

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965635	(X3) DATE SURVEY COMPLETED 04/15/2015
NAME OF PROVIDER OR SUPPLIER CASA BUENA	STREET ADDRESS, CITY, STATE, ZIP CODE 6021 1ST AVENUE NORTH SAINT PETERSBURG, FL 33710	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Biennial Licensure Survey was conducted on

The Casa Buena Manor, Assisted Living Facility, had a deficiency at the time of the visit.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on Observation and Interview the facility failed to provide a safe living environment free of hazards, and to ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order for 5 out of 5 residents.

Findings Include:

On at approximately 2:45pm, during a tour of the facility, it was found that the second in the converted garage is in disrepair, and evidence of bio growth was found. The following hazards, electrical and structural problems were observed:

1. Smell of mold and mildew.
2. Mold was found in the tiled walk-in shower in the corners, on the floor, and on the one-handle shower faucet.
3. Light fixture located above the mirror is missing two bulbs, and is not in working order.
4. Lamp (without a lampshade) is used for light in the is on a wooden TV tray by the entrance to the plugged into an outlet.
5. Gap in the floor tile between the toilet and the wall, has evidence of dirt and mold.
6. Water stains on the wall behind the toilet.
7. Wall between the toilet and tiled walk-in shower is bowed out, (possible water leak).

On at approximately 3:00pm the Assistant Manager/Med Tech was observed cleaning the second in the converted garage. The tiled walk-in shower was the musty smell was gone, but there was still evidence of bio growth in the grout on the floors and walls of the tiled walk-in shower.

On at approximately 3:15pm and Interview with the Administrator revealed that a contractor was contacted on Monday, to draw up plans to remodel the entire facility.

CLASS III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Casa Buena
6021 1st Avenue North
Saint Petersburg, FL 33710

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on
, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul F. Brown
Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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