

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969717	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SEACOAST AT UPTOWN OAKS

**12250 N 22ND STREET
TAMPA, FL 33612**

(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 (#2026005319) was conducted at Seacoast at Uptown Oaks 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 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		

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 SEACOAST AT UPTOWN OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 12250 N 22ND STREET TAMPA, FL 33612		
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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 missing ceiling tiles, water damage to ceiling tiles, clogged toilets, overflowing trash, dirty air conditioning vents, and dirty floors for all residents in the facility. Findings included: During a tour of the facility conducted on between 9:15 a.m. and 10:30 a.m., there were multiple physical plant issues observed. During an observation of , there was a missing ceiling tile in the common area due to a leak in the ceiling. During an observation of the second-floor dining room there was water damage to multiple ceiling tiles and dirty air conditioning vents. During an observation of the game room bathroom the toilet was clogged, and the trash can was overflowing with trash. During an observation of the floor was very dirty. During an interview with the Chief Operating Officer conducted on at 12:00 p.m., the Chief Operating Officer agreed there were multiple physical plant issues around the facility.	A 152			

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A 152	Continued From page 2 (Photographic evidence obtained) Class III	A 152			