

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1072096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER CANTERBURY TOWERS INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3501 BAYSHORE BLVD , TAMPA, Florida, 33629	
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N0000	INITIAL COMMENTS A relicensure survey was conducted on 7/14/2025 to 7/17/2025 at Canterbury Towers. There were deficiencies identified at the time of the survey.	N0000		07/18/2025
N0110	Physical Environment - Safe, Clean, Homelike CFR(s): 400.141(1)(h) FS; 59A-4.122(1) FAC 400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner. 59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, and record reviews, the facility failed to maintain a safe, clean, comfortable homelike environment related to rusted bathroom equipment in three rooms (112, 113, & 116) of thirty-three rooms toured. Findings included: On 07/14/2025 at 1:30 PM during a tour of the facility, it was observed that room 112, 113, & 116 had over the toilet, toilet seats which showed signs of rust. On 07/16/2025 at 2:46 PM during a tour of the facility, it was observed that room 112, 113, & 116 had over the toilet, toilet seats which showed signs of rust. During an interview on 07/17/2025 at 10:03 AM with the Director of Maintenance (DOM). She stated, "all the maintenance work orders are done on paper, and the employees will write up the work orders and then submit	N0110	N0110 Specific Corrective Action A Full inspection of all resident rooms was conducted on 7/18/2025, identifying all over the toilet- toilet seats that had any rust or damage. Twelve new 3-in-1 over toilet folding commodes were ordered on 7/18/2025 (Attachment A). Three seats arrived same day and were placed in identified rooms. The remainder of the new equipment arrived on 7/25/2025 with three seats going to replace existing equipment and the remainder going to storage for future utilization. Method to Assess Other Residents A comprehensive survey of all resident rooms was conducted on 7/18/2025 to identify any other equipment of concern (Attachment B). All residents of this facility have the potential to be affected by this practice. Systematic review The "Resident Room Inspection" form was updated (Attachment C) to include the 3-in-1 toilet seats. Health Center Maintenance staff were educated on the SNF Room Inspection" policy and new resident room inspection sheet on 7/28/2025 (Attachment D). Quality Assurance	07/18/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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N0110	<p>Continued from page 1 to myself." The employees are directed to write up issues they observe daily. She also stated, "we use a maintenance inspection sheet to review the rooms as a preventative maintenance inspection to help guide our needs for each room. I have one full-time employee including myself to help with tasks. The room inspection sheet directs the personnel to do a room check, however that is not currently being done. I will provide you with an inspection policy if we have one and the room/weekly inspection sheet that we use for our surveys."</p> <p>Review of the facility policy named, routine cleaning and disinfection, dated 1/16/25, unsigned, not dated, revealed, it is the policy of this facility to ensure the provisions of routine cleaning and disinfection in order to provide a safe, sanitary environment and the prevent the development and transmission of infections to the extent possible.</p> <p>Review of the facility policy named, skilled nursing facility (SNF) room inspection, dated 1/16/25, unsigned, revealed, it is the policy of this facility to utilize a maintenance inspection checklist in order to assure a safe, functional, sanitary and comfortable environment for residents, staff and the public.</p> <p>Review of a facility document named room inspection form, undated and unsigned. The document revealed a list of items to be cleaned in each room.</p> <p>(Photographic Evidence Provided)</p>	N0110	<p>Continued from page 1</p> <p>The Plant Manager or designee will complete random weekly audits for 3 months during the weeks of 7/28/25 through 9/29/2025 (Attachment E). Validation checklists will be reviewed by the Administrator or designee.</p> <p>Audit records will be reviewed by the Risk Management/Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee.</p>	

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F0000	INITIAL COMMENTS An annual recertification survey was conducted from 7/14/2025 to 7/17/2025 at Canterbury Towers. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F0000		07/18/2025
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F0584	F0584 Specific Corrective Action A full inspection of all resident rooms was conducted on 7/18/2025, identifying all over the toilet- toilet seats that had any rust or damage. Twelve new 3-in-1 over toilet folding commodes were ordered on 7/18/2025 (Attachment A). Three seats arrived same day and were placed in identified rooms. The remainder of the new equipment arrived on 7/25/2025 with three seats going to replace existing equipment and the remainder going to storage for future utilization. Method to Assess Other Residents A comprehensive survey of all resident rooms was conducted on 7/18/2025 to identify any other equipment of concern (Attachment B). All residents of this facility have the potential to be affected by this practice. Systematic review The Resident Room Inspection form was updated (Attachment C) to include the 3- in-1 toilet seats. Health Center Maintenance staff were educated on the SNF Room Inspection policy and new resident room inspection sheet on 7/28/2025 (Attachment D). Quality Assurance The Plant Manager or designee will complete random weekly audits for 3 months during the weeks of 7/28/25 through 9/29/2025 (Attachment E). Validation checklists	07/18/2025
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 reverse for further 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.				
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F0584 SS = D	<p>Continued from page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, and record reviews, the facility failed to maintain a safe, clean, comfortable homelike environment related to rusted bathroom equipment in three rooms (112,113, & 116) of thirty-three rooms toured.</p> <p>Findings included:</p> <p>On 07/14/2025 at 1:30 PM during a tour of the facility, it was observed that room 112, 113, & 116 had over the toilet, toilet seats which showed signs of rust.</p> <p>On 07/16/2025 at 2:48 PM during a tour of the facility, it was observed that room 112, 113, & 116 had over the toilet, toilet seats which showed signs of rust.</p> <p>During an interview on 07/17/2025 at 10:03 AM with the Director of Maintenance (DOM), She stated, "all the maintenance work orders are done on paper, and the employees will write up the work orders and then submit to myself." The employees are directed to write up issues they observe daily. She also stated, "we use a maintenance inspection sheet to review the rooms as a preventative maintenance inspection to help guide our needs for each room. I have one full-time employee including myself to help with tasks. The room inspection sheet directs the personnel to do a room check, however that is not currently being done. I will provide you with an inspection policy if we have one and the room/weekly inspection sheet that we use for our surveys."</p> <p>Review of the facility policy named, routine cleaning and disinfection, dated 1/16/25, unsigned, not dated, revealed, it is the policy of this facility to ensure the provisions of routine cleaning and disinfection in order to provide a safe, sanitary environment and the prevent the development and transmission of infections to the extent possible.</p>	F0584	<p>Continued from page 1</p> <p>will be reviewed by the Administrator or designee. Audit records will be reviewed by the Risk Management/Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee.</p>	

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F0584 SS = D	Continued from page 2 Review of the facility policy named, skilled nursing facility (SNF) room inspection, dated 1/16/25, unsigned, revealed, it is the policy of this facility to utilize a maintenance inspection checklist in order to assure a safe, functional, sanitary and comfortable environment for residents, staff and the public. Review of a facility document named room inspection form, undated and unsigned. The document revealed a list of items to be cleaned in each room. (Photographic Evidence Provided)	F0584		
F0636 SS = D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions.	F0636	F0636 Specific Corrective Action On 07/18/2025 the MDS Nurse completed a Comprehensive Assessments for Residents #2, #35, and #21. Method to Assess Other Residents All residents of this facility have the potential to be affected by this practice. The facility's MDS Nurse will attend an inservice training presented by the MDS Nurse Consultant on 8/19/2025. Systematic Review Internal review of the MDS submittals will be conducted on a monthly basis by the MDS Coordinator, the Director of Nursing, and/or designee per Facility Policy (Attachment F). The Nurse Consultant will review the assessment schedule Quarterly to ensure timely completion. Quality Assurance Director of Nursing, Risk Manager, or designee will be responsible to ensure compliance of the process to the Administrator by implementing and assuring all audits (Attachment G). Audit results will be reviewed by the Risk Management/Quality Assurance Committee until such time that consistent substantial compliance has been achieved as determined by the committee. Findings of this audit will be discussed with the Resident Council.	07/18/2025

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F0636 SS = D	<p>Continued from page 3</p> <p>(xi) Dental and nutritional status.</p> <p>(xii) Skin Conditions.</p> <p>(xiii) Activity pursuit.</p> <p>(xiv) Medications.</p> <p>(xv) Special treatments and procedures.</p> <p>(xvi) Discharge planning.</p> <p>(xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS).</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on a review of resident records and interviews with staff, the facility failed to conduct timely comprehensive minimum data set (MDS) assessments and transmit assessments per the required timeframes for three residents (#2, #35, #21) out of six residents reviewed for MDS, out of a total of 20 residents in the sample.</p> <p>Findings included:</p> <p>A closed record review for Resident #2 revealed she was</p>	F0636		

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F0636 SS = D	<p>Continued from page 4 admitted to the facility on 2/16/25 and discharged 3/31/25. Minimum data set (MDS) assessments were completed as required on 3/28/25 and 3/31/25; however, neither assessment reflected an "accepted" status.</p> <p>Resident #35 was admitted to the facility 2/12/25 and discharged 3/31/25. The discharge MDS assessment was completed on 3/31/25 but was not submitted.</p> <p>Resident #21 was admitted on 2/25/25 and discharged on 3/10/25. The last MDS assessment completed for her was 3/4/25. There was no discharge assessment completed.</p> <p>An interview was conducted with the MDS Coordinator on 07/17/2025 at approximately 10:00 AM. She reviewed the "MDS Management Center" reports and confirmed Resident #2's discharge assessment was never submitted. She explained this resident's assessment dated 3/28/25 was an "End of Stay Part A discharge" MDS. It was submitted and uploaded to the electronic record keeping platform by the former MDS Coordinator, but she must have neglected to enter the "accepted" data into the system. She confirmed Resident #21's discharge assessment was never completed and submitted, nor was Resident #35's.</p> <p>(Photographic evidence obtained)</p>	F0636		
F0812 SS = E	<p>Food Procurement,Store/Prepare/Serve-Sanitary</p> <p>CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p>	F0812	<p>F0812</p> <p>Specific Corrective Action</p> <p>To ensure staff completed hand hygiene between soiled dish handling and receiving of clean dishes when operating the dish machine, the dietary manager immediately educated all present dishwasher operators on proper hand hygiene and handling of dishes. On 7/31/2025, all kitchen staff that utilize the dishwasher attended an inservice training (Attachments H and I).</p> <p>On 7/18/2025, the dietary manager posted educational material near the dishwashing area to remind employees the importance of proper hand hygiene and the correct way to handle clean dishes (Attachment J).</p> <p>To ensure liquids such as milk were held at a temperature of 40 degrees Fahrenheit and below prior to serving to residents, the dietary manager immediately discarded all beverages deemed outside the proper temperature range during the survey and replaced them</p>	07/18/2025

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F0812 SS = E	<p>Continued from page 5</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, staff interviews, and facility record review, the facility failed to 1. Ensure staff completed hand hygiene between soiled dish handling and receiving of clean dishes when operating the dish washing machine, and 2. Ensure liquids such as milk were held at a temperature of 40 degrees Fahrenheit (F) and below prior to serving to residents.</p> <p>Findings included:</p> <p>1.</p> <p>On 7/14/2025 at 10:25 a.m. the kitchen was toured with Staff A, Dietary Manager. He revealed he had a full complementary staff to support the thirty-three residents who resided at the facility and that all his Dietary Staff were trained and in-serviced on subject matters to include use and sanitation of food preparation equipment, personal hygiene, food sanitation, and kitchen cleaning operations. He revealed he, along with most of his staff are "Serve Safe" certified, which includes the knowledge of Kitchen/Food Sanitation. Staff A, Dietary Manager revealed the kitchen operates a "High Temperature" dish washing machine and revealed it is maintained by an outsourced maintenance company. He confirmed there had not been any recent concerns with the machine and he receives the proper soaps/detergents and supplies to run the machine effectively. Staff A, Dietary Manager revealed the machine, as a "High Temperature" dish washing machine, and per the machine's specifications, it should operate with a wash temperature of over 165 degrees Fahrenheit and above, and a rinse temperature of over 190 degrees Fahrenheit and above. Observations of the machine's metal specification plate attached to the undercarriage of the machine revealed a wash temperature to reach at least 150 degrees Fahrenheit and above, and a rinse temperature to reach 180 degrees Fahrenheit and above. A wash cycle demonstration was asked to be performed by staff. Staff A, Dietary Manager, revealed Staff D, Cook was the operator of the machine this morning. Staff D, Cook was asked how he operates the machine. Prior to Staff D, Cook being asked about the machine, he was observed to handle many soiled trays of eating ware with his bare hands, as</p>	F0812	<p>Continued from page 5 with beverages at the proper temperature. The staff member present was educated on when beverages should be placed on the cart and a cool housing was provided to hold beverages before placing on a tray or serving to the residents. The dietary manager also checked that all of the coolers had a thermometer. On 7/18/2025, the dietary manager went over the Taste and Temperature Control Policy with the staff (Attachment K). On 7/31/2025, the dietary manager held an inservice on proper holding temperatures for hot and cold items (Attachments L and M).</p> <p>Method to Assess Other Residents</p> <p>All residents of this facility have the potential to be affected by these practices. The facility's dietary manager or designee will conduct random weekly inspections to ensure policies and procedures are being followed.</p> <p>Systematic Review</p> <p>Onboarding education for new dietary staff has been updated to include an emphasis on these practices. Annual education of existing staff will stress hand washing procedures and proper holding temperatures.</p> <p>Quality Assurance</p> <p>Dietary Manager or designee will be responsible to ensure compliance of the process to the Administrator. Results of random inspections will be reviewed by the Risk Management/Quality Assurance Committee until such time that consistent substantial compliance has been achieved as determined by the committee. Findings of this process will be discussed with the Resident Council.</p>	

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F0812 SS = E	<p>Continued from page 6</p> <p>well as touching soiled breakfast meal tray carts with his bare hands. Staff D, Cook was the only staff member who was observed in the dish machine room and had been observed operating the machine while Staff A, Dietary Manager, was interviewed just five minutes before. Staff D, Cook revealed the facility operates a "High Temperature" dish washing machine and he has been adequately trained on the use of the machine. He also denied any recent concerns with the machine, and he responded that the wash temperature should reach over 150 degrees Fahrenheit, and the final wash cycle should reach at least 180 degrees Fahrenheit. Staff D, Cook was then asked to perform a demonstration on how to operate the dish washing machine. Staff D, Cook then grabbed a metal sheet tray with his unwashed bare hands, pre rinsed the tray with a water spray down, then placed the tray in the dish washing machine. He then closed the door with his bare hands and the machine operated with both wash and rinse cycle. The machine's wash and rinse cycle met the machine's wash and rinse temperature criteria and then stopped. Staff D, Cook then opened the door of the machine and grabbed the metal sheet tray with his bare unwashed hands and placed it in a clean dry storage area. Staff D, Cook was the only staff member to utilize the machine during this observed tour time and he continued to handle soiled eating ware to include plates, eating utensils, pans, cups, and bowls with his soiled hands, pre rinsed said eating ware and placed in empty crates and then pushed the crates through the soiled side of the dish washing machine. Each time the machine was completed with its wash/rinse operation, he would then open the door with his soiled bare hands and pull the crate out and handle all the cleaned eating ware/cooking ware with his unwashed bare hands. Staff D, Cook was observed operating the machine by himself, feeding soiled eating ware in the machine and grabbing the cleaned eating ware with his unwashed bare hands for a period of at least ten minutes. Staff A, Dietary Manager, was in the vicinity and did not redirect or ask Staff D, Cook, to wash his hands after handling soiled eating ware and other soiled equipment, and prior to handling cleaned eating ware and other clean equipment.</p> <p>On 7/16/2025 at 1:55 p.m. during a second kitchen observation, Staff B, Dietary Aide was observed in the dish washing machine room and was performing dish washing tasks by himself. Staff B, Dietary Aide, was observed handling and touching soiled dishes, eating utensils, eating ware with his bare hands and scraping and rinsing those dishes and eating ware with his bare hands as well as doing a pre rinse at the sink next to</p>	F0812		

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F0812 SS = E	<p>Continued from page 7</p> <p>the soiled side of the dish washing machine. He continued to take the pre rinsed eating dishes and eating ware with his bare hands and placed them in empty plastic crates. Staff B, Dietary Aide, was observed to push the soiled crates of eating ware, and other equipment through the soiled side of the machine and closed the machine's door. After the machine completed its wash and rinse cycle, Staff B, Dietary Aide then opened the machine's door with his unwashed bare hands and pulled the crate out and handled each individual piece and placed them in a drying or clean storage area. Staff B, Dietary Aide, was noted to do this same cycle of feeding soiled eating ware with his unwashed bare hands, placing them in the machine and grabbing all the cleaned eating ware with the same unwashed bare hands for at least five cycles or at least ten minutes. When Staff B, Dietary Aide, was asked if he knew what type of dishwashing machine he operates, he could not say whether it was a High Temperature or Low Temperature machine and, could only say the product name of the machine.</p> <p>On 7/17/2025 at 9:18 a.m. an interview with Staff A, Dietary Manager provided a verbal and physical demonstration of us of the dish washing machine. He revealed both Staff B, Dietary Aide and Staff D, Chef/Cook, were not in this morning and therefore those two staff members could not be interviewed related to the dish washing machine process.</p> <p>The Dietary Manager revealed the following process: Soiled dishes/eating utensils/eating ware are brought from the floor/unit and placed near the dish machine room. The soiled dishes are then placed on a metal trough and at a sink, where soiled dishes are scrapped and rinsed of food debris. The dishes/eating utensils/eating ware are then placed in a plastic crate rack and pushed through the dish washing machine. The door to the dish washing machine is then closed and by closing the door, the machine will start and operate both wash and rinse functions. After the machine is finished with both washing and rinsing, the machine's door is lifted up. At this time, staff operating the machine should be washing their hands prior to touching and receiving the washed items. Staff, after placing soiled rack of dishes/eating ware/eating utensils in the dish machine, should walk over to the nearest hand washing sink and wash their hands appropriately prior to touching cleaned dishes/eating ware/eating utensils. While Staff A, Dietary Manager was explaining the dish machine operations, Staff C, Dietary Aide was observed to place an empty tray rack on the floor, walked away from the dish machine room, handled other</p>	F0812		

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F0812 SS = E	<p>Continued from page 8</p> <p>boxes and items, walked back to the dish machine room and then grabbed a crate of clean eating utensils and picked up individual forks, knives, spoons with her bare hands. She then placed them in another clean container. Staff C, Dietary Aide, left the dish machine room and pushed away soiled tray carts that were brought in from the unit/hallways. These carts had soiled trays that were brought back in from the breakfast meal service. She then walked back into the dish machine room and grabbed an already cleaned rack of dishes with her bare unwashed hands and then removed plates with her bare hands and placed them in another storage area. It was found Staff C, Dietary Aide, did not wash her hands after touching soiled eating ware and soiled equipment and before touching clean eating ware and eating equipment several times within a span of at least five minutes. Staff A, Dietary Manager, confirmed Staff C, Dietary Aide, should have washed her hands after touching the soiled eating ware/equipment and before touching newly cleaned eating ware/equipment. An interview with Staff C, Dietary Aide revealed she did not remember if she washed her hands before touching the washed eating ware/eating equipment. Staff C, Dietary Aide knew she should be washing her hands after handling soiled equipment or touching "other things" prior to receiving clean dishes from the dish washing machine. Staff A, Dietary Manager, confirmed all Dietary Staff are trained and in serviced on the proper use of the dish washing machine and also trained and in serviced on proper hand washing techniques while conducting operations in the kitchen.</p> <p>2.</p> <p>During the first initial kitchen tour with Staff A, Dietary Manager on 7/14/2025 at 10:25 a.m. Staff A, Dietary Manager brought the state surveyor out from the main kitchen and into a food service "Staging" room, just outside the main kitchen space. Staff A, Dietary manager revealed this food service "Staging" room is used to store cooked and prepared foods from the kitchen and to plate and serve food items from the steam table. The "Staging" room was observed in a room between the main kitchen and the main dining room and had equipment to include 1. a handwashing sink, a counter space with cabinets and drawers, a small refrigerator with a freezer compartment, a steam table to hold food at appropriate food holding temperatures and a space to assemble trays of food. Also, the room was observed to store meal tray carts to place meal trays in. Staff A, Dietary Manger revealed they use this "Staging" room/space as means to serve the residents better and becomes a more "homelike" eating</p>	F0812		

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F0812 SS = E	<p>Continued from page 9</p> <p>experience. Upon opening the small refrigerator, it was observed with various items to include many cartons of milk, cups of juices, plastic containers of other liquids, and other cold storage food items. Further observation revealed the refrigerator did not have a thermometer to see what the inside temperature was held at. There was a refrigerator temperature log at the door of the refrigerator, and it was documented with daily temperatures for the month of 7/2025. The temperatures were documented to include temperatures of 41 degrees Fahrenheit and below. However, there was no thermometer in the refrigerator or freezer compartment of this unit. Staff A, Dietary Manager, confirmed there was no thermometer in both compartments of the unit and did not know where they were or where they went.</p> <p>On 7/16/2025 at 12:27 p.m. Staff C, Dietary Aide was observed to prepare trays in the "Staging room with cups, eating utensils, cartons of various milk types, cups of juices, cups of yogurt. She then placed the trays in various meal tray carts in preparation to receive plated food from the steam table area. Staff C, Dietary Aide prepared approximately fifteen to twenty of these trays with cold liquid items. They sat in the meal tray carts for at least fifteen minutes. An interview with Staff C, Dietary Aide revealed she prepares the trays with the liquids and stores the trays in the meal carts until she gets the plates of hot food items. She or other dietary staff will push the meal tray carts to various halls out in the unit. She revealed this was her "normal" process and she does this to "save time". Staff D, Cook and Staff A, Dietary Manager, both confirmed Staff C, Dietary Aide's tray set up process. Staff C, Dietary Aide said she had removed the cold fluids including cartons of milk out from the main walk-in refrigerator from the kitchen about fifteen to twenty minutes prior to the observation/interview. Staff D, Cook was asked to pull a carton of milk at random from one of the tray carts to do a temperature demonstration. Prior to temping a random carton of milk, he and Staff A, Dietary Manager, revealed the holding temperature of cold fluids such as milk, should be at 40 degrees Fahrenheit or below. At 12:34 p.m. Staff D, Cook performed a random temperature demonstration with one of the random cartons of milk that were on a meal tray ready to go out to residents. He utilized his digital thermometer and revealed it was recently calibrated with a cup of ice and water. He then opened the carton of milk and positioned the stem of the thermometer in the milk. He held the thermometer in place in the milk for twenty seconds and the temperature read 63.2 degrees Fahrenheit. Staff A, Dietary Manager, Staff D, Cook and Staff C, Dietary Aide, confirmed the holding temperature for the milk,</p>	F0812		

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F0812 SS = E	<p>Continued from page 10 should have been below 40 degrees Fahrenheit or below. Staff A, Dietary Manager, said he would need to remove all the milks stored in the tray cart and replace them. He did confirm the milks would have gone out to residents during this observation, prior to checking the temperatures.</p> <p>On 7/17/2025 at 8:45 a.m. Staff A, Dietary Manager and Staff D, Cook were asked to revisit the "Staging" kitchen area where the small refrigerator/freezer was positioned. It was found on 7/14/2025 the unit did not have a thermometer in either the refrigerator or freezer compartment. Upon observing the refrigerator/freezer on 7/17/2025 at 8:45 a.m., the door was opened and there was a thermometer placed on the top shelf. The thermometer read 34 degrees Fahrenheit. There were cartons of milk placed on the shelving of the unit. Staff A, Dietary Manager, was asked to remove one of the milk cartons and test the milk for temperature. He confirmed the digital thermometer he had was calibrated via cup of ice and water. Staff A, Dietary Manager, pulled out a carton of milk, opened the pour spout and placed the digital thermometer in the milk and held it for twenty seconds. The thermometer read 49.4 degrees Fahrenheit. The Dietary Manger confirmed the milk was not being held or did not hold to a temperature below 41 degrees Fahrenheit. He could not say how long the cartons of milk were stored in the refrigerator but revealed the milks would have been served to residents.</p> <p>On 7/17/2025 at 1:00 p.m. Staff A, Dietary Manager provided the meal service "Ware Washing in Meal Service Pantries" policy and procedure with a revised date of 5/2023. The policy revealed; The community will follow established methods for the safe and effective use of dishwashers in the meal service pantries. The procedure revealed; #4 – Staff will use proper hand washing techniques prior to unloading and storing clean dishes.</p> <p>On 7/17/2025 at 1:00 p.m. Staff A, Dietary Manager provided the meal service "Taste and Temperature Control" policy and procedure with a last revised date of 5/2023 for review. The policy revealed; Food is maintained at palatable temperatures during service to meet resident expectations. The procedure revealed; #3 – Temperatures of hot and cold food will be taken again if food is delivered in bulk to service pantries to ensure temperature maintenance. #6 – Cold foods, such as milk, butter, ice cream, and juices should be refrigerated during service or held on ice or insulated bins to maintain proper temperature 40 degrees</p>	F0812		

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F0812 SS = E	<p>Continued from page 11 Fahrenheit or lower.</p> <p>On 7/17/2025 at 1:00 p.m. Staff A, Dietary Manager provided the "Food Safety Management System" policy and procedure with last revision date 5/31/2025, for review. The policy revealed; Hands must be washed frequently and correctly, including at the following times; After handling soiled equipment or utensils. The policy further revealed; Employees must clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using liquid soap in a dedicated handwashing sink:</p> <ul style="list-style-type: none"> - Rinse under clean, running warm water; - Apply soap; - Rub together vigorously for at least 10-15 seconds while paying attention to removing soil from underneath the fingernails during the cleaning procedure and creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms; fingertips, and areas in between the fingers; - Thoroughly rinse under clean, running warm water; - Immediately follow the cleaning procedure with thorough drying using disposable towel or hand dryer; - To avoid re-contaminating their hands or surrogate prosthetic devices, employees may use a disposable paper towel or similar clean barriers when touching surfaces such as manually operated faucet handles on a handwashing sink or the handle of a restroom door. 	F0812		