

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER ENGLEWOOD HEALTHCARE AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 1111 DRURY LN ENGLEWOOD, FL 34224	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and interview the facility failed to maintain the garbage storage area in a sanitary condition to prevent the harborage and feeding of pests. The findings include: Observation of the dumpster enclosure outside the kitchen on 8/26/20 at 11:25 a.m., with the Administrator and Maintenance Director, found the enclosure strewn with garbage and food debris from ripped open garbage bags. Maintenance and lawn debris were also strewn around the enclosure. There was evidence of animals rummaging through the garbage. (Photographic evidence obtained) The Administrator acknowledged the garbage was not properly contained and the enclosure was not kept clean.		

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

TITLE

(X6) DATE

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