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
	AL11969717	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEACOAST AT UPTOWN OAKS	12250 N 22ND STREET TAMPA, FL 33612

(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 (complaint numbers 2025003739, 2025003894, 2025005093, 2025005351, 2025007524) in conjunction with a generator monitoring survey was conducted at Seacoast at Uptown Oaks on . Deficiencies were identified at the time of survey	A 000		
A 152	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 observation and interview the Facility failed to ensure that the air condition (AC) is maintained in good working order. Findings Included: On an observation of the building temperature during the from revealed, sseveral spot coolers in use. The tempertures fluctated throughout the builing ranging from 78.4 degrees to 80.6 degrees at 11:21 AM. During an interview conducted on at 10:56 am with Staff A she stated that the AC does not always work, especially in the dining room area. During an interview conducted on at 11:21am with Resident #5, she stated it is warm in my room. During an interview conducted on at 11:28am with Resident #6, he stated the AC does not work in his room and it is warm. During an interview conducted on at 11:51am with Resident #7, he stated it is hot in the halls and second floor living area. During an interview conducted on at	A 152		

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A 152	Continued From page 2 12:04pm with the Maintenance Director, he stated the AC has been down since , . Currently 14 room with no working AC unit in room and portable AC in place. A bigger portable AC for dining area was needed. During an interview conducted on at 2:15 pm with Administrator he stated that the facility has received approval for new units, with installation expected within six weeks he also said a down payment has already been made. Class III	A 152		