2 In an interview with Resident #3 conducted on at 11:27am they said the elevator would have issues where one day it was good and the next it was bad. In an interview with Resident #4 conducted on at 11:29am they said the elevator would come and go. In an interview with Resident #5 conducted on at 11:32am they said the elevator would break down periodically and that when only one worked for the whole building it was still a big issue due to the number of residents living there. Additionally, they said the elevator would squeal so much at times when they got on that they wondered if it would break down. In an interview with Staff A conducted on at 11:12am they said they had worked in the facility for years and the elevator had always had issues, and that one day it took over forty-five minutes to get the elevator and that it went down for a day the week prior. In an interview with Staff B conducted on at 11:13am they said the elevator had been down for a day the prior week. In a record review conducted on of an email dated sent to an elevator repair company from a facility management representative revealed the following email exchange "[Elevator company representative] today is Friday, is your team coming out to do the repairs?" The Senior Account Manager of Service and Repair of the Elevator company wrote they	{A 152}		

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{A 152}	Continued From page 3 had not been able to but would aim to complete repairs the following week. They then apologized for the delay and said they would accept any fines issued to the facility by the state. In a record review conducted on of the Elevator service calls it listed a maintenance request for elevator 1 on and again on , and a maintenance request for elevator 2 on . In a record review conducted on of the elevator company invoice dated that totaled $12,214.62 for the elevator company to provide the necessary labor and material to replace the components that were damaged by water and to replace components that were damaged by water from area's [last hurricane]. In an interview with the Administrator conducted on at 10:56am she said the elevator was working but a new issue was identified and that the elevator had been down again two weeks prior. She said when it would go down it would take a while to transport residents due to the facility's twelve floors. Additionally, she said they were working with the elevator company to get it repaired as soon as possible. Photo Evidence Obtained. Class III	{A 152}		