

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964327	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER SEMINOLE ACRES KANLAKE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3562 SEMINOLE ROAD FORT PIERCE, FL 34951	

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

0000 - Initial Comments

A Complaint Investigation, CCR #2017010487, was conducted on _____ at Seminole Acres Kanlake II Inc., license #9025. The facility had deficiencies at the time of the investigation.

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observations, interviews and record review, the facility failed to comply with Building Code requirements related to minimum _____ for all 10 current residents.

The findings include:

On _____, observations of the facility's available _____ revealed the following:

1. At 9:30 AM until 9:35 AM, two portable toilets were located on the front lawn, to the right of the facility entrance. Two residents were observed to use the portable toilets during that time. Further observation revealed neither of the portable toilets had a sink, soap, or paper towels for washing hands. The left toilet had trash in the urinal.

2. At 10:00 AM the _____ at the rear of the facility, was observed as the only _____ for use. The toilet did not flush completely, water had to be added to the toilet tank for it to flush properly. This observation was repeated at 1:35 PM.

3. At 10:00 AM the tub with shower in the only _____ was observed to be in disrepair. The wall with the shower head and faucet was covered with taped plastic.

These concerns were discussed with the facility's Manager during the survey on _____ and on _____ at 11:23 AM.

Review of the facility's _____ Department of Health Group Care Inspection Report revealed satisfactory results. Further review of the report revealed the General Comments section documented, "Routine inspection conducted _____
Reinspection rescheduled by facility due to plumber scheduling issues
Last re-inspection conducted _____"

Review conducted _____ of the Florida State Building Code 434.4.5.1 revealed, "There shall be at least one _____ one toilet and sink per six persons, and one bathtub or shower per eight persons. All residents, all live-in staff and family members, and respite care participants must be

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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included when the required number of toilets, sinks, bathtubs and showers." Review conducted of the National Weather Service Local Climatological Data for Fort Pierce revealed the following low temperatures recorded: at 53 degrees at 49 degrees at 59 degrees at 63 degrees at 50 degrees at 47 degrees at 49 degrees Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observations, interviews and record review, the facility failed to comply with Building Code requirements related to minimum for all 10 current residents. The findings include: On , observations of the facility's available revealed the following: 1. At 10:00 AM the at the rear of the facility, was observed as the only for use. The toilet did not flush completely, water had to be added to the toilet tank for it to flush properly. This observation was repeated at 1:35 PM. 2. At 10:00 AM the tub with shower in the only was observed to be in disrepair. The wall with the shower head and faucet was covered with taped plastic. 3. The facility's dumpster located near the entrance to the property had one of two lids wide open. Excessive trash and debris were strewn across the grass surrounding the dumpster (photographic evidence obtained). This was discussed with and acknowledged by the facility's Manager on at 11:11 AM. Class III		