Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911240	A. BUILDING: _____ B. WING _____	10/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT SAINT JOSEPH	4406 N MELTON AVE TAMPA, FL 33614

(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 Capacity Increase survey was conducted at Best Care Senior Living At Saint Joseph on . Deficiencies were identified at the time of survey.	A 000		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 58A-5.0161, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 58A-5.0161, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership	A 004		

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A 004	Continued From page 1 separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Part II, Chapter 408, F.S., Section 429.14, F.S., and Rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility was seeking to convert an area to resident use, which had not previously been inspected for such use, and was otherwise, still under construction. Findings Included: Upon arrival to the facility, at 9:15am on , a large construction dumpster was observed in the front of the building and the parking lot was torn up. There was no asphalt or parking spaces in the main parking area on the east side of the	A 004		

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A 004	Continued From page 2	A 004		

building, making it difficult for anyone to park a car, van, ambulance or other vehicle. Construction trash (cardboard and broken concrete) was noted within the courtyard. Residents were also observed sitting at a table in that same courtyard. The main hallway was noted to have newly constructed walls and flooring; however there were signs that the work was not completed. There were missing electrical switch plates and wires coming out of sockets and floor boards and other molding observed to be missing. New furniture was still wrapped in plastic and not set up and amenities, such as comfortable seating such as sofas and chairs, as one would find in a living room of a home, was missing.

When the Administrator, arrived at 9:25am, she stated the facility currently had 25 residents and that the building was undergoing renovations, but that the facility had been operational for the assisted living residents during the construction period.

The tour of the facility, from 9:30am to 9:55am revealed that the entire facility was undergoing both interior and exterior renovations. A hallway connecting the south building with the north building was still in the process of having new flooring, walls (dry wall) and ceiling tiles put in. Insulation batting and air conditioning duct work were hanging out in the open, and electrical wiring was not secured in casing in both the hallway connecting the north and south buildings and throughout the entire south building, where the 9 new beds were to be placed. The south building was not ready to be inhabited by any residents, as it was apparent that construction was ongoing.

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A 004	Continued From page 3 At 10:00am on [redacted], in an interview with the Administrator, when asked how they could expect to place 9 more beds in a facility that was not completed, and which appeared to not be able to accommodate even the currently licensed 75 resident beds, she agreed that under the circumstances and current state of construction activities, the facility was not prepared to accommodate all 75 beds as currently licensed. The Administrator stated that she had been told the construction activities would be completed within a month. Class III	A 004		