

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1083095	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER KENSINGTON GARDENS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2055 PALMETTO ST , CLEARWATER, Florida, 33758	
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N0000	INITIAL COMMENTS An unannounced revisit to a complaint survey was conducted in conjunction with a new complaint survey (Event ID: 0OV911) for complaint numbers 2025006813, 2025007990, and 2025008120 on 6/11/2025 to 6/12/2025 at Kensington Gardens Rehab and Nursing Center. The previously identified deficiencies were found not to be corrected. New deficiencies were identified during the complaint survey. The facility has been out of compliance since 5/13/2025. Complaint number 2025006813 and 2025007990 were cited at N0110 and N0112	N0000		
N0110 SS = D	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, interviews and record review, the facility did not ensure equipment was safe, sanitary and operational, and failed provide a safe, functioning, sanitary and comfortable environment in resident's rooms for six residents (#5, #6, #7, #11, #12 and #13) out of 15 residents sampled, and in common areas to include food storage areas. Findings included:	N0110	N110 What corrective actions (s) will be accomplished for those residents found to have been affected by the deficient practice: 1. By 7/12/2025, Residents #5, #6, #7, #11, #12, and #13 interviews and room audits completed. 2. By 7/12/2025 Residents #5, #6, and #11 overbed light repaired. 3. By 7/12/2025, Resident #7 bed replaced with head of bed working properly. 4. By 7/12/2025, the ceiling tile in the activities room on the south hallway replaced. 5. By 7/12/2025, the loose baseboard along the perimeter of the activities room was replaced. 6. By 7/12/2025, the bio-growth substance outside of the sliding glass door to the left of the activities room exiting to the courtyard was cleaned. 7. By 7/12/2025, the ceiling outside of the activities room adjacent to the ceiling tile was repaired and repainted.	07/12/2025

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 SS = D	<p>Continued from page 1</p> <p>Review of a facility policy titled, "Standards and Guidelines: General cleaning" dated 01/2024 showed a standard: It is the policy of this facility to provide a clean, safe, orderly, comfortable and attractive home like environment as outlined below:</p> <ol style="list-style-type: none"> 1. Accepted practices and procedures are used to keep the facility free from odors, accumulations of dirt, dust and safety hazards. 2. Floors and horizontal surfaces are cleaned routinely. Finishes on floors provide an appropriate finish and disinfectants are used where required. 3. Walls and ceilings are maintained free from dirt or other matters. 4. Entrances, exits, walkways, driveways and other outside or entry areas are kept free from debris and dirt. 5. Beds, bedside tables, chairs overbed tables, nightstands and dressers should be cleaned with a germicidal and allowed to air dry. 6. Dry dusting is used on items such as pictures, plaques, mirrors, bulletin boards, tops of partitions, vents, tops of cabinets, coat racks and window/door frames. Damp dusting may be used as needed. <p>On 6/11/2025 at 10:45 a.m., an observation and interview were conducted with Resident #5 in his room. Resident #5 stated his overhead light does not work very well, and stated, "It flickers on and off", and stated his roommate's [Resident #6] light, does not work at all. Staff P, Certified Nurse Assistant (CNA), entered the room and agreed the lights were not working properly. Staff P, CNA stated this was not her assignment. She stated she will notify their nurse.</p> <p>On 6/11/2025 at 10:52 a.m., an interview was conducted with Resident #7. Resident #7 stated she received a new bed this morning because the other bed was not working but stated, "this bed's head will not go up and down".</p>	N0110	<p>Continued from page 1</p> <ol style="list-style-type: none"> 8. By 7/12/2025, the refrigerator in the nourishment room on the east hallway was removed, discarded and replaced. The cupboard under the sink of the east pantry was cleaned. The ceiling tile above the door was replaced. The exhaust fan in the wall was cleaned. 9. By 7/12/2025, the air conditioning was replaced in Resident #12 and #13 shared room. The missing ceiling tile in the bathroom was replaced. The flooring in resident #12 room was replaced. 10. By 7/12/2025 The loose flooring was replaced/repared in the east 200 hallway. <p>How will you identify other residents having potential to be affected by the same practice and what corrective actions will be taken:</p> <p>By 7/12/2025, resident interviews, resident room and common area audited to ensure equipment is safe, sanitary, comfortable and operational. The audit included resident room HVAAC, refrigerator and cupboards in pantry rooms, ceiling tiles, flooring, beds for proper function, resident room overbed lights and fans in thepantry rooms. Maintenance equipment and/or environmental items identified on the audit will be repaired and/or replaced as appropriate.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <ol style="list-style-type: none"> 1. By 7/12/2025, Administrator and/or designee educated staff on reporting safe, sanitary, comfortable and operational equipment via TELS. 2. Newly hired staff will be educated on reporting safe equipment, maintenance and environmental concerns via TELS. <p>How the corrective actions will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The administrator and/or designee will conduct an interview of 5 residents and audit 5 resident rooms on</p>	

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N0110 SS = D	<p>Continued from page 2 The resident stated she will have to start the whole process of requesting a new bed all over again.</p> <p>On 6/11/2025 at 10:11 a.m., an observation was made of the activities room on the south hallway. Inside the activities room ceiling was a ceiling tile to the left upon entry with scattered areas of small gray/black circles, then concentric circles of various shades of tan, rusty brown. During observation, Staff P, CNA stated, "that's been there for a while." Staff P, CNA stated over the weekend there was water on the floor in the activity room when she came to work. An observation was made of loose baseboards along the perimeter of the activities room. An observation was made of thick green bio growth substance outside the sliding glass door to the left of the activities room exiting to a courtyard. Directly outside the activities room adjacent to the ceiling tile, there was black bio growth substance and peeling paint with a heavy color of dark brown/black substance. Some missing ceiling texture were observed with light brown discoloration and dark heavy collection of black bio growth at the area where the wall meets the ceiling. A tall white garbage can was observed underneath this area with a collection of lightly discolored water inside garbage can approximately six inches.</p> <p>On 6/11/2025 at 10:30 a.m., an observation and interview was conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) during tour of south hallway in the activities room. The NHA and the DON stated they had not seen these two areas before.</p> <p>On 6/11/2025 at 11:03 a.m., an observation and interview was conducted with Resident #11. Resident #11 stated her overhead bed light does not work. Staff P, CNA arrived in the room and stated her light works. She said, "you don't have the switch." Staff P, CNA turned the light switch on by the doorway of Resident #11's room, then went to the bedside to pull the cord to turn on the overhead light. The light did not go on, and Staff P, CNA pulled the cord multiple times until the light flickered, and stated, "see it works." Staff P, CNA had to pull the cord aggressively again to turn off the light. Resident #11 stated she did not think she could pull the cord the same way Staff P, CNA pulled the cord.</p> <p>On 6/11/2025 at 1:20 p.m., an observation was made of</p>	N0110	<p>Continued from page 2 each unit to ensure equipment is safe, sanitary, comfortable and operational weely for 4 weeks then Mmonthly for 3 months.</p> <p>The findings of the audits will be reported to the QAPI committee monthly until committee determines substantial compliance has been met and sustained.</p>	

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N0110 SS = D	<p>Continued from page 3</p> <p>the pantry room in the east hallway. The refrigerator for the residents in the east hall had a temperature log on the outside door. A documented entry for 6/11/2025 showed a reading for the refrigerator at 50 degrees Fahrenheit and the freezer was documented at 28 degrees Fahrenheit. No documented entries were entered for 6/10/2025. The current refrigerator temperature reading was 58-60 degrees Fahrenheit, and the freezer temperature reading was 36-40 degrees Fahrenheit. Staff J, CNA was witness to the current temperatures for the refrigerator. Inside the refrigerator there were four quarts of milk with a resident's name on them. The milk was lukewarm to touch. In the freezer, there were three half gallons of orange sherbert ice cream, a box of ice cream sandwiches and a box of popsicles. All of the freezer items were observed to be thawed. Staff J, CNA agreed the items were soft to touch and not frozen. Staff D, Licensed Practical Nurse/Unit Manager (LPN/UM) for the east hallway was made aware of the refrigerator temperature readings. Staff D, LPN/UM stated according to the temperature log on the refrigerator, the temperature for the refrigerator had been "adjusted" but agreed the temperature reading were out of normal range. An observation was made of the inside of the cupboard under the sink of the east pantry room. Under the sink there was a large collection of dark brown/black bio growth matter throughout the underside inside the pantry cabinet. An observation was made of the ceiling tile directly above the door partially hanging down. Directly across the entry doorway, was a fan in the wall with a collection of leaves and debris and an opening to the outside environment approximately one inch wide. Staff D, LPN/UM acknowledged these findings.</p> <p>On 6/11/2025 at 3:15 p.m., an observation was made of room 215 with open areas of flooring visualized from the hallway. The resident in the room allowed further observation revealing the flooring could be lifted with a slide of the foot.</p> <p>On 6/11/2025 at 3:20 p.m., an observation was made in Residents #12 and #13. The room was designed for a three-resident occupancy. The room was noticeably warmer. Resident #12 stated his roommate #13's AC does not work but his works. Resident #12 had his headboard directly next to his AC unit with his privacy curtain over his headboard where he could receive a direct flow of air from his AC personal unit. Resident #12 stated he moved the curtain because he gets better direct airflow from his AC unit. Resident #12 stated, "they know about his AC unit not working." Resident #13's AC</p>	N0110		

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N0110 SS = D	<p>Continued from page 4</p> <p>unit was powered on, set at 61 degrees Fahrenheit. No air flow was noted. AC filters were observed with a heavy black bio growth. Resident #13 stated he felt his room was hot. A hygrometer reading of 80 degrees Fahrenheit was obtained. Photographic evidence obtained</p> <p>On 6/11/25 at 3:36 p.m., observation was conducted of the bathroom for Resident's #12 and #13. A ceiling tile was observed to be missing with exposed pipes present.</p> <p>On 6/11/2025 at 3:40 p.m., an observation was made of loose flooring on the east hallway. An unidentified resident was walking the hallway with her walker and stated, "be careful, you can trip over the loose floor." during this tour, numerous observations were made of loose flooring. The flooring easily would come up when sliding foot over the areas.</p> <p>On 6/11/2025 at 4:46 p.m., a walking tour was conducted with the NHA, DON, maintenance assistant, maintenance director from another facility and Staff D, LPN/UM. The NHA became aware of the loose flooring, especially in the 200 hallways. The team acknowledged the refrigerator was removed in the east hallway pantry. The team acknowledged the ceiling tile directly above the entry door, the heavy dark brown/black bio growth under the sink cabinet, and the exposed area to the outside environment along the wall fan/vent. The team toured Resident #13's room to witness a non-functioning A/C (Air Conditioning) unit, with dark black bio growth substance on the A/C filter. The administration team confirmed the observations and the missing bathroom ceiling tile with exposed pipes.</p> <p>During the tour on 6/11/2025 at 5:20 p.m., the NHA, DON, maintenance assistant, maintenance director from another facility and Staff D, LPN/UM confirmed these areas of concerns and stated they would be addressed immediately.</p> <p>(Photographic Evidence Obtained.)</p> <p>Class III.</p>	N0110		
N0112 SS = D	<p>Physical Environment and Physical Maintenance</p> <p>CFR(s): 59A-4.122(3-6)</p>	N0112	N112	07/12/2025
			What corrective action(s) will be accomplished for	

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N0112 SS = D	<p>Continued from page 5</p> <p>(3) Each nursing home licensee must establish written policies designed to maintain the physical plant and overall nursing home environment to assure the safety and well-being of residents.</p> <p>(4) The building and mechanical maintenance programs must be supervised by a person who is knowledgeable in the areas of building and mechanical maintenance as determined by the facility.</p> <p>(5) All mechanical and electrical equipment must be maintained in working order and must be accessible for cleaning and inspection.</p> <p>(6) All heating, ventilation and air conditioning (HVAC) systems must be maintained in accordance with the manufacturer's recommendation to ensure they are operating within specified parameters to meet manufacturers' specifications. Operation manuals and as-built drawings must be maintained for equipment installed after June 1, 2015.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to ensure timely repair of essential equipment for one roof top Air-Conditioning (A/C) unit (#11) of 19 roof top A/C units.</p> <p>Findings included:</p> <p>On 6/11/2025 at 11:38 a.m., an interview was conducted with Staff O, Maintenance Assistant and a Maintenance Director from another facility. Staff O stated the Air Conditioner (A/C) unit #11 was not functioning properly and stated there was a bent blade in the A/C fan causing the issue. Staff O stated the issue had been going on since October 2024. The maintenance director from another facility stated they were contacting the A/C company to have the A/C fixed. An unidentified nursing staff member was witnessed standing in the south hallway close to the nurses' station down the hallway to the right, fanning her face with her hand and stated, "I found a cool spot."</p> <p>During a tour on 6/11/2025 at 4:46 p.m. with the administrative team - Nursing Home Administrator (NHA), the director of Nursing (DON) and Staff O, Maintenance Assistant, Maintenance Director from another facility and Staff D, Licensed Practical Nurse/Unit manager (LPNUM) of the east hallway. The NHA stated the A/C</p>	N0112	<p>Continued from page 5</p> <p>those residents found to have been affected by the deficient practice:</p> <p>The AC unit (#11) in the south hallway/activities room area repaired by 7/12/2025.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken:</p> <p>An audit of the roof top AC units in the facility was completed. Roof top AC units identified with concerns will be repaired and/or replaced by 7/12/2025.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <ol style="list-style-type: none"> By 7/12/2025, Staff educated by the Administrator and/or designee on essential equipment, safe operating condition and identified concerns to be reported via TELS. Newly hired staff will be educated on essential equipment, safe operating condition and identified concerns to be reported via TELS. <p>How the corrective action (s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The Administrator and/or designee will conduct a random audit of the roof top AC units to ensure essential equipment is in safe operating condition weekly for 4 weeks, then monthly x 3 month.</p> <p>The findings of the audits will be reported to the QAPI committee monthly until the committee determines substantial compliance is sustained.</p>	

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N0112 SS = D	<p>Continued from page 6 company was up on the roof today taking measurements to fix A/C unit #1 in the physical therapy gym) and A/C unit #19 (north nurses' station and hallway). The NHA stated A/C unit #11 was a new request. Staff O, Maintenance Assistant confirmed A/C unit #11 in the south hallway/activities room area had been an on-going problem since October 2024.</p> <p>On 6/12/2025 at 12:11 p.m., an interview was conducted with the administrative team. The NHA stated the A/C company took measurements yesterday, (6/11/2025) during the revisit survey to fix the A/C concerns identified previously. The NHA could not confirm a payment had been made to the A/C company for the original requests, but provided a new quote dated 6/11/2025 for repairs of A/C unit #11. The NHA stated she was unaware of the issues with A/C unit #11 until yesterday, but the maintenance assistant stated it had been an ongoing issue since October 2024.</p> <p>The facility did not have a policy on A/C units maintenance and repairs.</p> <p>Class III.</p>	N0112		

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F0000	<p>INITIAL COMMENTS</p> <p>An unannounced revisit to a complaint survey was conducted in conjunction with a new complaint survey (Event ID: 0OV911) for complaint numbers 2025006813, 2025007990, and 2025008120 on 6/11/2025 to 6/12/2025 at Kensington Gardens Rehab and Nursing Center. The facility was not in compliance with 42 CFR, Part 483, Requirements for Long Term Care Facilities. Previously identified deficiencies were found not to be corrected. New deficiencies were identified during the complaint survey. The facility has been out of compliance since 5/13/2025.</p> <p>Complaint number 2025006813 and 2025007990 were cited at F908 and F921.</p>	F0000		
F0867 SS = E	<p>QAPI/QAA Improvement Activities</p> <p>CFR(s): 483.75(c)(1)-(4)d)(1)(2)e)(1)-(3)(g)(2)(ii)(iii)</p> <p>§483.75(c) Program feedback, data systems and monitoring.</p> <p>A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:</p> <p>§483.75(c)(1) Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.</p> <p>§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.71 and including how such information will be used to develop and</p>	F0867	<p>This Plan of Correction constitutes this facility's written allegation of compliance for deficiencies cited. However, submission of this Plan of Correction is not an admission that the deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>F867</p> <p>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> 1. Quality Assurance Performance Improvement Plan meeting was held 6/13/2025 and 6/18/2025 to review F908. 2. By 7/12/2025, Roof top Air Conditioning Unit (#11) repaired by 7/12 3. By 7/12/2025 Residents #5, #6, #7, #11, #12 and #13 interviews completed and rooms audited. 4. By 7/12/2025, Residents #5, #6 and #11 overbed light repaired. 	07/12/2025

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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F0867 SS = E	<p>Continued from page 1 monitor performance indicators.</p> <p>§483.75(c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.</p> <p>§483.75(c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.</p> <p>§483.75(d) Program systematic analysis and systemic action.</p> <p>§483.75(d)(1) The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.</p> <p>§483.75(d)(2) The facility will develop and implement policies addressing:</p> <p>(i) How they will use a systematic approach to determine underlying causes of problems impacting larger systems;</p> <p>(ii) How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and</p> <p>(iii) How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.</p> <p>§483.75(e) Program activities.</p> <p>§483.75(e)(1) The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice,</p>	F0867	<p>Continued from page 1</p> <p>5. By 7/12/2025 Resident #7 bed replaced, with head of bed working properly.</p> <p>6. By 7/12/2025The ceiling tile in the activities room on the south hallway replaced.</p> <p>7. By 7/12/2025 the loose baseboard along the perimeter of the activities room replaced.</p> <p>8. By 7/12/2025 The green bio-growth substance outside of the sliding glass door to the left of the activities room exiting the courtyard was cleaned.</p> <p>9. By 7/12/2025, the ceiling outside of the activities room adjacent to the ceiling tile was repaired and repainted.</p> <p>10. By 7/12/2025 , the refrigerator in the nourishment room on east hallway was removed, discarded and replaced. The cupboard under the sink of the east pantry room was cleaned. The ceiling tile above the door was replaced. The exhaust fan in the wall with the collection of debris was cleaned.</p> <p>11. By 7/12/2025 the air conditioning was replaced in Resident #12 and #13 shared roomand the missing ceiling tile in the bathroom was replaced.</p> <p>12. By 7/12/2025the flooring in room 215 was replaced.</p> <p>13. By 7/12/2025 The loose flooring was replaced in the east 200 hallway.</p> <p>14.By 7/12/2025, common areas, to include food storage pantry areas audited to ensure equipment is safe sanitary, comfortable and operational.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken:</p> <p>By 7/12/2025 resident interviews, resident rooms and common areas audited to ensure equipment is safe, sanitary, comfortable and operation. The audit includes roof top AC units, resident room HVAC, refrigerators and cupboards in in pantry rooms, ceiling tiles, flooring, beds for proper function, resident room overbed lights, and fans in the pantry rooms. Maintenance equipment and/or environmental items identified on the audit will be repaired or replaced as/or designee educated staff on the Quality Assurance Performance Improvement process.</p>	

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F0867 SS = E	<p>Continued from page 2 and quality of care.</p> <p>§483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.</p> <p>§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.71. Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section.</p> <p>§483.75(g) Quality assessment and assurance.</p> <p>§483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must:</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, interviews, and review of the Plan of Correction (PoC) the facility failed to ensure it had a functioning Quality Assurance Performance Improvement (QAPI) plan. The facility was actively involved in the creation, implementation, and monitoring of their PoC for deficient practice identified during a complaint survey on 05/13/2025. The plan was ineffective resulting in citation F088 being recited related to ensuring timely repairs of essential</p>	F0867	<p>Continued from page 2 appropriate.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <ol style="list-style-type: none"> By 7/12/2025, Administrator and/or designee educated staff on the Quality Assurance Performance Improvement process. By 7/12/2025 Administrator and/or designee educated staff on reporting of safe, sanitary, comfortable and operational equipment concerns via TELS. Newly hired staff will be educated on QAPI and reporting equipment, maintenance and environmental concerns via TELS. <p>How the corrective action will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The Administrator and/or designee will conduct an interview of 5 residents and audit 5 resident rooms on each unit to ensure equipment is safe, sanitary, comfortable and operational. This audit will be completed weekly for 4 weeks, then Monthly for 3 months.</p> <p>The maintenance director and/or designee will audit the roof top AC units weekly x 4 weeks and then monthly x 3 months.</p> <p>The findings of the audits will be reported to the Quality Assurance Performance Improvement committee monthly until the committee determines substantial compliance is maintained.</p>	

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F0867 SS = E	<p>Continued from page 3</p> <p>equipment, for one roof-top Air-Conditioning (A/C) unit (#11) of 19 roof- top A/C units and F908 being recited related to failure to ensure equipment was safe, sanitary and operational, and failure to provide a safe, functioning, sanitary and comfortable environment in resident's rooms for six residents (#5, #6, #7, #11, #12 and #13) out of 15 residents sampled, and in common areas to include food storage areas.</p> <p>Findings included:</p> <p>A review of an undated facility policy titled, "Quality Assurance and Performance Improvement (QAPI)", showed a policy statement: This facility shall develop, implement, and maintain an ongoing, facility-wide, data-driven QAPI program that is focused on indicators of the outcomes of care and quality of life for our residents.</p> <p>The objectives of the QAPI program are to:</p> <ol style="list-style-type: none"> 1. Provide a means to measure current and potential indicators for outcomes of care and quality of life. 2. Provide a means to establish and implement performance improvement projects to correct identified negative or problematic indicators. 3. Reinforce and build upon effective systems and processes related to the delivery of quality care and services. 4. Establish systems through which to monitor and evaluate corrective actions. <p>Authority:</p> <ol style="list-style-type: none"> 1. The owner and/ or governing board body of our facility is ultimately responsible for the QAPI program 2. The governing board/owner evaluates the effectiveness of its QAPI program at least annually and presents findings to the QAPI committee. 	F0867		

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F0867 SS = E	<p>Continued from page 4</p> <p>3. The administrator is responsible for assuring that this facilities QAPI program complies with federal, state, and local Regulatory agency requirements.</p> <p>4. The QAPI committee reports directly to the administrator</p> <p>Implementation:</p> <p>1. The QAPI Committee oversees implementation of our QAPI plan, which is the written component describing the specifics of the QAPI program, how the facility will conduct its QAPI functions, and the activities of the QAPI committee.</p> <p>2. The QAPI plan describes the process for identifying and correcting quality deficiencies. Key components of this process include:</p> <p>a. Tracking and measuring performance.</p> <p>b. Establishing goals and thresholds for performance measurement.</p> <p>c. Identifying and prioritizing quality deficiencies.</p> <p>d. Systematically analyzing underlying causes of systemic quality deficiencies.</p> <p>e. Developing and implementing corrective action or performance improvement activities and</p> <p>f. Monitoring or evaluating the effectiveness of corrective action performance improvement activities, and revising is needed.</p> <p>Coordination:</p> <p>1. The QAPI Coordinator coordinates QAPI Committee activities and changes to the QAPI plan.</p>	F0867		

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F0867 SS = E	<p>Continued from page 5</p> <p>2. The QAPI coordinator assists other committees, individuals, departments, and/or services in developing quality indicators, monitoring tools, assessment methodologies and documentation, and in making adjustments to the plan.</p> <p>3. The QAPI coordinator serves as a liaison between the QAPI committee and the individuals, services, and/or department regarding QAPI activities</p> <p>1. On 6/11/2025 at 10:45 a.m., an observation and interview were conducted with Resident #5 in his room. Resident #5 stated his overhead light does not work very well, and stated, "it flickers on and off", and stated his roommate's [Resident #6] light, does not work at all. Staff P, Certified Nurse Assistant (CNA), entered the room and agreed the lights were not working properly. Staff P, CNA stated this was not her assignment. She stated she will notify their nurse.</p> <p>On 6/11/2025 at 10:52 a.m., an interview was conducted with Resident #7. Resident #7 stated she received a new bed this morning because the other bed was not working but stated, "this bed's head will not go up and down". The resident stated she will have to start the whole process of requesting a new bed all over again.</p> <p>On 6/11/2025 at 10:11 a.m., an observation was made of the activities room on the south hallway. Inside the activities room ceiling was a ceiling tile to the left upon entry with scattered areas of small gray/black circles, then concentric circles of various shades of tan, rusty brown. During observation, Staff P, CNA stated, "that's been there for a while." Staff P, CNA stated over the weekend there was water on the floor in the activity room when she came to work. An observation was made of loose baseboards along the perimeter of the activities room. An observation was made of thick green bio growth substance outside the sliding glass door to the left of the activities room exiting to a courtyard. Directly outside the activities room adjacent to the ceiling tile, there was black bio growth substance and peeling paint with a heavy color of dark brown/black substance. Some missing ceiling texture were observed with light brown discoloration and dark heavy collection of black bio growth at the area where the wall meets the ceiling. A tall white garbage can was observed underneath this area with a collection of lightly discolored water inside garbage can</p>	F0867		

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F0867 SS = E	<p>Continued from page 6 approximately six inches.</p> <p>On 6/11/2025 at 10:30 a.m., an observation and interview was conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) during tour of south hallway in the activities room. The NHA and the DON stated they had not seen these two areas before.</p> <p>On 6/11/2025 at 11:03 a.m., an observation and interview was conducted with Resident #11. Resident #11 stated her overhead bed light does not work. Staff P, CNA arrived in the room and stated her light works. She said, "you don't have the switch." Staff P, CNA turned the light switch on by the doorway of Resident #11's room, then went to the bedside to pull the cord to turn on the overhead light. The light did not go on, and Staff P, CNA pulled the cord multiple times until the light flickered, and stated, "see it works." Staff P, CNA had to pull the cord aggressively again to turn off the light. Resident #11 stated she did not think she could pull the cord the same way Staff P, CNA pulled the cord.</p> <p>On 6/11/2025 at 1:20 p.m., an observation was made of the pantry room in the east hallway. The refrigerator for the residents in the east hall had a temperature log on the outside door. A documented entry for 6/11/2025 showed a reading for the refrigerator at 50 degrees Fahrenheit and the freezer was documented at 28 degrees Fahrenheit. No documented entries were entered for 6/10/2025. The current refrigerator temperature reading was 58-60 degrees Fahrenheit, and the freezer temperature reading was 36-40 degrees Fahrenheit. Staff J, CNA was witness to the current temperatures for the refrigerator. Inside the refrigerator there were four quarts of milk with a resident's name on them. The milk was lukewarm to touch. In the freezer, there were three half gallons of orange sherbert ice cream, a box of ice cream sandwiches and a box of popsicles. All of the freezer items were observed to be thawed. Staff J, CNA agreed the items were soft to touch and not frozen. Staff D, Licensed Practical Nurse/Unit Manager (LPN/UM) for the east hallway was made aware of the refrigerator temperature readings. Staff D, LPN/UM stated according to the temperature log on the refrigerator, the temperature for the refrigerator had been "adjusted" but agreed the temperature reading were out of normal range. An observation was made of the inside of the cupboard under the sink of the east pantry room. Under the sink there was a large collection of dark</p>	F0867		

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F0867 SS = E	<p>Continued from page 7</p> <p>brown/black bio growth matter throughout the underside inside the pantry cabinet. An observation was made of the ceiling tile directly above the door partially hanging down. Directly across the entry doorway, was a fan in the wall with a collection of leaves and debris and an opening to the outside environment approximately one inch wide. Staff D, LPN/UM acknowledged these findings.</p> <p>On 6/11/2025 at 3:15 p.m., an observation was made of room 215 with open areas of flooring visualized from the hallway. The resident in the room allowed further observation revealing the flooring could be lifted with a slide of the foot.</p> <p>On 6/11/2025 at 3:20 p.m., an observation was made in Residents #12 and #13. The room was designed for a three-resident occupancy. The room was noticeably warmer. Resident #12 stated his roommate #13's AC does not work but his works. Resident #12 had his headboard directly next to his AC unit with his privacy curtain over his headboard where he could receive a direct flow of air from his AC personal unit. Resident #12 stated he moved the curtain because he gets better direct airflow from his AC unit. Resident #12 stated, "they know about his AC unit not working." Resident #13's AC unit was powered on, set at 61 degrees Fahrenheit. No air flow was noted. AC filters were observed with a heavy black bio growth. Resident #13 stated he felt his room was hot. A hygrometer reading of 80 degrees Fahrenheit was obtained. Photographic evidence obtained</p> <p>On 6/11/25 at 3:36 p.m., observation was conducted of the bathroom for Resident's #12 and #13. A ceiling tile was observed to be missing with exposed pipes present.</p> <p>On 6/11/2025 at 3:40 p.m., an observation was made of loose flooring on the east hallway. An unidentified resident was walking the hallway with her walker and stated, "be careful, you can trip over the loose floor." during this tour, numerous observations were made of loose flooring. The flooring easily would come up when sliding foot over the areas.</p> <p>On 6/11/2025 at 4:46 p.m., a walking tour was conducted with the NHA, DON, maintenance assistant, maintenance director from another facility and Staff D, LPN/UM. The NHA became aware of the loose flooring, especially in the 200 hallways. The team acknowledged the</p>	F0867		

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F0867 SS = E	<p>Continued from page 8 refrigerator was removed in the east hallway pantry. The team acknowledged the ceiling tile directly above the entry door, the heavy dark brown/black bio growth under the sink cabinet, and the exposed area to the outside environment along the wall fan/vent. The team toured Resident #13's room to witness a non-functioning A/C (Air Conditioning) unit, with dark black bio growth substance on the A/C filter. The administration team confirmed the observations and the missing bathroom ceiling tile with exposed pipes.</p> <p>During the tour on 6/11/2025 at 5:20 p.m., the NHA, DON, maintenance assistant, maintenance director from another facility and Staff D, LPN/UM confirmed these areas of concerns and stated they would be addressed immediately.</p> <p>Review of a facility policy titled, "Standards and Guidelines: General cleaning" dated 01/2024 showed a standard: It is the policy of this facility to provide a clean, safe, orderly, comfortable and attractive home-like environment as outlined below:</p> <ol style="list-style-type: none"> 1. Accepted practices and procedures are used to keep the facility free from odors, accumulations of dirt, dust and safety hazards. 2. Floors and horizontal surfaces are cleaned routinely. Finishes on floors provide an appropriate finish and disinfectants are used where required. 3. Walls and ceilings are maintained free from dirt or other matters. 4. Entrances, exits, walkways, driveways and other outside or entry areas are kept free from debris and dirt. 5. Beds, bedside tables, chairs overbed tables, nightstands and dressers should be cleaned with a germicidal and allowed to air dry. 6. Dry dusting is used on items such as pictures, plaques, mirrors, bulletin boards, tops of partitions, vents, tops of cabinets, coat racks and window/door frames. Damp dusting may be used as needed. 	F0867		

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F0867 SS = E	<p>Continued from page 9</p> <p>(Photographic Evidence Obtained.)</p> <p>2. On 6/11/2025 at 11:38 a.m., an interview was conducted with Staff O, Maintenance Assistant and a Maintenance Director from another facility. Staff O stated the Air Conditioner (A/C) unit #11 was not functioning properly and stated there was a bent blade in the A/C fan causing the issue. Staff O stated the issue had been going on since October 2024. The maintenance director from another facility stated they were contacting the A/C company to have the A/C fixed. An unidentified nursing staff member was witnessed standing in the south hallway close to the nurses' station down the hallway to the right, fanning her face with her hand and stated, "I found a cool spot."</p> <p>During a tour on 6/11/2025 at 4:46 p.m. with the administrative team - Nursing Home Administrator (NHA), the director of Nursing (DON) and Staff O, Maintenance Assistant, Maintenance Director from another facility and Staff D, Licensed Practical Nurse/Unit manager (LPNUM) of the east hallway. The NHA stated the A/C company was up on the roof today taking measurements to fix A/C unit #1 in the physical therapy gym) and A/C unit #19 (north nurses' station and hallway). The NHA stated A/C unit #11 was a new request. Staff O, Maintenance Assistant confirmed A/C unit #11 in the south hallway/activities room area had been an on-going problem since October 2024.</p> <p>On 6/12/2025 at 12:11 p.m., an interview was conducted with the administrative team. The NHA stated the A/C company took measurements yesterday, (6/11/2025) during the revisit survey to fix the A/C concerns identified previously. The NHA could not confirm a payment had been made to the A/C company for the original requests, but provided a new quote dated 6/11/2025 for repairs of A/C unit #11. The NHA stated she was unaware of the issues with A/C unit #11 until yesterday, but the maintenance assistant stated it had been an ongoing issue since October 2024.</p> <p>The facility did not have a policy on A/C units maintenance and repairs.</p>	F0867		
F0908 SS = D	<p>Essential Equipment, Safe Operating Condition</p> <p>CFR(s): 483.90(d)(2)</p>	F0908	F908:	07/12/2025

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F0908 SS = D	<p>Continued from page 10</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to ensure timely repair of essential equipment for one roof top Air-Conditioning (A/C) unit (#11) of 19 roof top A/C units.</p> <p>Findings included:</p> <p>On 6/11/2025 at 11:38 a.m., an interview was conducted with Staff O, Maintenance Assistant and a Maintenance Director from another facility. Staff O stated the Air Conditioner (A/C) unit #11 was not functioning properly and stated there was a bent blade in the A/C fan causing the issue. Staff O stated the issue had been going on since October 2024. The maintenance director from another facility stated they were contacting the A/C company to have the A/C fixed. An unidentified nursing staff member was witnessed standing in the south hallway close to the nurses' station down the hallway to the right, fanning her face with her hand and stated, "I found a cool spot."</p> <p>During a tour on 6/11/2025 at 4:46 p.m. with the administrative team - Nursing Home Administrator (NHA), the director of Nursing (DON) and Staff O, Maintenance Assistant, Maintenance Director from another facility and Staff D, Licensed Practical Nurse/Unit manager (LPN/UM) of the east hallway. The NHA stated the A/C company was up on the roof today taking measurements to fix A/C unit #11 in the physical therapy gym) and A/C unit #19 (north nurses' station and hallway). The NHA stated A/C unit #11 was a new request. Staff O, Maintenance Assistant confirmed A/C unit #11 in the south hallway/activities room area had been an on-going problem since October 2024.</p> <p>On 6/12/2025 at 12:11 p.m., an interview was conducted with the administrative team. The NHA stated the A/C company took measurements yesterday, (6/11/2025) during the revisit survey to fix the A/C concerns identified previously. The NHA could not confirm a payment had been made to the A/C company for the original requests, but provided a new quote dated 6/11/2025 for repairs of A/C unit #11. The NHA stated she was unaware of the issues with A/C unit #11 until yesterday, but the</p>	F0908	<p>Continued from page 10</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The AC unit (#11) in the south hallway/activities room area repaired by 7/12/2025.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken:</p> <p>An audit of the roof top AC units in the facility was completed. Roof top AC units identified with concerns will be repaired and/or replaced by 7/12/2025.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <ol style="list-style-type: none"> By 7/12/2025, Staff educated by the Administrator and/or designee on essential equipment, safe operating condition and identified concerns to be reported via TELS. Newly hired staff will be educated on essential equipment, safe operating condition and identified concerns to be reported via TELS. <p>How the corrective action (s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The Administrator and/or designee will conduct a random audit of the roof top AC units to ensure essential equipment is in safe operating condition weekly for 4 weeks, then monthly x 3 month.</p> <p>The findings of the audits will be reported to the QAPI committee monthly until the committee determines substantial compliance is sustained.</p>	

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F0908 SS = D	Continued from page 11 maintenance assistant stated it had been an ongoing issue since October 2024.	F0908		
F0921 SS = D	The facility did not have a policy on A/C units maintenance and repairs. Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews and record review, the facility did not ensure equipment was safe, sanitary and operational, and failed provide a safe, functioning, sanitary and comfortable environment in resident's rooms for six residents (#5, #6, #7, #11, #12 and #13) out of 15 residents sampled, and in common areas to include food storage areas. Findings included: On 6/11/2025 at 10:45 a.m., an observation and interview were conducted with Resident #5 in his room. Resident #5 stated his overhead light does not work very well, and stated, "it flickers on and off", and stated his roommate's [Resident #6] light, does not work at all. Staff P, Certified Nurse Assistant (CNA), entered the room and agreed the lights were not working properly. Staff P, CNA stated this was not her assignment. She stated she will notify their nurse. On 6/11/2025 at 10:52 a.m., an interview was conducted with Resident #7. Resident #7 stated she received a new bed this morning because the other bed was not working but stated, "this bed's head will not go up and down". The resident stated she will have to start the whole process of requesting a new bed all over again. On 6/11/2025 at 10:11 a.m., an observation was made of the activities room on the south hallway. Inside the activities room ceiling was a ceiling tile to the left upon entry with scattered areas of small gray/black	F0921	F921: What corrective actions (s) will be accomplished for those residents found to have been affected by the deficient practice: 1. By 7/12/2025, Residents #5, #6, #7, #11, #12, and #13 interviews and room audits completed. 2. By 7/12/2025 Residents #5, #6, and #11 overbed light repaired. 3. By 7/12/2025, Resident #7 bed replaced with head of bed working properly. 4. By 7/12/2025, the ceiling tile in the activities room on the south hallway replaced. 5. By 7/12/2025, the loose baseboard along the perimeter of the activities room was replaced. 6. By 7/12/2025, the bio-growth substance outside of the sliding glass door to the left of the activities room exiting to the courtyard was cleaned. 7. By 7/12/2025, the ceiling outside of the activities room adjacent to the ceiling tile was repaired and repainted. 8. By 7/12/2025, the refrigerator in the nourishment room on the east hallway was removed, discarded and replaced. The cupboard under the sink of the east pantry was cleaned. The ceiling tile above the door was replaced. The exhaust fan in the wall was cleaned. 9. By 7/12/2025, the air conditioning was replaced in Resident #12 and #13 shared room. The missing ceiling tile in the bathroom was replace. The flooring in resident #12 room was replaced. 10. By 7/12/2025 The loose flooring was replaced/repaired in the east 200 hallway. How will you identify other residents having potential to be affected by the same practice and what corrective	07/12/2025

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F0921 SS = D	<p>Continued from page 12 circles, then concentric circles of various shades of tan, rusty brown. During observation, Staff P, CNA stated, "that's been there for a while." Staff P, CNA stated over the weekend there was water on the floor in the activity room when she came to work. An observation was made of loose baseboards along the perimeter of the activities room. An observation was made of thick green bio growth substance outside the sliding glass door to the left of the activities room exiting to a courtyard. Directly outside the activities room adjacent to the ceiling tile, there was black bio growth substance and peeling paint with a heavy color of dark brown/black substance. Some missing ceiling texture were observed with light brown discoloration and dark heavy collection of black bio growth at the area where the wall meets the ceiling. A tall white garbage can was observed underneath this area with a collection of lightly discolored water inside garbage can approximately six inches.</p> <p>On 6/11/2025 at 10:30 a.m., an observation and interview was conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) during tour of south hallway in the activities room. The NHA and the DON stated they had not seen these two areas before.</p> <p>On 6/11/2025 at 11:03 a.m., an observation and interview was conducted with Resident #11. Resident #11 stated her overhead bed light does not work. Staff P, CNA arrived in the room and stated her light works. She said, "you don't have the switch." Staff P, CNA turned the light switch on by the doorway of Resident #11's room, then went to the bedside to pull the cord to turn on the overhead light. The light did not go on, and Staff P, CNA pulled the cord multiple times until the light flickered, and stated, "see it works." Staff P, CNA had to pull the cord aggressively again to turn off the light. Resident #11 stated she did not think she could pull the cord the same way Staff P, CNA pulled the cord.</p> <p>On 6/11/2025 at 1:20 p.m., an observation was made of the pantry room in the east hallway. The refrigerator for the residents in the east hall had a temperature log on the outside door. A documented entry for 6/11/2025 showed a reading for the refrigerator at 50 degrees Fahrenheit and the freezer was documented at 28 degrees Fahrenheit. No documented entries were entered for 6/10/2025. The current refrigerator temperature reading was 58-60 degrees Fahrenheit, and the freezer</p>	F0921	<p>Continued from page 12 actions will be taken:</p> <p>By 7/12/2025, resident interviews, resident room and common area audited to ensure equipment is safe, sanitary, comfortable and operational. The audit included resident room HVAAC, refrigerator and cupboards in pantry rooms, ceiling tiles, flooring, beds for proper function, resident room overbed lights and fans in the pantry rooms. Maintenance equipment and/or environmental items identified on the audit will be repaired and/or replaced as appropriate.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>1. By 7/12/2025, Administrator and/or designee educated staff on reporting safe, sanitary, comfortable and operational equipment via TELS.</p> <p>2. Newly hired staff will be educated on reporting safe equipment, maintenance and environmental concerns via TELS.</p> <p>How the corrective actions will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place:</p> <p>The administrator and/or designee will conduct an interview of 5 residents and audit 5 resident rooms on each unit to ensure equipment is safe, sanitary, comfortable and operational weekly for 4 weeks then Mmonthly for 3 months.</p> <p>The findings of the audits will be reported to the QAPI committee monthly until committee determines substantial compliance has been met and sustained.</p>	

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F0921 SS = D	<p>Continued from page 13 temperature reading was 36-40 degrees Fahrenheit. Staff J, CNA was witness to the current temperatures for the refrigerator. Inside the refrigerator there were four quarts of milk with a resident's name on them. The milk was lukewarm to touch. In the freezer, there were three half gallons of orange sherbert ice cream, a box of ice cream sandwiches and a box of popsicles. All of the freezer items were observed to be thawed. Staff J, CNA agreed the items were soft to touch and not frozen. Staff D, Licensed Practical Nurse/Unit Manager (LPN/UM) for the east hallway was made aware of the refrigerator temperature readings. Staff D, LPN/UM stated according to the temperature log on the refrigerator, the temperature for the refrigerator had been "adjusted" but agreed the temperature reading were out of normal range. An observation was made of the inside of the cupboard under the sink of the east pantry room. Under the sink there was a large collection of dark brown/black bio growth matter throughout the underside inside the pantry cabinet. An observation was made of the ceiling tile directly above the door partially hanging down. Directly across the entry doorway, was a fan in the wall with a collection of leaves and debris and an opening to the outside environment approximately one inch wide. Staff D, LPN/UM acknowledged these findings.</p> <p>On 6/11/2025 at 3:15 p.m., an observation was made of room 215 with open areas of flooring visualized from the hallway. The resident in the room allowed further observation revealing the flooring could be lifted with a slide of the foot.</p> <p>On 6/11/2025 at 3:20 p.m., an observation was made in Residents #12 and #13. The room was designed for a three-resident occupancy. The room was noticeably warmer. Resident #12 stated his roommate #13's AC does not work but his works. Resident #12 had his headboard directly next to his AC unit with his privacy curtain over his headboard where he could receive a direct flow of air from his AC personal unit. Resident #12 stated he moved the curtain because he gets better direct airflow from his AC unit. Resident #12 stated, "they know about his AC unit not working." Resident #13's AC unit was powered on, set at 61 degrees Fahrenheit. No air flow was noted. AC filters were observed with a heavy black bio growth. Resident #13 stated he felt his room was hot. A hygrometer reading of 80 degrees Fahrenheit was obtained. Photographic evidence obtained</p> <p>On 6/11/25 at 3:36 p.m., observation was conducted of</p>	F0921		

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F0921 SS = D	<p>Continued from page 14 the bathroom for Resident's #12 and #13. A ceiling tile was observed to be missing with exposed pipes present.</p> <p>On 6/11/2025 at 3:40 p.m., an observation was made of loose flooring on the east hallway. An unidentified resident was walking the hallway with her walker and stated, "be careful, you can trip over the loose floor." during this tour, numerous observations were made of loose flooring. The flooring easily would come up when sliding foot over the areas.</p> <p>On 6/11/2025 at 4:46 p.m., a walking tour was conducted with the NHA, DON, maintenance assistant, maintenance director from another facility and Staff D, LPN/UM. The NHA became aware of the loose flooring, especially in the 200 hallways. The team acknowledged the refrigerator was removed in the east hallway pantry. The team acknowledged the ceiling tile directly above the entry door, the heavy dark brown/black bio growth under the sink cabinet, and the exposed area to the outside environment along the wall fan/vent. The team toured Resident #13's room to witness a non-functioning A/C (Air Conditioning) unit, with dark black bio growth substance on the A/C filter. The administration team confirmed the observations and the missing bathroom ceiling tile with exposed pipes.</p> <p>During the tour on 6/11/2025 at 5:20 p.m., the NHA, DON, maintenance assistant, maintenance director from another facility and Staff D, LPN/UM confirmed these areas of concerns and stated they would be addressed immediately.</p> <p>Review of a facility policy titled, "Standards and Guidelines: General cleaning" dated 01/2024 showed a standard: It is the policy of this facility to provide a clean, safe, orderly, comfortable and attractive home like environment as outlined below:</p> <ol style="list-style-type: none"> 1. Accepted practices and procedures are used to keep the facility free from odors, accumulations of dirt, dust and safety hazards. 2. Floors and horizontal surfaces are cleaned routinely. Finishes on floors provide an appropriate finish and disinfectants are used where required. 	F0921		

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F0921 SS = D	Continued from page 15 3. Walls and ceilings are maintained free from dirt or other matters. 4. Entrances, exits, walkways, driveways and other outside or entry areas are kept free from debris and dirt. 5. Beds, bedside tables, chairs overbed tables, nightstands and dressers should be cleaned with a germicidal and allowed to air dry. 6. Dry dusting is used on items such as pictures, plaques, mirrors, bulletin boards, tops of partitions, vents, tops of cabinets, coat racks and window/door frames. Damp dusting may be used as needed. (Photographic Evidence Obtained.)	F0921		