

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER THE GARDENS OF LAKE ALFRED			STREET ADDRESS, CITY, STATE, ZIP CODE 255 E MAIN STREET LAKE ALFRED, FL 33850		
(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 (#2025004365) in conjunction with a generator monitoring visit was conducted at The Gardens of Lake Alfred 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			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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 provide a safe and decent living environment free from pest (roaches) for four residents (Resident #1, #2, #4, #5) of six sampled. Findings Included: In record review of the pest control log, the facility has multiple entries of roach complaints for multiple room numbers. In an interview with Staff A, conducted on at 8:45am, stated there have heard multiple residents complaints about roaches. In an interview with Resident #1, conducted on at 9:00am, stated that they were moved to the second floor due to having a roach infestation in their room. Resident #1 stated they had roach bites on their . The resident also stated that they know some people downstairs are still having problems with roaches in their rooms. In an interview with Resident #2, conducted on at 9:15am, stated that they have roaches all over their room, and that the	A 152			

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A 152	Continued From page 2 Administration does nothing to fix it. Resident #2 also stated that they have had to buy bug spray with their own money. The resident directed the surveyor to look on the other side of their bed to see the roaches. An observation on on at 9:15am showed roaches on the floor beside the bed and a can of bug spray at bedside. In an interview with Resident #4, conducted on at 9:35am, the resident stated they have had a problem with roaches being in their rooms for a while. The resident stated they are in their bathroom and behind their bed. In an interview with Resident #5, conducted on at 9:38am, the resident stated they see roaches in their room all of the time. The resident stated that they have to clean their room on their own daily. In an interview with the Resident Care Director, conducted on at 10:09am, they stated, "Yes, we have bugs here." In an interview with the Administrator, conducted on at 10:12am, the Administrator stated that they agree there is a problem with the roaches. (Photographic Evidence Obtained) Class III	A 152			