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
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 (#2025006260 and #2025008086) in conjunction with a generator monitoring visit was conducted at Midway Manor on . Deficiencies were identified at the time of the visit.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate and updated daily Medication Observation Records (MORs) for three (Resident # 1, Resident #6, Resident #7)) of four sampled residents who required assistance with self-administration of medication. Findings included: In a record review of the , 2025 MORs for Resident #1 conducted on there were blanks on the day doses without exceptions noted. In a record review of the , 2025 MORs for Resident #6 conducted on there were blanks on the day doses without exceptions noted. In a record review of the , 2025 MORs for Resident #7 conducted on there were blanks on the day doses without exceptions noted. In an interview on at 1:23 p.m. the Administrator stated there should be no blanks on the MORs. Class III	A 054		
A 152 SS=G	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	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 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 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 provide a clean, safe, and decent living environment free from gnats and flies, and failed to provide building repairs or perform	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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	A 152		

maintenance for structural damage with resultant ceiling bio-growth for all residents. Furthermore, the deplorable conditions from lack of cleaning and maintenance placed all residents at risk for health issues.

Findings included:

Observations of the first floor of the facility conducted on beginning at 9:30 a.m. revealed the following:

- Resident room windows visible from the parking lot had plaid blankets hung for window coverings on a 2nd floor room and a bathroom window opened on the first floor. A rake and two metal yard tools leaned up against the building.
- Approximately eight large branches and tree on the ground extended from the tree behind the facility next to the building.

Observations of the first floor of the facility conducted on beginning at 10:05 a.m. with the Administrator revealed the following:

- A black ashtray on top of a portable toilet chair in first floor hallway and many cigarette butts on the ground along the wall outside resident rooms.
- Ten large ceiling tiles were removed in the dining room. There was condensation water drips on vent in ceiling with black bio-growth that extended onto three large adjacent ceiling tiles.
- A black bagged garbage on the second floor staircase and white bagged garbage near first floor stairs outside resident rooms/walkways.
- : gnats flying around bed and in bathroom. Black bio-growth and black dust on the ceiling vent and on the ceiling around vent. Baseboard in bathroom had away and exposed yellow, glue-like material with dirt and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 4 debris in it, and a hole in the wall at the edge of baseboard glue. There was no toilet paper holder and no hot water in shower. - : ceiling vent covered in black dust, and black Bio-growth that extended to the wall around vent and onto the ceiling. Filthy wall vent near baseboard covered in thick gray dust and black bugs and debris on the floor below. Hot and water were . - -104: Large gray film/tape material affixed to four windowpanes with no blinds, but plastic blinds base holder was still affixed to top of window. Baseboard missing in entryway. Large hole approximately 2 in diameter in the resident closet with drywall hanging with , pipe plumbing visible behind it. The top pin on the door frame stuck out and wouldn't allow the door to fully close. - : Broken lock on the door and exposed wood along the right side of the door frame, and black dirt and unidentifiable material on the floor of the doorway. Filthy flooring with brown dust, marks and stains, a couch with a metal walker folded on top, a mattress on its side behind the couch, a wood tv stand with a can of bug spray and a large , that was yellow, brown and stained with unknown substance beneath the stand. There were multiple dinged areas with drywall holes and black scrapes along the walls and doorways exposing the wall beneath. The bathtub had brown liquid drip marks down the side and a brown rag on the floor next to a reddened rust type stain on the floor at the base of the toilet. The toilet was filled with feces and reddish-brown water with brown stains on the toilet seat and lid. The bedroom had a shower chair, two rolling walkers with seats, a stack of linens, no closet door, a black garbage bag next to the bed and a red bucket. There was paper and an unknown	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 5 wet area next to the bed. - : filthy brown stained flooring in the entryway, spiderwebs extended along the top of the walls at the ceiling and a discolored gray area above the window in the corner of the ceiling. - : a mop inside a bucket and a metal rectangular mop leaned against the wall at the entryway door next to the wall outlet. Gray dust inside the glass light covers on the ceiling in the closet. There were large dark brownish black stripes of bio-growth that extended along the entire ceiling that outlined the beams underneath. There were curtains hung sideways to cover the windows and no blinds where the hardware at the top of the window remained. - : A smell of cigarette smoke and a clear measuring cup with brown, amber colored liquid and two cigarette butts inside next to a box of cigarettes and a lighter on the table next to the chair. There were six Tupperware containers with lids on the kitchen counter, one that contained a coffee filter and coffee grinds, five plastic tumblers and beverage containers next to a crockpot near the sink with dishes in it. The countertops were brown and dirty and there was rust alongside the refrigerator where the coffee maker was left on. The entryway vent on the wall near the floor was covered in black dust. - -115: the entryway door had black cobwebs on the wall and on the baseboard above debris, dirt, bugs and spiderwebs along the wall behind it that extended up along the door frame. There were flies in the room. The vent had condensation on it near the ceiling and black, brown bio-growth and rust. The smoke detector was missing. The first bathroom window had no cover and had an unknown white opaque substance covering 90% of the window. There was black and brown dust on the vent near the ceiling and a white powder residue along the	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 6 floor. The light switch was missing in . The flooring outside the tub in bathroom 2 was missing a diamond shaped piece that affected four pieces of the flooring and there was a tree branch with leaves that had grown through the screen. The vent near the ceiling was covered in gray and brown dust and there was bio growth along the edge of the ceiling above it. - Two roaches on the floor and flying gnats in the Wellness Office where surveyor worked and near a portable , , rolling stand. Individual flooring squares were lifted along the wall edge walkway into the room. - All exterior gray doors to resident rooms were dinged, had missing paint, black markings, and overall filth on handles, doors and entranceways. Observations of the second floor of the facility conducted on beginning at approximately 11:00 a.m. -11:30 a.m. with the Administrator revealed the following: - : A receipt, paper, debris, crumbs, dust and garbage in a pile behind the entryway door and gray baseboard coming away from the wall, two small , , tanks one without a stand in front of the vent, a white garbage bag of clothing and a black bin of miscellaneous items next to it. There was a large brown and gray water stain on the ceiling and around the edges of the ceiling vent, with a mop and a cane laying on the floor. There was no toilet paper holder in the bathroom, the window was open and had a bent window screen and a missing window crank to close the window. There was a large winged fly on the screen with worm sized brown worms/larvae on the bottom of the window screen, along with black bugs and a bug gel gun on the window ledge. There were more brown worms/larvae between the vanity and the	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 7 wall behind the resident toothbrush and toothpaste holder. There was a brown worm/worm type larvae directly behind the knobs on the sink faucet and a missing bulb on the bathroom mirror with spiderwebs along the ceiling above the sink. - : gray mechanical tape affixed to the full edges of the window screen to keep it in place as observed from the outside hallway. - : a missing light bulb in the entryway and a white sheet hung with nails over the window and a brown stain around the vent on the ceiling. There were paint chips and missing pieces along the door frame and an unpainted white putty covered hole above the television. - : Cluttered room with laundry bins, walkers, brown bag of items, cuff, bag of cookies, a bottle of Clorox, clothing stacked on bins in the corner, laundry bags full of items, filthy brown mattress cover with no sheets on the bed under the window, no window blinds or covering, and no closet door. - : brown bio growth in drip type stains from the ceiling onto the wall in the far corner, no closet door, filthy brown dirty flooring in the bathroom, unknown blacks/ bug stains on the wall behind the sink, brown filth in the shower and along the edge of the shower ledge at the floor and drain, black bio-growth on the vent and extended out from ceiling vent and dust, dirt, debris and overall filth on the floor and all along the baseboards and entryway. - -221: black stained concrete outside the door. - -214: a nightstand with eight books piled on top, next to a set of metal bed rails, a cardboard box filled with items, a metal four-wheeled shopping cart, a metal bed frame leaned against the wall. There was a cupboard door hanging on the pantry on way to the	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 8 bathroom with a bottle of vodka on its side above it. White putty filled hole unpainted behind the sink and dings along the wall behind the toilet. Brown stains on the floor in the bathroom and brown dirty footprints. - -212: The bathroom was missing a light cover, the floor was brown and black with dirt and grime, and a container of comet was on the ledge of the tub. The toilet had dark reddish brown rust stains from the toilet tank lid down to the toilet bowl with yellow and dried debris. There were brown stains along the side of the sink vanity next to the toilet. There was an electrical cord taped down to the floor from the window side extended across the full width of the room and walkway. There was and brown debris on the floor with tissue paper and other unknown items. The metal bed frame had no mattress, and the blanket was on the floor. The entryway had four black garbage bags of unknown items, and a wet/dry vacuum, a bicycle and a wall level leaned against the wall. The entryway had a stack of rubber baseboards and missing baseboards along the edge of the entryway room. There was filthy floors with dirt, debris and mud in the entryway and into the bathroom. There was approximately a two-square cut out from the ceiling with a piece of white cardboard in its place near a ceiling light that was loose from the wall. The edges of the linoleum flooring squares had black dirt and debris on each floor piece in the bathroom. - : there was black and gray dust along the edge that extended onto the ceiling past the vent. - -210 there was no hot water in the bathroom when tested. - -206 white residue in entryway by wall on floor. 205 missing light plate in bathroom noticed when surveyor touched with wet to	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 9	A 152		

turn light off and felt a zap. 206: vent condensation in room and hall vent dirty.
- -204: No window coverings. Hall bio-growth in ceiling.
- -202 chirping fire detector. No window coverings. Gnats flying and filthy ceiling vent.
- Soffit wood area on roofline for 2nd floor near elevator was broken and falling down.
- All exterior gray doors to resident rooms were dinged, had missing paint, black markings, and overall filth on handles and doors.

In an interview on at 9:35 a.m. Staff A stated the dining room had a leak in the ceiling and tiles so the maintenance man had removed them. Additionally, they thought the bio-growth near the vent looked like mold.

In an interview on at 9:42 a.m. Resident #2 stated the facility was not good and there were a lot of things that were not right, including gnats and flies, and felt they would have been better off at another facility. Resident #2 stated sometimes people had to take a sink bath due to hot water issues.

In an interview on at 9:47 a.m. Staff C stated the maintenance man left employment last week.

In an interview on at 10:19 a.m. Resident #3 stated the door to their room would not close and the hole in their closet had been there since they moved in.

In an interview on at 11:30 a.m. Resident #4 stated the bathroom water got warm but not hot.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 10 In an interview on at 11:32 a.m. Resident #5 stated they wanted to be sure the surveyor saw the black bio-growth in the hallway ceiling. A review of "A Brief Guide to Mold and Your Home" found at (https://www.epa.gov/mold/brief-guide-mold-moisture-and-your-home) dated , conducted on , stated that "Molds have the potential to cause health problems. Molds produce (substances that can cause reactions), irritants, and in some cases, potentially toxic substances (mycotoxins). Inhaling or touching mold or mold spores may cause reactions in sensitive individuals." The article stated that the key to mold control is moisture control. A review of the Centers for Control article entitled "Healthcare-Associated (HAIs)" found online at (https://www.cdc.gov/healthcare-associated-ions/hcp/cleaning-global/introduction.html#;~:text=In%20a%20variety%20of%20healthcare,)%2C%20Clostridioides% %20(C.) dated , conducted on revealed environmental cleaning is a fundamental intervention for prevention and control. Additionally, it said that In a variety of healthcare settings, environmental contamination has been significantly associated with transmission of , in major outbreaks and that some , can survive on environmental surfaces for months. It said that effective environmental cleaning strategies reduce the risk of transmission and contribute to outbreak control. In an interview on at 12:50 p.m. the Owner stated he would remove the ceiling in	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
	AL11953664	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 11 for the bio-growth. The Owner stated he understood the issues and said he would get them resolved. During an interview on at 10:35 a.m. the Administrator stated she was disgusted with the condition of the facility and would spend her weekend doing a deep clean and expected her staff to be there as well. At 10:16 a.m. she said that they had a list of blinds to replace throughout the facility. At 10:23 a.m. she said all of the doors needed to be sanded and painted. At 10:39 a.m. the Adminsitrator stated there was to be no smoking in the resident rooms. At 11:03 a.m. she said the facility needed power washed and she would get the hot and water fixed in the affected rooms. At 11:44 a.m. she admitted they knew there was a problem and waited too long, but would be in the building more going forward. Additionally, she said they had a room de-clutter schedule in place. At 12:50 p.m. the Adminitrator said that she had notes of the issues and would ensure they cleaned and made repairs. Photographic Evidence Obtained. Class II	A 152		