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
	AL11953392	A. BUILDING: _____ B. WING _____	08/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEE RESIDENCE	6260 GUN CLUB ROAD WEST PALM BEACH, FL 33415

(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 An unannounced licensure complaint survey (#2022008158) was conducted on [redacted] at Lee Residence. The facility had the following deficiency identified at the time of the survey.	A 000		
A 152	59A-36.014(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 [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] 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		

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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 record review and interview, it was determined that the facility failed to maintain the facility in a safe manner. As evidence of the facility failure to obtain a satisfactory fire inspection report. The findings included: During an interview with the Fire Inspector on . . . . . at 12:01 PM, the following was revealed. The Owner has been sent numerous emails in regard to her getting a sprinkler system, removing the bars off the windows and adding a pull station that will alert the fire department in the event of a fire. No response from Owner regarding the emails and the violation. Observations of the facility at 10 AM on , revealed the facility had not addressed the concerns identified in various emails to the Owner/Administrator. Review of the fire inspection report for the facility dated . . . . . (Initial Inspection date:) revealed the following inspection result. Inspection results indicated as Fail. Code text documented as, to ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with applicable requirements of NFPA 70 and NFPA 72[101:9.6.1.4]. Further review of the report	A 152		

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A 152	Continued From page 2 revealed all violations must be abated immediately . Class III	A 152		