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 |
|---|---|---|---|
| | AL11922288 | A. BUILDING: _____ B. WING _____ | 07/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BELLEAIR MANOR | 1711 BALMORAL DRIVE CLEARWATER, FL 33756 |

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| ZZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation:<br>1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity.<br>(c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse.<br>1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made.<br>2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. | ZZ814 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| ZZ814 | Continued From page 1<br><br>(d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ⌄ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to have employees registered with the clearinghouse roster for two (Staff A and B) of two sampled employees.<br><br>Findings included:<br><br>During an observation on from 8:55 AM to 10:45 AM, Staff A and Staff B were working inside the facility.<br><br>A review of the facility's background screening employee roster, conducted on , revealed Staff A and Staff B were not listed on the facility's background screening employee roster.<br><br>During an interview on at 8:55 AM, Staff A stated he and Staff B were scheduled to work at the facility. during the survey.<br><br>During an interview on at 9:26 AM, | ZZ814 | | |

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| ZZ814 | Continued From page 2<br><br>after reviewing the background screening employee roster, Staff A stated that he did not see his name or Staff B's name on the background screening employee roster.<br><br>During an interview on at 10:37 AM, the Administrator agreed Staff A and Staff B were not listed on the background screening employee roster.<br><br>Unclassified | ZZ814 | | |
| ZZ830 SS=D | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.<br>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. | ZZ830 | | |

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| ZZ830 | Continued From page 3<br><br>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.<br>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:<br>1. Suffered damage to its operation during the state of emergency.<br>2. Is currently licensed.<br>3. Does not have a provisional license.<br>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.<br>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The | ZZ830 | | |

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| ZZ830 | Continued From page 4<br><br>beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure the facility had submitted the comprehensive emergency plan (CEMP) annually. Furthermore, the facility failed to successfully log into the health facility reporting system (HFRS).<br><br>Findings included:<br><br>During an attempt record review the CEMP, conducted on , revealed the facility did not have a CEMP to review. Record review revealed the last CEMP was approved on .<br><br>An observation on at approximately 10:00 AM revealed the Administrator could not log into the health facility reporting system (HFRS). | ZZ830 | | |

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| ZZ830 | Continued From page 5<br><br>During an interview on at approximately 10:00 AM the Administrator stated everything was on the computer and she did not have her computer.<br><br>Class III | ZZ830 | | |
| A 000 | Initial Comments<br><br>A generator monitoring visit and a Comprehensive Emergency Management Plan review was conducted on at Belleair Manor. Deficiencies were identified at the time of the survey in accordance with Florida Administrative Code 59A-36.025. | A 000 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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 ˬ to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging | A 152 | | |

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| A 152 | Continued From page 6<br><br>clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(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 .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure a safe and clean living environment to reside for five(#1, #2, #3, #4, and #5) of five sampled residents.<br><br>Findings included:<br><br>During an observation on between 9:03 AM and 9:23 AM the following observations were made:<br>- An air vent return in the living room across from the kitchen that was covered in fuzzy dust.<br>- Two fire alarms that were beeping.<br>- The bathroom floor mat was full of brown and black discoloration consistent with biogrowth. The bathroom floor tiles in front of the shower had black discoloration consistent with biogrowth.<br>- The dining room has an air supply vent that was covered with a black substance consistent with either dirt, dust, or biogrowth. | A 152 | | |

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| A 152 | Continued From page 7<br><br>During an interview on at 9:05 AM, Staff A stated the air vent in the living room was really dirty.<br><br>During an interview on at 10:23 AM, the Administrator stated she did not know the reason why the fire alarms were beeping. The Administrator agreed the air supply and return vents needed cleaning. The Administrator agreed the shower floor mat and the tile in front of the shower needed cleaning. The Administrator agreed the door needed to be fixed.<br><br>Photographic evidence obtained.<br><br>Class III | A 152 | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from | A 160 | | |

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| A 160 | Continued From page 8<br>which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff.<br>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. | A 160 | | |

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| A 160 | Continued From page 9<br>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;<br>(q) The facility's . . . prevention policies and procedures;<br>(r) The facility's medication practices;<br>(s) The facility's policy on physical ;<br>(t) The facility's policy on assistive devices;<br>(u) The facility's policy on third-party providers;<br>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;<br>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. | A 160 | | |

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| A 160 | Continued From page 10<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to keep an up-to-date admission and discharge log including the name, date of admission, and place of admission for admissions and discharges to include the date, reason, and place of discharge for all residents admitted into the facility. Furthermore the facility failed to provide a fire inspection report.<br><br>Findings included:<br><br>During an attempted review of the facility's admission and discharge log no admission and discharge log was provided for review.<br><br>During an attempted review of the facility's fire inspection report no fire inspection report was provided for review.<br><br>During an interview on at approximately 10:00 AM Staff A stated he could not provide the facility's admission and discharge log or the fire inspection report.<br><br>During an interview on 07. at approximatley 10:15 AM the Administrator stated she did not have the facility's admission and discharge log or the fire inspection report to provide for review.<br><br>Class III | A 160 | | |