

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/02/2025
NAME OF PROVIDER OR SUPPLIER TAMPA GARDENS SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 16702 NORTH DALE MABRY HWY TAMPA, FL 33618		
(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 re-licensure survey was conducted at Tampa Gardens Senior Living on . Previously cited deficiencies were not corrected 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 height 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}			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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{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, interview and record review the facility failed to provide a safe living environment that was free of hazards, by ensuring all air conditioning systems in the dining room and kitchen and one of the two elevators for a three story facility were maintained in good working order for all residents. Findings included: During an interview on _____ at 9:55 a.m. the Maintenance Director stated he expected the kitchen and dining room air conditioner repair to be completed in _____ as the repair company would not assemble the unit until it was paid for and the facility did that in _____. The Maintenance Director stated it was a 10 to 12 weeks lead time until the air conditioner repair since the date of payment in _____. During an interview on _____ at 10:05 a.m. the Dietary Manager stated the temperature in the kitchen was 100 degrees on the food line on _____ but the average temperature was 92 to 93 degrees Fahrenheit when the steam tables were on. He said the portable air conditioners did not cool the kitchen down much below 90 degrees and that the residents had been complaining in the dining room for the past two weeks, as outdoor temperatures rose.	{A 152}			

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{A 152}	Continued From page 2 During an interview on _____ at 10:18 a.m. Resident #2 stated it was uncomfortably hot at meals and had been for quite some time. During an interview on _____ at 10:24 a.m. Resident #4 stated the dining room was too warm to be comfortable and that there was lingering warmth at dinner time. She said it was good that they were not in the dining room for long. During an interview on _____ at 10:27 a.m. Staff A stated one of the elevators had been out of order for two to three weeks and that it would get complicated when residents from both floors tried to get to lunch or other events. During an interview on _____ at 10:29 a.m. Resident #5 stated it was horribly hot in the dining room at meals and that she would leave breakfast with wet hair on her _____. She said she felt that the portable unit in the dining room behind the piano was not enough to make a difference. Additionally, she said the second elevator was not working and it was difficult and crowded to get to meals. An observation conducted on _____ at 10:30 a.m. there was an _____ tree in a pot in front of the second elevator on floor 2. During an interview on _____ at 10:39 a.m. Staff B stated one of the elevators had been out of order for two to three weeks and that it would get crowded with residents trying to get the meals. Additionally, she said there was one resident who was new to the facility would eat in his room because he preferred a cooler temperature than the dining room.	{A 152}			

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{A 152}	Continued From page 3 During an interview on _____ at 10:45 a.m. Resident #9 stated there was a constant delay to go anywhere due to the second elevator being out of order. She said it was especially tough when she had to urinate. During an interview on _____ at 10:52 a.m. Resident #8 stated it was hot in the dining room for all meals but that the last couple of weeks were _____, hot especially since their table was close to the kitchen where warm air was coming in. An observation conducted on _____ at 11:00 a.m. the temperature in the kitchen felt warm, the temperature was 80.9 degrees on hygrometer reading, and there was a portable air conditioner on top of the upper shelf of a food prep area and a wall fan by the dishwashing station. The dining room felt warm and the temperature was 80.7 degrees on hygrometer reading and there was a portable air conditioner in the corner. A review of facility's records conducted on _____ showed an elevator repair proposal dated _____ for \$4226.00, three supply company proposals for the _____ system repair dated _____ and three air conditioner installation company proposals dated _____. During an interview on _____ at 10:15 a.m. the Administrator stated the second elevator had been out of order since _____ and that the part was ordered and paid for but there was she had no proof of payment. At 11:13am she said that as soon as they were notified of the air conditioner unit assembly and delivery, they would get the installation company scheduled and hoped it would all be resolved in _____.	{A 152}			

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{A 152}	Continued From page 4 Additionally, she said she would have alternative dining locations for residents until the repair was complete. Photographic evidence obtained. Class III	{A 152}			