

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953584	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER FOUNTAINS OF MELBOURNE			STREET ADDRESS, CITY, STATE, ZIP CODE 4451 STACK BLVD MELBOURNE, FL 32901		
(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 survey for complaint #2025012800 and a generator monitoring were conducted at Fountains of Melbourne. There was a deficiency identified 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 height 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 interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: Review of the Grievance log revealed on resident #1 complained his air conditioning (A/C) was not working. The grievance was documented by the Director of Nursing. Two portable A/C units were placed in the apartment. No permanent resolution was documented. On at 9:50AM an interview with resident #1 was conducted. He said he had met with the Administrator twice regarding the a/c in his apartment. He had lived in the facility for about a year. He said he had moved to his current room on . It was bigger than his previous apartment. The central A/C did not work properly when he moved in. He said they put in window A/C units which cause mold around the units. The central A/C was replaced weeks ago but it does not cool effectively, and he still has to use the portable A/C units. A tour of his apartment did not find mold around the portable A/C units with exhaust through the windows. There was dust on the windowsills, and the paint had moisture under it causing it to	A 152		

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A 152	Continued From page 2 bubble. The tour did find the central A/C was not working effectively and would not stay at set temperature. It would reset to 85 degrees. Resident #1 said the maintenance man was aware. Resident #1 provided a copy of an email he had sent to the Maintenance Director and the Administrator on _____ with a picture of his thermostat. The time on the thermostat indicated 8:27PM temperature 78 degrees. On _____ at 11:45AM interview with the Maintenance Director. He explained that the A/C is run on a chiller system. The farther away from the chillers, the harder the A/C has to work. Resident #1 is on the opposite side of the building from the chillers. Resident #1 had a brand-new A/C installed 3 weeks ago. It did take a few weeks to get the unit and install it because it had to be custom made to fit. It is a larger unit than there was before. The Maintenance Director advised the A/C in resident #1's room was not working. He stated he was not aware, and he would check it. Record review for resident #1 revealed an admission date of _____. The resident was assessed to be alert and oriented X 3. A review of the contract signed by resident #1 found under #4 "we will perform all necessary maintenance and repairs of the apartment at our expense." On _____ at 1:20PM the Maintenance Director said he checked resident #1's A/C thermostat and confirmed it was set on the wrong mode. He reset it and will recheck it to see if it is working. He also called the A/C company to check it and	A 152			

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A 152	Continued From page 3 tighten the fan belt. Class III	A 152			