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
	AL11969817	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

(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		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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 review and interview, the facility failed to submit a preliminary report within 1 business day and a full report within 15 calendar days to the Agency for Healthcare Administration (AHCA) after a resident experienced a that resulted in injuries and transfer to a hospital for 1 of 10 sampled residents (#15.) Findings: Review of resident #15's record revealed a facility admission date of . The residents' medical history included . A 1823 indicated special precautions of " ." The resident needed supervision with ambulation and transferring. A facility note indicated that at 8:37 AM the resident was found on the bathroom floor in her room. A hematoma was observed to the right side of her . Her walker was not within arm's reach. She was sent to a hospital. At 1:56 PM she returned from the hospital. She had a hematoma on the right side of her and her right was . Review of the preliminary and full reports sent by	CZ821		

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CZ821	Continued From page 4 the facility to AHCA revealed none regarding this resident's incident. On at 8:43 AM, the administrator said the reports were not submitted to AHCA because no treatment was given to the resident while at the hospital. Unclassified	CZ821		
CZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of	CZ875		

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CZ875	Continued From page 5 the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment,	CZ875		

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CZ875	Continued From page 6	CZ875		

each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred

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CZ875	Continued From page 7 by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 2 of 3 sampled caregivers (A, B) participated in at least 4 hours	CZ875		

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CZ875	Continued From page 8 of and related forms of (ADRD) continuing education each calendar year. Findings: Review of caregiver B's personnel record revealed a hire date of . The record contained a ADRD level 1 certificate of training and a ADRD level 2 certificate of training. The record did not contain at least 4 hours of ADRD continuing education each calendar year thereafter. On at 12:58 PM, the administrator said she had no more ADRD training documents for caregiver B.	CZ875		
A 000	Initial Comments A re licensure survey, complaint investigations #2025002964, #2025002979, and generator monitoring was conducted at Village on the Green Assisted Living on - - . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical	A 008		

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A 008	Continued From page 9 examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental	A 008		

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A 008	Continued From page 10 health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or . . nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of . . require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section	A 008		

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A 008	Continued From page 11 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not	A 008		

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A 008	Continued From page 12 include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of or , , . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or	A 008		

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A 008	Continued From page 13 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the health assessment form (1823) was complete for 3 of 10 sampled residents (#5, 8, 16.) Findings: 1. Review of resident #5's 1823 revealed the question as to whether the resident needed assistance with medications was not answered. On at 9:52 AM, the finding was discussed with the director of nursing (DON,) who did not provide additional documentation. 2. Review of resident #8's 1823 revealed the questions regarding how much assistance the resident needed with toileting and transferring were not answered. On at 1:14 PM, the findings were discussed with the DON, who did not provide additional documentation. Review of resident #8's 1823 revealed the question as to whether the resident required 24-hour nursing or , , care was not	A 008		

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	AL11969817	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

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A 008	Continued From page 14 answered. On at 1:35 PM, the findings were discussed with the administrator. At 1:55 PM, the DON provided the same 1823 that was now answered and said it was just corrected. 3. Review of resident #16's only 1823 revealed it was not dated. On at 1:35 PM, the findings were discussed with the administrator. At 1:55 PM, the DON provided the same 1823 that was now dated and said it was just corrected. Class III	A 008		
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 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	A 010		

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A 010	Continued From page 15 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; 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.	A 010		

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A 010	Continued From page 16 (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 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	A 010		

Agency for Health Care Administration

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A 010	Continued From page 17 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 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	A 010		

Agency for Health Care Administration

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A 010	Continued From page 18	A 010		

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 obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 2 of 10 sampled residents (#9, #17) as required in an assisted living facility (ALF).

Findings:

1. Review of resident #9's record revealed a facility admission on . An undated 1823 health assessment indicated a medical history of

( ), acute
communication , , adult
, difficulty walking, memory care,
precautions, and identified as an elopement risk.

Review of resident #9's record indicated admission to Vitas Hospice effective date with an initial care plan dated .

Review of facility note on read at 12:43, vitas in to give bed bath.

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A 010	Continued From page 19 Review of facility note on at 1:18 read, - late entry: vitas nurse in on to provide care to resident's R . Review of facility note on at 2:01 read, vitas hospice nurse provided care to resident. Review of facility note on at 2:05 read, late entry - vitas hospice received orders for care for resident today On at 12:05 PM, the director of nursing stated this is the care plan and she was added to hospice in . I'll see if I can get my on an 1823 for hospice. On at 10:15 AM, the director of nursing stated, we didn't have an updated 1823 for resident #9. The doctor was here today so I had him sign a new form. On the director of nursing provided an updated 1823 health assessment form identifying resident #9 as memory care, hospice. 2. Review of resident #17's record revealed a facility admission on . A 1823 health assessment indicated a medical history of , , ( ), exacerbation with , , acute myeloid , , (PAF), (ALZ), , dependent, restless , diverticulosis, , right , replacement, no nursing services, and needs medication administration. Review of facility note on at 12:18 read, resident , , at 12 noon. Hospice	A 010		

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A 010	Continued From page 20 and doctors and NP (nurse practitioner notified). Review of facility note on at 12:16 read, a representative from hospice in today. Bed bath given by hospice. Review of facility note on at 14:35 read, hospice nurse came at 1450 no new orders at this time. Review of facility note on at 14:16 read, hospice nurse was in at 1035, assessing resident no new order at this time, care plan on going. Review of facility note on at 1:18 read, - late entry: vitas nurse in on to provide care to resident's R . On at 10:15 AM, the director of nursing was asked for resident #17's hospice care plan and if a new 1823 health assessment was obtained for hospice. On at 1:30 PM, the director of nursing provided a copy of resident #17's hospice care plan with a admit date along with an updated 1823 health assessment dated . The 1823 indicated nursing services for memory care, hospice effective . The director of nursing was informed that a new 1823 must be obtained at the time of each residents' change of condition. On at 2:57 PM, the administrator and director of nursing confirmed the findings. (photographic evidence obtained) Class III	A 010		

Agency for Health Care Administration

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A 025 SS=G	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 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	A 025		

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A 025	Continued From page 22 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate supervision and care and services to meet the needs of the resident when a resident sustained a left of unknown origin, failed to ensure an was done upon receipt of an order and failed to notify a health care provider and family when a resident had a change of condition for 1 of 10 sampled residents (#1.) Findings: Review of resident #1's record revealed a facility admission date of . The resident's medical history included , , and history of right . A 1823 indicated she had an unsteady gait and needed safety precautions. She needed supervision with transferring and assistance with ambulation, bathing, , toileting, and grooming.	A 025		

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A 025	Continued From page 23 On a health care provider gave an order to admit the resident to hospice services. On at 11:32 AM nurse G documented hospice came in to give the resident a shower. The resident was unable to stand and was very unsteady. A hospice nurse was informed. The resident was not drinking and took small bites of yogurt. The resident did not want to get out of bed. A private sitter was at her bedside trying to offer fluids. There was no documentation to indicate the resident's family was notified of the change in her condition. On hospice aide H documented her visit time was from 7:35 AM to 8:20 AM. There was no documentation to indicate anything unusual occurred during the visit. On at 2:03 PM nurse G documented the resident was in bed all day. The resident was turned every two hours. The resident was unable to walk to the bathroom and had not or had a movement. The resident took a couple of sips of a supplemental drink. She was alert but not talking much. There was no documentation to indicate the resident's family was notified of the change in her condition. On hospice nurse J documented hospice aide H reported the resident could no longer ambulate or stand so she would change showers to bed baths and the resident could no longer use pullups so will change to briefs. The nurse's note indicated hospice aide H, a facility nurse and the resident's private aide reported seeing a bluish-purple discoloration consistent with a on the resident's left and left lower _ and _ to her left upper _ that diminished in size after repositioning	A 025		

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A 025	Continued From page 24 the resident off her side. On at 2:07 PM the resident ate 25% of breakfast and 50% of lunch. She was transferred to a wheelchair and brought out of her room. A hospice nurse assessed the on her left . The measured 8 centimeters (cm) x 8 cm. A family member visited and was informed of the . On at 6:30 PM the administrator documented the resident was up in a recliner. She had and a blotchy purple area on her left inner starting from her extending to her . The area was palpated. The resident did not complain of and did not express signs and symptoms of discomfort. A health care provider was notified. On at 9:07 AM an advanced practice registered nurse (APRN) assessed . No when touching site. The private sitter got the resident up in a wheelchair and brought her to the dining room for breakfast. She ate 50%, drank coffee and a half glass of water. She that morning. On hospice nurse J documented facility nurse G said the discoloration looked worse than yesterday. On the resident was noted with an 8 cm x 8 cm area of bluish-purple discoloration to left and lower . On the discoloration extended to anterior and medial upper left and behind the measuring 38 cm x 21 cm. Also, the increased significantly from yesterday in the left and . The resident also had a dime-sized purple discoloration to the area above her left upper . The resident's family member requested an . Nurse J phoned a	A 025		

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A 025	Continued From page 25 hospice physician. On at 3:13 PM the facility's administrator documented the presence of discoloration to the left inner ˬ extending to the left . Darker from previous evaluation. ˬ decreased. No signs and symptoms of ˛ . Range of motion was within normal limits. On at 9:36 PM a hospice nurse visited. A new order for ˛ was received. The imaging company was informed, and the order was faxed to them. On , doctor I documented that nursing staff reported that on Tuesday ( ) around 7:30 AM to 7:45 AM the caretaker and the hospice aide attempted to shower the resident. As they were transferring from the wheelchair to the shower chair she started to lean and to the left. They held her up and slowly put her in the shower chair. She was cleaned up rather quickly and the nursing staff was made aware the resident looked pale and had difficulty moving and transferring to bed. She required 2-person assistance and lifting of her left ˬ to get her in bed. Afterwards it was noticed that she had a large along the inner ˬ on the left. However, she denied ˛ and continued to deny ˛ during an examination this morning. Staff denied any , denied the resident hitting the ground or any other injuries. On hospice nurse J documented the facility's nurse did not get the ˛ ordered on to the left ˛ and left and the facility nurse would try to contact the ˬ center. The hospice nurse found the discoloration was darker than previous visit with dark bluish and purple discoloration to the same areas, but	A 025		

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A 025	Continued From page 26 no noted. Ligh yellowish-green discoloration around left and about of upper . Palpation of area done with no grimacing or body guarding from the resident. On at 3:34 PM the were done and revealed a left . On at 5:10 PM the doctor was notified of the results. A new order was received for non- to left lower . On at 3 PM the resident . On at 3:25 PM, the resident's family member said he learned about the from hospice three days after it occurred. The family member said no one from the facility told him. The family member said the resident was frequently falling so the facility recommended 24-hour private duty caregivers. The family member said they put a camera in the resident's room approximately twelve months prior. They said the caregivers were with the resident in the bathroom on so the camera did not capture the incident. On at 8:32 AM, private caregiver F said that on sometime before 8:30 AM she assisted hospice aide H with giving the resident a shower. Caregiver F said hospice Aide H walked the resident to the bathroom while she walked behind them with a wheelchair. Once in the bathroom hospice aide H sat the resident in the shower chair. Private caregiver F said she could not recall if the resident had on both a pajama top and bottom or just the top and an brief. She could not remember details about removing the clothes. While in the shower chair and sometime after the shower began the	A 025		

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A 025	Continued From page 27	A 025		

resident leaned to her right and became pale. Caregiver F went to get a facility nurse, who responded and instructed them to put the resident in bed. To do this, hospice aide H lifted the resident up and into the wheelchair. Once to the bed, both stood the resident up and pivoted her onto the bed. Caregiver F said that when the resident was walking to the bathroom she did not complain of , , did not have signs of , and did not have trouble walking. Caregiver F said she saw the resident's ˬ when she was fully undressed and there was no ˬ. Caregiver F said when the resident was put in bed she did not complain of , . Caregiver F said the resident did not in the bathroom.

On at 9:56 AM, a request was made for the DON to provide the facility's policy on injuries of unknown origin. She returned with an policy and said there was no policy specific to injuries of unknown origin.

On at 10:11 AM, nurse G said he recalled that on he was in the middle of getting a report from the night nurse at approximately 7:30 am when hospice aide H told him she could not give the resident a shower because the resident was weak. He instructed the aide to put the resident in bed. He did not go into the room and had no opportunity to see the resident's ˬ during his shift. He did not recall being told the resident leaned to the side and became pale. He said had they done so he would have gone into the room to assess her. He said no care staff told him during the entire shift the resident had , complained of , had a or other incident. He said he did not speak with the family that day about the resident's inability to stand, her unsteadiness, and poor nutritional intake. He said that when he worked on he was never

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	AL11969817	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

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A 025	Continued From page 28	A 025		

told there was . He did not remember if he spoke with the family that day about the resident being unable to walk to the bathroom, inability to urinate and have a movement and her poor nutritional intake.

On at 11:05 am, doctor I said the facility did not notify him or the resident's family about the . He said the resident had a high tolerance and never complained of even when prior injuries occurred. He said he called the radiologist to ask their opinion on whether the left occurred from or movement. The radiologist could not determine either way.

On at 3:08 PM both the DON and the administrator were asked why there was a three-day delay in getting the done.

On at 3:25 PM, hospice aide H said that on she transferred the resident from bed to her wheelchair. She could not recall if she had to lift the resident or if she stood and pivoted to the chair. The hospice aide said the resident was most likely dressed in only a shirt and brief. She said the resident did not complain of during the transfer. She then wheeled the resident to the bathroom where she transferred the resident to the shower chair by placing one of her own between the resident's then lifting her out of the wheelchair. She then gave the resident a shower. After the shower she put the resident in bed at which time she saw the resident leaning and turning pale. Private caregiver F got the nurse. Hospice aide H said she saw "specks" of bluish-purple discoloration on the resident's left . She said the resident never complained of or showed visible signs of . Hospice aide H said she did not initially

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VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

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A 025	Continued From page 29 walk the resident to the bathroom, that she pushed her there in the wheelchair. She said the resident did not have a in the bathroom. On at 1:15 PM, the administrator said she learned about the on . She assessed the and determined it looked like mottling or a circulation problem, not like a . She reached out to the doctor, who decided not to do any diagnostic testing since the resident was on hospice. On the was darker in color, but the had decreased. Her investigation determined that on at approximately 7:30 AM, per private caregiver F and hospice aide H, the resident leaned to the left then became pale. Hospice aide H described putting her between the resident's while transferring the resident. The administrator suspected the occurred during the transfer from the wheelchair to the shower chair. She said her observation of the revealed its location and shape supported her theory. On at 2 PM, both the DON and the administrator said they did not know why there was a delay in the being done. Class II	A 025		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or	A 034		

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A 034	Continued From page 30 replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the use of a wheelchair was included in the record for 1 of 10 sampled residents (#5.) Findings: On at 10:43 AM, an electric wheelchair was near resident #5's recliner and a manual one was also in the room. The resident said he used both. Review of the resident's record revealed the wheelchairs were not included in it. On at 9:52 AM, the finding was discussed with the DON, who said the electric wheelchair got to the facility a few days prior. Class III	A 034		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 31 (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record,	A 078		

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A 078	Continued From page 32 and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility ⌄ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure evidence of a negative ( ) examination was documented on an annual basis for 2 of 4 sampled staff (B, C.) Findings: 1. Review of caregiver B's personnel record revealed a hire date of . The record contained a written statement from a health care provider documenting the caregiver did not have signs and symptoms of communicable . The record did not have documentation of a negative exam annually thereafter.	A 078		

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A 078	Continued From page 33 2. Review of caregiver C's personnel record revealed a hire date of . The record contained a written statement from a health care provider documenting the caregiver did not have signs and symptoms of communicable . The record did not have documentation of a negative exam annually thereafter. On at 12:55 PM, the administrator said she could not provide an annual exam for either caregiver. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).	A 081		

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VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

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A 081	Continued From page 34 (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility	A 081		

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A 081	Continued From page 35 administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training	A 081		

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VILLAGE ON THE GREEN	515 VILLAGE PL LONGWOOD, FL 32779

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A 081	Continued From page 36 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure staff who served food and who have not taken the assisted living facility core training received a minimum of 1 hour-in-service training within 30 days of employment in safe food handling practices for 1 of 3 sampled staff (B.) Findings: Review of caregiver B's personnel record revealed a hire date of . The record did	A 081		

Agency for Health Care Administration

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A 081	Continued From page 37 not contain documentation to indicate the caregiver, who served food, received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. On at 12:59 PM, the administrator said the proof of training could not be found. Class III	A 081		