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
	AL11922280	A. BUILDING: _____ B. WING _____	R 02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT PORT RICHEY LLC	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 complaint investigation (#2025013428, #2025013675, #2025014924 and #2025014537) was conducted at Best Care Senior Living at Port Richey on . The facility had deficiencies at the time of the survey.	{A 000}		
{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 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	{A 152}		

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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 and interviews, the facility failed to provide a safe living environment that was free of hazards by ensuring all architectural and structural systems were maintained in good working order resulting in the flooring peeling off the ground in the dining room, broken toilet paper holders, and holes in the walls for all residents in the facility. Findings included: During a tour of the facility conducted on between 9:50 a.m. and 10:45 a.m., there were multiple physical plant issues observed. The flooring in building 4 and building 7 were peeling up from the floor. In building 7 room number four, the toilet paper holder was broken, and an outlet cover was missing from a light switch. In building 7 room number five, there were tiles missing and multiple holes in the bathroom wall. In building 7 room number sixteen, there was an outlet cover missing from a light switch, the toilet paper holder was ripped out of the wall leaving a large hole in the wall, and the bathroom was dirty and had appeared to not be cleaned for a while. During an interview on at 12:45 p.m. the Administrator said there were issues with all the laminate flooring throughout the buildings due to water damage from mopping, but the flooring	{A 152}		

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{A 152}	Continued From page 2 would be replaced, and agreed the other issues should be fixed. (Photographic evidence obtained) Class II	{A 152}		