

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969289	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER SUMMIT OF WINTER GARDEN, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 420 ROPER RD WINTER GARDEN, FL 34787		
(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 (2025010078) was conducted at The Summit of Winter Garden on . The facility had a deficiency at the time of the survey.	A 000			
A 152 SS=D	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 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

(X8) 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, record review, and interviews, the facility failed to ensure an air conditioner unit was maintained in good working order. Findings: On at 9:14 AM, plywood with two round cut-outs was seen on a dining room door. The cut-outs were used to place tubing from a portable air conditioner to push cool air into the dining room. Nurse A said the air conditioner unit for the dining room was broken for about two weeks. She said it was previously repaired then broke again due to a storm. On at 9:50 AM, the administrator said a rooftop air conditioner unit was struck by lightning in late . The unit cooled administrative offices, part of the front lobby, the dining room, the salon, and the exercise room. A portable air conditioner was rented, which was the one cooling the dining room. A portable floor air conditioner was cooling the salon, and another one was cooling the exercise room. He said no resident rooms were affected. No resident areas had to be closed. No residents were negatively affected. He monitored the affected areas multiple times each day by checking the wall thermostats. He did not document his findings. Maintenance staff monitored temperatures on the weekend. The estimated time of arrival for the	A 152			

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A 152	Continued From page 2 part needed to repair the air conditioner was late this week or early next week. On the portable air conditioner used to cool the dining room was rented. On and repairs were done to the air conditioner unit. On the rented portable air conditioner was returned to the company because the administrator believed the unit was repaired. On a portable air conditioner was rented again because the administrator checked the unit and learned the exhaust fan did not work. On the administrator approved a different air conditioning company's proposal to repair the unit. Class III	A 152			