

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/05/2026
NAME OF PROVIDER OR SUPPLIER  The Bristol Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1818 E Fletcher Ave Tampa, FL 33612	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>Based on record review and interview, the facility failed to provide evidence of a notification to the resident or responsible party of the patient trust account having reached \$200 less than the SSI (Supplemental Security Income) resource limit of \$2,000.00 for one (#2) of four residents reviewed for patient trust monies out of a total sample of ten residents. Findings included:A review of Resident #2's admission Record reflected an admission of 08/2022.The diagnosis information included but not limited to Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side and need for assistance with personal care.A review of Resident #2's resident statement for personal trust fund monies revealed a balance on 07/01/2025 of \$7,871.13.On 11/04/2025, \$5,469.30On 12/04/2025, \$6,264.65On 01/02/2025, \$6,216.12For the months of 07/2025 through the date of survey, the personal trust fund reflected a monthly deposit of \$964.00.On 01/05/2026 at 3:15 p.m., an interview with the Business Office Manager (BOM), she stated Resident #2 was receiving a Social Security payment of \$964.00, the patient liability (room and board charge) was wrong.A review of a Notice of Case Action from the Department of Children and Families (DCF) for Resident #2, dated 02/11/2025, documented Resident #2's Medicaid eligibility with a patient liability for 12/2024, 01/2025, 02/2025, and 03/2025 ongoing to be 00.00.The BOM provided an e-mail, dated 01/05/2026 (the date of survey), which documented an inquiry to DCF, to ask about the \$0 patient liability.On 01/05/2026, the BOM was asked to provide evidence of notification to the resident or resident representative of Resident #2 being within \$200.00 of \$2,000 asset limit. No document was provided on the date of survey.On 01/05/2026, the BOM was asked for a policy and procedure for notifying residents of being within \$200.00 of the \$2000.00 asset limit. No document was provided on the date of survey.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observation, record review and interview, the facility failed to implement the grievance process for one (#8) of four residents reviewed. Resident #8 had been requesting assistance to obtain her Personal Need Allowance check of \$130 from the Department of Children and Families (DCF) since 12/11/2024. Findings included: A review of Resident #8's admission Record, documented an admission of 09/24/2024 with diagnosis including but not limited to major depressive disorder and chronic pain. On 01/05/2026 at 12:21 p.m., Resident #8 agreed to be interviewed. Resident #8 was observed in bed, with a meal at the bedside, alert, and able to answer questions. Resident #8 stated receiving a \$30 Social Security Income (SSI) check and expected an additional \$130 state check. Resident #8 said, I have not received it and have been asking since 2024 with nothing happening. A search for Medicaid application processing was conducted on the internet. The processing time for an application was stated to be 45 days by the Department of Children and Families (DCF). In addition, A review of CALCULATION OF BENEFITS: BUDGETS AND TEST CALCULATIONS, <a href="https://fic.myflfamilies.com/manual/2600_section_2640.0118">https://fic.myflfamilies.com/manual/2600, section 2640.0118</a> Personal Needs Allowance (MSSI). 1. If the individual has less than \$160 total countable income, a supplemental payment must be authorized through the Supplemental Payment System (SPS). The personal needs allowance supplement (PNAS) cannot exceed \$130 a month. An interview was conducted on 01/05/2025 at 2:55 p.m. with the Business Office Manager (BOM) regarding Resident #8. The BOM confirmed Resident #8 was admitted in 09/2024. The BOM stated Resident #8 started to complain about the \$130 check, probably about 3 to 4 months after admission. Resident #8 was requesting information as to why she was not receiving the other check. The BOM stated I think there was a grievance, that would be social service. The BOM stated filling out forms to notify DCF about the \$130 check, and provided a DCF fax cover sheet, dated 09/02/2025 with a change notice of living arrangements with a comment Patient not receiving State of Florida check for \$130. Please update from time of her admission to (facility). The BOM stated turning the matter over to the facility's contracted Medicaid Specialist. The BOM provided an e-mail dated 11/24/2025, which spoke to an inquiry the contracted Medicaid Specialist had made on 09/21/2025 to DCF about the PNAS check of \$130. No further information was made available by the facility to indicate an effort to follow-up and resolve the PNAS money issue with DCF prior to survey entrance. An interview was conducted on 01/05/2025 at 4:30 p.m. with the Social Service Director (SSD). When asked if Resident #8 had complained about not receiving a \$130 check from the state, The SSD stated provided the grievance log for 12/2024. The log listed a grievance from Resident #8 to be about dietary, social services, and business office, dated 12/11/2024. The grievance was listed to be resolved, 12/12/2024. The SSD said the resident had requested to see the BOM during that period. The grievance document was not provided or available for review prior to survey exit. An interview was conducted on 01/05/2025 at 4:42 p.m., with the BOM. The BOM stated (Resident #8) was a resident at another facility, prior to admission here. The BOM said the resident was receiving the \$130 check at the other facility. The BOM said, after the move, the previous facility would have returned the check(s) to the source (DCF). A review of the facility's policy and procedure titled: Grievances/Complaints filing, not dated, documented the policy statement: Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances (e.g., the State Ombudsman). The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. The policy interpretation and implementation included: .3. All grievances, complaints or recommendations stemming from resident or family groups concerning issues of resident care int the facility will be</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>considered. Actions on such issues will be responded to in writing, including a rationale for the response.8. Upon receipt of a grievance and/or complaint, the grievance officer will review and investigate the allegations and submit a written report of such findings to the administrator within five (5) working days of receiving the grievance and/or complaint.14. The results of all grievances files, investigated and reported, will be maintained on file for a minimum of three years from the issuance of the grievance decision.A review of the Business Officer Coordinator job description, signed by the Business Office Manager, 03/10/2025, documented duties and responsibilities to include: Administrative Functions:Follow up on any communication from Medicaid office in a timely manner.Communicate with Medicaid caseworker on a regular basis to ensure all documentation is submitted for approval.Maintain, secure, and update resident's financial files.Resident Rights:Maintain a written record of the resident's complaints and/or grievances that indicates the action taken to resolve the complaint and the current status of the complaint.</p>		