

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910479	(X3) DATE SURVEY COMPLETED R 10/18/2018
NAME OF PROVIDER OR SUPPLIER MARYLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7632 MARYLAND AVENUE HUDSON, FL 34667	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to an monitoring visit for facility temperature and physical plant conditions was conducted at Maryland Manor on, in conjunction with a complaint investigation (CCR 2018012792 and 2018015039). Maryland Manor had deficient practice at the time of the visit.

(License #71165)

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

Based on observation and interview, the facility failed to maintain a safe living environment, free of hazards.

Findings included:

An interview was conducted with Resident #7 on at 10:27 AM and they indicated that they had bed bugs in their room (.....). was observed and Resident #7 removed the bed sheets from the mattress. What appeared to be live bed bugs were observed crawling on the corner of the mattress (photographic evidence obtained). The entrance to the room was missing a door threshold, presenting a potential tripping hazard. The room also showed two large, 3- pieces of drywall lying on the floor (photographic evidence obtained). There was also an old door propped up against the wall with a step ladder in front of it (photographic evidence obtained).

A bathroom located near the dining area was observed and the air vent showed black mold-like substance (photographic evidence obtained). The shower stall located in this bathroom had a light fixture that was missing its glass cover and lightbulb (photographic evidence obtained).

A storage closet located outside of was observed and it showed black mold-like substance on the ceiling and wall (photographic evidence obtained). The closet had a strong, musty smell present.

At 12:28 PM on, Resident #9 was observed smoking a cigarette while sitting on a sofa in a common area located outside the dining room. Staff members were not aware of this safety hazard and were alerted.

The Owner was interviewed at 2:43 PM on concerning the safety issues in, the

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bathroom, and storage closet. The Owner acknowledged the safety issues that existed. On , information was received from a representative of the local health department, environmental division, who confirmed the presence of bed bugs in multiple rooms in the facility. Class III		