

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/02/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WELLSPRING ASSISTED LIVING FACILITY

**37815 15TH AVE WEST
ZEPHYRHILLS, FL 33542**

(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 (#2025017530, 2025019445) was conducted at Wellspring Assisted Living Facility on . Deficiencies were identified 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 apparutances 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		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER WELLSPRING ASSISTED LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 37815 15TH AVE WEST ZEPHYRHILLS, FL 33542		
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A 152	Continued From page 1 commodos 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 up from the ground, dirty air conditioning vents, clogged and dirty toilets, dirty floors, broken blinds, and pests for all residents in the facility. Findings included: During a tour of the facility conducted on between 9:15 a.m. and 10:00 a.m., there were multiple physical plant issues observed. There was a live roach observed crawling in bathroom #11. The floor in bathroom #11 was uncleared and the flooring was peeling up from the floor. The bathroom in the right hallway by the dining room had old toilet paper caked on the side of the toilet and the toilet was clogged. The floor in was dirty, there was a broken on the window, and the air conditioning vent was dirty with dust. During an interview conducted on at 9:27 a.m., Resident #5 stated the facility staff do not clean Resident #5's room. During an interview with the Administrator	A 152		

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A 152	Continued From page 2 conducted on _____ at 10:45 a.m., the Administrator agreed there were multiple physical plant issues throughout the facility. (Photographic evidence obtained) Class III	A 152			