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
	AL11967941	A. BUILDING: _____ B. WING _____	R 09/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROPICAL PARADISE	1593 BRICKYARD ROAD CHIPLEY, FL 32428

(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 revisit to a complaint survey that originally ended on 7/15/26, was conducted on 9/10/26 at Tropical Paradise Villa Assisted Living and Retirement in Chipley, Florida. Deficient practice remained uncorrected at the time of the survey.	{A 000}		
{A 152} SS=E	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, chest 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.	{A 152}		

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{A 152}	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during 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 threadbare. This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the existing sprinkler system was maintained in good working order. The deficient practice remained uncorrected during the revisit survey, as evidenced by the sprinkler system jockey pump continued to leak. This failure has the potential to impact all 10 residents residing in the facility. The findings include: On 9/10/26 at 10:15 AM, during a revisit survey, observation of the sprinkler system revealed the jockey pump continued to leak. The leaking jockey pump was previously identified during the survey conducted on 7/15/26 as requiring repair. The Maintenance Director acknowledged the continued leak and acknowledged that the sprinkler system jockey pump remained unrepaired at the time of the revisit survey. (photographic evidence obtained) Class III	{A 152}		