

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965482	(X3) DATE SURVEY COMPLETED 11/30/2017
NAME OF PROVIDER OR SUPPLIER RESIDENCE AT TIMBER PINES (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3140 FOREST ROAD SPRING HILL, FL 34606	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On , 2017, an unannounced biennial re-licensure survey was conducted at Residence at Timber Pines Assisted Living Facility (license # 9870). Deficient practice was identified at the time of survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain all structural systems in good working order for 117 of 117 residents.

Findings:

During a tour of the facility on at 10:00 AM the following physical plant concerns were identified (photographic evidence obtained):

- 1- In 1st floor, two brown circular patterns on the ceiling in community lounge/pines pub area;
 - 2- In 2nd floor, three brown circles on the ceiling tiles in lounge/balcony area before entrance onto memory care unit; brown circular stain patterns around the vent panel and over fire extinguisher box between resident # 521 and 522;
 - 3- In 3rd floor, three brown circular stain patterns on the ceiling between resident # 632 and 630; four brown circular stains on the ceiling beside stair F and the soiled linen closet door between resident # 624 and 621; a brown circular stain around the AC panel door on the ceiling across from resident # ; a brown circular stain on the ceiling across from the employee food service door; a large circular stain on the ceiling between resident laundry and resident # .
- At 11:00 AM on , a tour and interview was conducted with the maintenance director, who confirmed brown circular patterns on the ceiling to be from water leaks on the first, second, and third floors of the facility.

Class III