Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: AL11942773 B. WING_ 06/04/2021

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 315 WEST PEACHTREE STREET

LAKE WIRE RETIREMENT CENTER LAKELAND, FL 33815						
(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 000				
	A complaint investigation (complaint number: 2021007137), a COVID-19 focused control visit, and a generator monitoring were conducted at Lake Wire Retirement Center on Deficiencies were identified at the time of survey.			A DATA DATA DATA DATA DATA DATA DATA DA		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152				
	(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 iness than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

Agency for Health Care Administration						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		AL11942773	B. WING		06/0	4/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
LAKE WI	RE RETIREMENT CENTE	R	ST PEACHTREE ST	REET		
	,		ND, FL 33815			
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A 152	Continued From page	1	A 152			
	use. (e) Facilities must ma personal laundry serv require such services facility must be free o be This Statute or Rule Based on observatior interview, the Facility safe, and decent livin bazards. Additionally, building repairs and n Findings Included: During observations,	rovided with privacy during ke available linens and lices for residents who . Linens provided by a I tears, stains and must not is not met as evidenced by: in, record review and falled to provide a clean, g environment free from the Facility failed to provide naintenance as needed.				
	housekeeping service The following issues of First Floor -The exit/entry of	evealed that there were no is provided during survey. were identified: loor had peeling/chipping dirty floor mat in front of				

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-There were two bathrooms on this floor. The bathroom to the right had paint peeling off of the bathtub and caulking peeling away from the corners and sink. The bathtub was visibly dirty and there was a mildewed and dirty bathmat. The bath walls had drips of a brown substance. The bathroom to the left had an aged mirror with spots. There was caulking peeling away from around sink, shower corners, and shower fixtures. The shower chair was visibly dirty with stains and brownish spots/smears. The floor mat

Agency f	or Health Care Adminis	stration): 06/11/2021 1 APPROVED
- 7,7		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AL11942773	B. WING		06/0	4/2021
	ROVIDER OR SUPPLIER	R 315 WE	ADDRESS, CITY, STATE ST PEACHTREE ST AND, FL 33815			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	E ACTION SHOULD BE COM D TO THE APPROPRIATE D	
A 152	pulling away from sho -The hallways carpeti tattered, and stained, vents that were rustet them. The paint was ; baseboards througho peeling/chipping from -Residents' room doo toward the bottom of that paint was peeling carpeting outside of tom/fattered, and stai floor vent that was rus off. The carpeting was tained. There was a worn with the stain ar had a light switch it carpeting was worn, t had ditry/dus	rty. The showerhead was were wall. ng was visibly dirty, worn, There were metal floor air of with the paint peeling off opeeling/chipping from the ut. There was paint theentrylexit door. rs had metal air vents the door that were rusted, jo ffi, and were dusty. The was worn, ned. had a metal sited with the paint peeling s worn, lattered, and bed sick table that was not varnish peeling offiat was visibly dirty and complatered, and some value of the peeling offiat was visibly dirty and complatered, and shalled.	A 152			

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spotted.

Second Floor

-There were two bathrooms on this floor. The bathroom to the right had a mildewed shower curtain and shower mat. The trash can was overflowing observed at 10:15am and 12:35pm. The floor mats, metal floors, and metal baseboards were visibly dirty. The toilet bowl had spotted brown substance on the inside of if. The shower walls had a lot of mildew to the grout. There was caulking peeling from around the sinks, shower fixtures, and from the corners of the shower walls. The mirrors were aged and

PRINTED: 06/11/2021 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING AL11942773 06/04/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 315 WEST PEACHTREE STREET LAKE WIRE RETIREMENT CENTER LAKELAND, FL 33815 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 152 Continued From page 3 A 152 -The entry area into the right shower room had laminate tile flooring with broken tile and peeling up. The hallway carpeting was visibly dirty, worn, tattered, and stained. There were cigarette butts on the floor in various places on the second floor. "Residents' more doors had metal air vents toward the bottom of the door that were rusted. that paint was peeling off, and were dusty. The laminate flooring in was dirty and peeling up and had patches from previous repairs that were unsightly. Stairwell -The rails had peeling/chipping paint. The stairs were dirty/dusty. There were cobwebs and spiders in the corners of some of the stairs. -The front entry stairs had a handrail that was loose and pulling away from the wall. -Trash littered the stairwells observed at 10:18am and 12:35pm. During a tour and interview with the Administrator and Maintenance Director, conducted on at 12:35pm, the Administrator and Maintenance Director agreed to all of the environmental findings throughout the Facility were unsightly and not homelike. The

handrail. Class III

Administrator agreed that the loose stair handrail presented a hazard to residents that used the

STATE FORM caso LVC211 If continuation sheet 4 of 4