Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969671	A. BUILDING: _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERCREST WINTER PARK ASSISTED LIVING AND	1501 GLENDON PARKWAY WINTER PARK, FL 32789

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to electronically submit to the agency a preliminary report within 1 business day of incident and a full report within 15 calendar days of the incident for 1 of 5 residents sampled. (#9). Finding: A review of resident #9" record review revealed she was admitted on . . . . . . Her record contained a Resident Health Assessment form (1823) dated . . . . . . Her diagnoses included , , and . . . . . . She walks independently. She is independent from her ADL's. A review of the facility notes revealed on Wednesday . . . . . at 3:30pm the resident was in her room, and housekeeping entered to do their weekly cleaning. The housekeeper went into resident #9's bedroom began to vacuum, and closed the resident's bedroom door to vacuum behind the door but did not open the door until she was leaving the room. Resident #9 stated that the housekeeper walked out with the garbage bag holding the bag as though it were a baby. Resident #9 stated at the time she thought	CZ821		

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CZ821	Continued From page 4 nothing of it, so she said nothing. It was not until later that day while she was getting ready to go out with friends that resident #9 realized the jewelry box was missing. Resident #9 filed a grievance and told the DON about the situation; the police were called, and a report was filed. The case was closed on . . . . by the investigator. On . . . . at 5:20 pm resident #9 stated that after her husband , , in , of 2024. She had placed some sentimental items such as her husband's wedding ring and his watch among other items. Resident #9 stated that on the morning of the housekeeper came into her room and went into her bedroom to vacuum, like she always does. Resident #9 stated that the housekeeper kept the room door locked longer than usual, when the housekeeper was walking out of her room, she stated that she was carrying the garbage bag as though she were carrying a . . . . baby. Resident #9 stated at the time she did not think anything of it, although it did seem a bit strange, by the way she was carrying out the trash. It was not until a friend came over later that evening. While she was getting ready to out, she wanted to wear a piece of jewelry and that is when she realized the box was gone. Resident #9 stated that she told the DON, she also filed a grievance with the facility and reported it to the police. Resident #9 stated the case was closed due to lack of evidence. She also stated it still hurts her to know that all those pieces of jewelry are gone. They hold many memories and her husband's items were of great sentimental value. Resident #9 also stated that she is still saddened about how the whole thing was handled. However, she just wants to put it in the past and move on. Photographic evidence obtained.	CZ821		

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CZ821	Continued From page 5 The facility failed to submit a day one Incident Report to the agency on Wednesday . . . . . The facility failed to submit a full report within 15 days of the incident (. . . .). On . . . . . at 5:52pm an interview with the administrator was conducted. She said that she did not file an incident report with the agency. On . . . . . at 4:25pm the administrator and DON confirmed the Incident Report was not filed with the agency for the incident that occurred with resident #9. The incident report was not submitted to the Agency as required.	CZ821		
A 000	Initial Comments A re-licensure survey with Limited Nursing Service (LNS) a complaint investigation (#2024001412) and a generator monitoring were conducted at Watercrest Winter Park Assisted Living and Memory Care on . The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation	A 010		

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A 010	Continued From page 6	A 010		

of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:
(a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party.
(b) A facility may admit or retain a resident who requires the use of assistive devices.
(c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;

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A 010	Continued From page 7 b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes	A 010		

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A 010	Continued From page 8	A 010		

first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a , may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the

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A 010	Continued From page 9 facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a [redacted]-to-[redacted] medical examination by a health care provider was conducted when 1 of 1 sampled resident (#2) developed a [redacted]. Findings: A review of resident #2's record revealed a facility admission date of [redacted]. The resident's medical history included [redacted] and [redacted]. A [redacted] health assessment form (1823) indicated the resident did not have a [redacted]. The resident was admitted to hospice services on	A 010		

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A 010	Continued From page 10 A ... facility note indicated a hospice nurse observed an open area on the resident's left , that was ... On ... a hospice nurse documented the resident's left , , was and measured 0.5 centimeters (cm) x 0.5 cm x 0.1 cm. The resident's record did not have documentation to indicate the resident had a ...-to- ... medical examination by a health care provider when the resident developed the , ... On ... at 1:45 pm, the findings were discussed with the director of nursing, who did not provide additional documentation. Class III	A 010		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or ... , ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the	A 025		

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A 025	Continued From page 11 condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.	A 025		

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A 025	Continued From page 12	A 025		

This Statute or Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to provide adequate supervision to 1 of 1 sampled resident (#14) who hit other residents.

Findings:

A review of resident #14's record revealed a facility admission date of . The resident's medical history included with behaviors. The resident ambulated independently and .

A facility note indicated the resident refused her evening medications. She took her morning medications with assistance from a family member. A doctor was notified and ordered / / (ABH) gel.

A facility note indicated a hospice nurse reported witnessing this resident another resident then call the resident an idiot. The hospice nurse intervened to stop this resident from continuing to hit the other resident. This resident was successfully redirected and removed from the scene.

A facility note indicated the resident resisted care and hit a staff member with her purse. A nurse attempted to apply ABH gel, and the resident became hostile and refused.

An facility note indicated the resident was being aggressive towards other residents.

A facility note indicated the resident hit another resident on their right arm while she was

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A 025	Continued From page 13 being taken to her room to be changed. No injuries noted. An facility note indicated a health care provider ordered 0.25 milligrams (mg) one tablet three times daily as needed for agitation and lab work due to the resident's change in behavior. The nurse instructed staff to observe the resident while in the common area and while walking through the hallway as this was where the altercations occurred. A facility note indicated a visiting family member reported seeing the resident walk up to another resident and hit them on the . No injuries were noted. A health care provider was notified, and the resident's medication times were adjusted. A facility note indicated a visiting Advanced Practice Registered Nurse (APRN) reported witnessing this resident hit another resident on the . No injuries were noted. A health care provider was notified of the incident as well as the resident's refusal of medications two times that day. On a health care provider ordered 25 mg by daily and 1 mg by three times daily. Facility notes on indicated the resident refused her 6 am and 8 am medications. A facility note indicated the resident was seen hitting another resident in the . Staff intervened and redirected this resident away from the other resident. On a health care provider ordered a	A 025		

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	AL11969671	A. BUILDING: _____ B. WING _____	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERCREST WINTER PARK ASSISTED LIVING AND	1501 GLENDON PARKWAY WINTER PARK, FL 32789

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A 025	Continued From page 14 consult. A facility note indicated the resident's family was given notice to move the resident out of the facility. On a health care provider ordered 1 mg by three times daily at 6 am, 12 pm, 5 pm. On a health care provider ordered , 25 mg by twice daily every morning and at 8 pm. On at 10:40 am, the resident was seen sitting alone in the outside courtyard. On at 4:45 pm, the resident was seen walking around unsupervised. An attempt was made to speak with her, but she did not respond and kept walking. On at 4:50 pm, the resident was seen sitting at a dining room table with three other residents. No staff were present. On at 5 pm, the administrator said she held her position since . She was unaware of a discharge notice ever being issued to the resident for her behavior towards other residents. She said the resident was moving to another assisted living facility on . She deferred to the director of nursing (DON) when asked further questions about the resident hitting other residents. On at 5:06 pm, the DON said she spoke with both staff and visitors who said they witnessed the resident hit other residents. She said what those people described as hits was actually the resident only placing her on the residents. She said she did not document the	A 025		

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A 025	Continued From page 15 conversations she had with them. She said the prescribing of , , , medications was done only as a proactive measure as opposed to doing nothing. She said the facility just never decided to place one on one supervision with the resident. She said it was normally the family who provided one on one. When told the resident was seen during the survey walking around and sitting at a dining room table without staff present for supervision, she replied that staff should be out supervising the residents. She said as interventions to the resident's behavior, the facility gave her snacks and tried to engage her in things, but the resident loses interest. She said the resident also had visitors. The administrator spoke up and said they also gave her a stuffed animal to carry. Class III	A 025		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log	A 160		

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A 160	Continued From page 16 listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and	A 160		

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A 160	Continued From page 17	A 160		

responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.
(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.
(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.
(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(n) The facility's resident elopement response policies and procedures.
(o) The facility's documented resident elopement response drills.
(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;
(q) The facility's prevention policies and procedures;
(r) The facility's medication practices;
(s) The facility's policy on physical ...;
(t) The facility's policy on assistive devices;
(u) The facility's policy on third-party providers;
(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;
(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing

Agency for Health Care Administration

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A 160	Continued From page 18 services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on review of the facility's fire inspection and interview, the facility failed to maintain a satisfactory inspection. Findings: A review of the facility's fire inspection revealed there were seven safety violations. On at 5:20 pm, the facility's operations , said she did not know when a revisit to the inspection would be done, and maintenance was working with the fire inspector. Class III	A 160		