

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/02/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EAST LAKE MANOR, INC.

**722 EAST LAKE ROAD
TARPON SPRINGS, FL 34688**

(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 (complaint numbers 2019007297 and 2019011907) was conducted at East Lake Manor, Inc. on . The facility had a deficiency at the time of the survey.	A 000		
A 152 SS=D	58A-5.023(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 commodes must be provided with privacy during	A 152		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 152	Continued From page 1 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 interview, the facility failed to provide a safe and decent living environment free of hazards including , insects. Findings included: An interview was conducted with the Administrator at 10:13 AM on _____ and the Administrator stated that the facility had bed bug sightings. A tour of rooms _____ by bed bugs was conducted with the Administrator at this time. _____ was observed and the bed on the left- _____ side of the room after entering was observed. An inspection of the mattress and box spring showed black marks typical of debris left behind by bed bugs. The Administrator was shown the debris on the mattress and they stated that they would take care of it. An interview was conducted with Staff A at 10:53 AM on _____. Staff A stated that they just saw a bed bug in _____ and threw out the sheets, pillow cases, and blanket. The Administrator was asked to provide proof of professional treatment for bed bugs. The Administrator provided invoices indicating that the last date of professional treatment for bed bugs was _____. An interview was conducted with the Administrator at 4:27 PM on _____ concerning	A 152		

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A 152	Continued From page 2 Staff A's observation of a bed bug in Class III	A 152		