

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER PINEAPPLE HOUSE AT SAPPHIRE LAKES, TH			STREET ADDRESS, CITY, STATE, ZIP CODE 7901 RADIO RD NAPLES, FL 34104		
(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 for #2026000031 and #2026001686 was conducted at The Pineapple House at Sapphire Lakes on . Deficiencies were identified at the time of the survey.	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	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 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, record review, and interview, the facility failed to maintain a clean safe comfortable and decent living environment for residents by failing to maintain hot water temperatures of at least 100 degrees Farenheit (F) per 65C-14.010(h) F.A.C. The findings included: On _____, record review of maintenance invoices, revealed that Coastal Plumbing and Mechanical Corporation provided service on _____ and _____. On _____ at 10:35 a.m., during an interview, Resident #8 said she can't remember the last time she took a shower with hot water. On _____ at 10:55 a.m., during an interview, Resident #11 said the water situation is ridiculous how long it has been that it hasn't been fixed. "A few days is ok, but it's been a month!" On _____ at 11:00 a.m., during an interview, Resident #9 said she has been taking showers in another room for several weeks and it was a pretty big inconvenience. Resident #9 said she has given up going and now takes _____ showers	A 152			

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A 152	Continued From page 2 because she doesn't want to go downstairs anymore. On _____ at 1:15 p.m., during an interview, the Executive Director said plumbers have been out several times with different diagnoses. He said they tried to accommodate the best they could due to the situation that they could just not completely figure out. On _____ at 2:35 p.m., during a tour of Resident #9's room with the Regional Project Manager, the temperature of the hot water in the bathroom was measured at 75.7F. On _____ at 2:40 p.m., during a tour of _____ with the Regional Project Manager, the temperature of the hot water at the kitchen sink was measured at 74.8F. On _____ at 2:45 p.m., during a tour of _____ with the Regional Project Manager, the temperature of the hot water at the kitchen sink was measured at 77.3F. On _____ at 2:50 p.m., during a tour of Resident #11's room with the Regional Project Manager, the temperature of the hot water in the bathroom was measured at 80.2F. On _____ at 2:55 p.m., during a tour of Resident #8's room with the Regional Project Manager, the temperature of the hot water in the bathroom was measured at 72.5F.	A 152			

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A 152	Continued From page 3 On at 2:56 p.m., during an interview, the Regional Project Manager acknowledged the low temperatures and said he felt terrible about it, and understands the residents concerns. The Regional Project manager confirmed the water temperature needs to be at least 100 F. ** Photographic Evidence Obtained ** Class III	A 152			