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
	AL11942985	A. BUILDING: _____ B. WING _____	08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHER HAVEN III	10476 131ST STREET LARGO, FL 33774

(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 (complaint numbers 2026001473) in conjunction with a generator monitoring survey was conducted at Heather Haven III on . Deficiencies were identified at the time of survey.	A 000		
A 036 SS=F	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to establish and implement -control	A 036		

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A 036	Continued From page 1 policy and procedures to address the prevention and risk reduction of transmissible . This failure had the potential to affect all 45 residents in the facility. Findings included: A record review of the facility's list of residents, affected by , revealed thirteen residents were affected in the facility's outbreak. A record review of the facility's -control policy revealed no policy or procedures related to any transmissible other than Covid. During an interview on at 12:15 p.m., Administrator confirmed the facility experienced a outbreak in and that all residents affected received treatment. The Administrator also stated the facility only had a policy for Covid but not specifically for -control policy or procedures for any other transmissible . Class III	A 036		