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 |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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| A 000 | Initial Comments<br><br>A complaint investigation #2025006273was conducted at Panorama living from to . Deficiencies were identified at the time of the survey<br><br>A Class I deficiency was found at Tag A0030 Resident Care -Rights and Facility Procedures.<br><br>The facility failed to ensure the residents lived in a safe and decent living environment that was following the county's building codes and had a satisfactory fire inspection on an annual basis.<br><br>A class I deficiency was found at Tag A0077 Staffing Standards - Administrators<br><br>The administrator who is responsible for the operations and maintenance of the facility 1) failed to obtain an annual fire inspection; 2) failed to obtain an annual Comprehensive Emergency Management Plan (CEMP); 3)failed to provide a safe, cleaning living environment; , 4) failed to maintain the facility's fire alarm system to ensure the residents were in a safe living environment at all times; 5) failed to maintain appropriate documentation of 24-hour fire watch monitoring was maintained and 6) failed to ensure the onsite fuel storage was safe and maintained. | A 000 | | |
| A 010 SS=D | 429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency<br><br>429.26 Appropriateness of placements; examinations of residents.-<br>(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 | A 010 | | |

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| A 010 | Continued From page 1<br><br>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:<br>(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.<br>(b) A facility may admit or retain a resident who requires the use of assistive devices.<br>(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.<br>(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 010 | | |

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| A 010 | Continued From page 2<br><br>a. Move, turn, or reposition without total physical assistance;<br>b. Transfer to a chair or wheelchair without total physical assistance; or<br>c. Sit safely in a chair or wheelchair without personal assistance or a physical .<br>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.<br>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.<br><br>(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.<br><br>(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.<br><br>59A-36.006<br>(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 | A 010 | | |

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| A 010 | Continued From page 3 | A 010 | | |

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 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

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| A 010 | Continued From page 4<br><br>to continued residency;<br>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,<br>4. Documentation of the requirements of this paragraph is maintained in the resident's file.<br>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.<br>(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.<br>(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.<br>(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record reviews, and interview the administrator failed for determine continued appropriateness of placement for 2 of 6 sampled residents (#10, #12); 2) failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider after a significant change for 2 of 6 sampled residents (#10, #12) as required in a assisted living facility (ALF); and 3) failed to obtain a new 1823 every 3 years after the initial assessment (#10).<br><br>Findings: | A 010 | | |

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| A 010 | Continued From page 5<br><br>1. Review of resident #10's 1823 health assessment dated indicated the resident was not bedridden or on Hospice. Further review of the 1823 health assessment indicated a -to- examination, with the resident. A new 1823 health assessment was due on .<br><br>On at 11:47 AM, resident #10, who resides on station 2, was observed in bed during all 3 days of the survey. He stated, "I can't get up because no one brings me my wheelchair. He said he would not know how to call for help since he does not have a call-pendant. He added that he stays in bed all day and the only time staff check on him is during meals and for Activities of Daily Living care such as an adult brief change. "I really don't know what I would do if there was fire." "I guess someone would have come to get me."<br><br>Further review of the residents' medical record did not provide any evidence that the new 1823 health assessment had been completed on or about to reflect the resident's status.<br><br>2. Review of resident #12's 1823 health assessment dated indicated a medical history of generalized , unable to ambulate, and dependent on staff for transfers. The 1823 form noted that the resident was neither bedridden nor on hospice.<br><br>On at 12:00 PM, resident #12, was observed in bed 2 of the 3 days during the survey. She said, "I can get up, but I rarely do." "I can ambulate on my own." During the interview the resident appeared and was not able to answer if the wheelchair in the room belonged | A 010 | | |

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| A 010 | Continued From page 6<br><br>to either her or her roommate. There was no indication she was aware that she had a roommate.<br><br>On the afternoon of at 12:10 PM, caregiver B stated resident #10 and resident #12 are bed bound. Caregiver B indicated if there was an emergency residents #10 and #12 would need assistance to evacuate the facility. Caregiver B said the facility does not have a and that it would be difficult to lift resident #12 and resident #10 by herself. Caregiver B confirmed residents #12 and resident #10 were not receiving hospice services.<br><br>The facility failed to obtain an updated 1823 after a significant change for residents 10 and #12. Also, the facility failed to obtain a -to- assessment for resident #10 every three years. The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.<br><br>(photographic evidence obtained)<br><br>Class III | A 010 | | |
| A 030 SS=J | 59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule | A 030 | | |

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| A 030 | Continued From page 7<br><br>59A-36.006, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.<br>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:<br>1. Resident responsibilities;<br>2. and tobacco use;<br>3. Medication storage;<br>4. Resident elopement;<br>5. Reporting resident , neglect, and , ;<br>6. Administrative and housekeeping schedules and requirements;<br>7. control, sanitation, and standard precautions;<br>8. The requirements for coordinating the delivery | A 030 | | |

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| A 030 | Continued From page 8<br><br>of services to residents by third party providers;<br>9. Assistive devices; and<br>10. Physical .<br>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.<br>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.<br><br>429.28 Resident bill of rights.-<br>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:<br>(a) Live in a safe and decent living environment, free from and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can | A 030 | | |

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| A 030 | Continued From page 9<br>demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.<br>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.<br>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , ,<br>for health care services, the provision of or | A 030 | | |

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| A 030 | Continued From page 10<br>arrangement of transportation to health care . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.<br>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.<br>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(2) The administrator of a facility shall ensure that | A 030 | | |

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| A 030 | Continued From page 11<br><br>a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida.<br><br>429.27 Property and personal affairs of residents.-<br>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs.<br>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or | A 030 | | |

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| A 030 | Continued From page 12<br><br>representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, review of the most recent fire inspection and interviews, the facility failed to ensure the resident's bill of rights were followed that enable the resident to live a safe and decent living environment for 27 of 27 residents living in the facility and 7 of 27 residents a safe and decent living environment for 7 of 27 sampled residents who are wheelchair bound and would have a hard time getting out of the building in case of a fire (#1, #2, #10, # #21, #22, #23).<br><br>Findings:<br><br>On at 10:50 AM, the facility's Fire Inspection Number: SCFD-25-04585 conducted by the Seminole County Fire Department, dated , was reviewed. The inspection resulted in 38 violations described by the following:<br><br>Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies.<br><br>Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4. | A 030 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 13<br><br>A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25.<br><br>Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies. Location shall obtain an updated Business Tax receipt. Upon inspection, the BTR expired in 2022.<br><br>Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies. Location shall obtain an updated certificate of liability. Upon inspection, the certificate of liability was expired.<br><br>Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies. Location shall obtain proper permits through Seminole County Building Department/Fire Department. Any revisions made to a fire sprinkler/alarm system require a permit.<br><br>Buildings shall be designed and constructed to provide reasonable signage and lighting to identify hazards, exits, means of egress, and | A 030 | | |

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

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| A 030 | Continued From page 14<br><br>other building safety features.<br><br>Covers. - All panelboard and switchboards, pull boxes, junction boxes, switches, receptacles, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Location shall replace the missing outlet cover on the exterior outlet near the garden and by the washer/dryer.<br><br>Covers. - All panelboard and switchboards, pull boxes, junction boxes, switches, receptacles, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Location shall replace the light covers for the exterior/porch lights throughout the location. Upon inspection, some covers were damaged and/or missing.<br><br>Doors. - Doors in means of egress shall be as follows: (1) Doors complying with 7.2.1 shall be permitted. (2) Doors within individual rooms and suites of rooms shall be permitted to be swinging or sliding. (3) No door in any means of egress, other than those meeting the requirement of 33.3.2.2.2(4), 33.3.2.2.2(5), or 33.3.2.2.2(6), shall be locked against egress when the building is occupied. (4) Delayed-egress electrical locking systems in accordance with 7.2.1.6.1 shall be permitted. (5) Sensor-release of electrical locking systems in accordance with 7.2.1.6.2 shall be permitted. (6) Door-locking arrangements shall be permitted where the clinical needs of residents require specialized security measures or where residents pose a security threat, provided both of the following conditions are met. Staff can readily unlock doors at all times in accordance with 33.3.2.2(7). The building is protected by an | A 030 | | |

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| A 030 | Continued From page 15<br><br>approved automatic sprinkler system in accordance with 33.3.3.5. (7) Doors located in the means of egress that are permitted to be locked under other provisions of Chapter 33, other than those meeting the requirement of 33.3.2.2.2(4) or 33.3.2.2.2(5), shall have adequate provisions made for the rapid removal of occupants by means such as remote control of locks, keying of all locks to keys carried by staff at all times, or other such reliable means available to staff at all times. (8) Only one such locking device, as described in 33.3.2.2.2(7), shall be permitted on each door. (9) Revolving doors complying with 7.2.1.10 shall be permitted.<br><br>Unless the requirements of 8.6.5.2.1.4 through 8.6.5.2.1.9 are met, sprinklers shall be positioned away from obstructions a minimum distance of three times the maximum dimension of the obstruction (e.g., structural members, pipe, columns, and fixtures) in accordance with Figure 8.6.5.2.1.3. (a) and Figure 8.6.5.2.1.3(b). (A) The maximum clear distance required shall be 24 in. (600mm). (B) The maximum clear distance shall not be applied to obstruction in the vertical orientation (e.g., columns).<br><br>A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25.<br><br>Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 14.13.2.1.1(2). (2) The test interval shall be permitted to be extended beyond 30 days with the approval of the AHJ. (3) Functional testing shall | A 030 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 16<br><br>be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 14.13.2.1.1(1) and 14.13.2.1.1(3). (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the AHJ. [101:7.9.3.1.1].<br><br>Testing and Maintenance. - Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.<br><br>Multiplug adapters shall not be used as a substitute for permanent wiring or receptacles.<br><br>Access Box(es). - The AHJ shall have the authority to require an access box(es) to be installed in an accessible location where access to or within a structure or area is difficult because of security. The access box(es) shall be of an approved type listed in accordance with UL 1037.<br><br>Inspection for Grease Buildup. - The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the AHJ and in accordance with Table 50.6.4. [96:12.4].<br><br>The ampacity of the extension shall not be less than the rated capacity of the portable appliance supplied by the cord.<br><br>Unless determined to present an imminent danger, existing electrical wiring, fixtures, appliances, and equipment shall be permitted to be maintained in accordance with the edition of NFPA 70 in effect at the time of the installation. | A 030 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 17<br><br>Stock of Spare Sprinklers. - A supply of at least six spare sprinklers shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. [25:5.4.4.1.5].<br><br>Fire backflow prevention devices shall be painted red. Any other backflows prevention devices shall be painted a different color to ensure they are distinguishable for fire operations.<br><br>Backflow prevention devices shall be inspected, tested, and maintained in accordance with the requirements of NFPA 25.<br><br>A minimum 36 in. (915 mm) of clear space shall be maintained to permit access to and operation of fire protection equipment, fire department inlet connections, or fire protection system control valves. The fire department shall not be deterred or hindered from gaining immediate access to fire protection equipment.<br><br>Where smoking is permitted, noncombustible safety-type ashtrays or receptacles shall be provided in convenient locations. [101:32.7.4.2; 101:33.7.4.2].<br><br>Fire extinguishers shall be conspicuously located where they are readily accessible and immediately available in the event of fire. [10:6.1.3.1].<br><br>Where a circuit breaker is the disconnecting means, an approved breaker locking device shall be installed.<br><br>A minimum 36 in. (915 mm) of clear space shall be maintained to permit access to and operation | A 030 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 18<br><br>of fire protection equipment, fire department inlet connections, or fire protection system control valves. The fire department shall not be deterred or hindered from gaining immediate access to fire protection equipment.<br><br>Buildings shall be designed and constructed to provide reasonable signage and lighting to identify hazards, exits, means of egress, and other building safety features.<br>Where required, fire-rated gypsum wallboard walls or ceilings that are damaged to the extent that through openings exist, the damaged gypsum wallboard shall be replaced or returned to the required level of fire resistance using a listed repair system or using materials and methods equivalent to the original construction.<br><br>Evacuation Diagram. - Where a posted floor evacuation diagram is required in Chapters 11 through 43, floor evacuation diagrams reflecting the actual floor arrangement and exit locations shall be posted and oriented in a location and manner acceptable to the authority having jurisdiction.<br><br>Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>In guest rooms and in guest room suites, sprinkler installations shall not be required in closets not exceeding 24 ft2 (2.2 m2) and in bathrooms not exceeding 55 ft2 (5.1 m2). [101:29.3.5.5].<br><br>Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and | A 030 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 19<br><br>NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25. Location shall have a licensed fire sprinkler contractor/engineer evaluating fire sprinkler coverage in the porch/patio. Upon inspection, there are no sprinkler heads on the porch.<br><br>A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25. Location shall date the fire sprinkler gauges with the date they were installed. If gauges are more than , gauges shall be replaced.<br><br>An assessment of the internal condition of piping shall be conducted at a minimum of every 5 years or in accordance with 14.2.1.2 for the purpose of inspecting for the presence of foreign organic and inorganic material.<br><br>Conducted a fire drill at the location during inspection. Location has 2 separate fire alarm systems for each "wing" of the building. Pull stations needed to be pulled in each "wing" for both systems to be activated. One system was unable to be reset after the drill. The location is already on fire watch due to dialer/panel installed in other wing without permits. According to the administrator, the fire alarm contractor has been called out to repair the fire alarm system. Final drill time: 4:21. The facility consists of two separate buildings, which are referred to as Station 1and station 2. Advised location drill time should ideally be under 3 minutes and all residents should evacuate.<br><br>On at 11:05 AM, a tour of the facility was | A 030 | | |

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 20<br><br>conducted with the administrator to review the items identified as physical plant issues on the fire inspection report dated .<br><br>On at 11:10 AM, observation of 2 exterior outlets of located near the screen door to the right of the garden area and 1 outlet exterior located near the washer and dryer unit revealed missing outlet covers.<br><br>On at 11:15 AM, observation of the exterior porch lights throughout the facility revealed 3 covers were missing and/or broken.<br><br>On at 11:20 AM, observation of exit doors near revealed multiple locks installed and should only have one lock per door.<br><br>On at 11:21 AM, observation of revealed 2 multiplugs identified. The administrator had staff B remove the multiplugs and re-plug the directly into the outlets.<br><br>On at 11:30 AM, observation of hallway near located off the kitchen revealed the fire extinguisher blocked by what appeared to be a large cart used for laundry filled with items and the fire extinguisher was expired.<br><br>On at 11:32 AM, observation of the wall near located off the kitchen appeared to be damaged with a visible hole.<br><br>On at 11:33 AM, observation of the wall in the nursing station near the 3-drawer file cabinet revealed a medium to large hole.<br><br>On at 11:40 AM, observation of the room identified as the staff break room revealed multiple power strips and extension with the | A 030 | | |

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 21<br><br>refrigeration's and what appeared to be a white crockpot or cooker plugged into the outlets.<br><br>On at 11:43 AM, observation in common TV, dining room area (station 2) revealed a white power strip with multiple items plugged in.<br><br>On at 12:05 PM, the administrator provided a copy of the facility's monthly safety checklist for emergency testing and lights.<br><br>On at 2:45 PM, a call received from the assistant fire chief from the fire department who stated the building is a significant life safety issue and she would be submitting an email to suggest that the residents be relocated until the repairs are completed at the facility. She stated the facility has an occupancy of R 4 (no more than 16 resident occupancy) and the connector breeze way that connects Station 1 and Station 2 was not approved, the connector breezeway does not have a fire sprinkler system, or fire alarm. She stated the facility is not safe for the residents.<br><br>On at 8:10 AM, upon arrival at the facility 4 danger notices were observed posted on both buildings of the facility noting, "this building is unsafe, and its use of occupancy has been prohibited by the fire official dated ."<br><br>On during continued investigation by the Agency a stop order was observed on the exterior of the building. The order was placed on the exterior of the building by the Seminole county building Official indicating the work is occurring without a permit and therefore an imminent danger has been created.<br><br>On at 11:45 AM, residents #6 & #7 who were observed in wheelchairs and reside on | A 030 | | |

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 22 | A 030 | | |

station 2 both stated they can get themselves out of the facility in the event of a fire. They added, depending on the location of the fire, we would go out the exit doors opposite the fire. "I guess we would go to the parking lot away from the fire."

On at 11:47 AM, resident #10, who resides on station 2, was observed in bed during all 3 days of the survey. He said he would not know how to call for help since he does not have a call-pendant and could not get up on his own. He added that he stays in bed all day and the only time staff check on him is during meals and Activities of Daily Living care such as an adult brief change. "I really don't know what I would do if there was fire." "I guess someone would have come to get me."

On at 12:00 PM, resident #12, was observed in bed and she resides on station #1. She said, "I can get up, but I rarely do." "I can ambulate on my own." During the interview the resident appeared . She could not say if the wheelchair in the room belonged to her or her roommate. There was no indication she was aware that she had a roommate.

On the afternoon of at 12:10 PM, caregiver B stated if there was fire, we would have to get residents #10 and #12 out first because they are bed bound. Resident #12 needs help getting up and resident #10 needs help as well. Caregiver B stated we don't have a lift, so it is hard to get resident #10 out of bed.

On at 11:58 AM, resident #20, was observed sitting in a wheelchair, and resides on station 1. He said, "I would probably need help getting out, if there if there was a fire." He explained he could get himself out "but I will be

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 030 | Continued From page 23<br>slow."<br><br>On at 11:51 AM the Emergency Stop Order (ESO) was delivered to the facility and presented to the administrator for her review and signature. The administrator was informed that the residents had to be relocated and the ESO needed to be posted in a clearly conspicuous visible to the public.<br><br>On at 12:58 PM, resident #1, located in station 2, was observed in her wheelchair. She stated I'll probably need help to get out, if there was a fire. Resident #1 added she would attempt on her own but will need assistance.<br><br>On at 1:05 PM, caregiver D stated I mostly work in station 1. Resident #12 (station 1) is and would need help. I can't lift her, and she never gets up. She's very and must use the wheelchair. Caregiver D explained that on station 2, there are 7 residents that will require assistance to get out of the facility in the event of a fire or emergency (residents 1, 2, 10,16, 21, 22, 23).<br><br>(photographic evidence obtained)<br><br>Class I | A 030 | | |
| A 077 SS=J | 429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators<br><br>429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

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|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 077 | Continued From page 24<br><br>requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.<br><br>429.52<br>(4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule.<br>(5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.<br><br>59A-36.010<br>(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.<br>(a) An administrator must:<br>1. Be at least [illegible];<br>2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.;<br>3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
|---|---|---|---|---|
| A 077 | Continued From page 25<br>4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule; and,<br>5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.<br>(b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:<br>1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,<br>2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.<br>(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each | A 077 | | |

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 077 | Continued From page 26<br><br>other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.<br>(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.<br>(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interviews, the administrator who is responsible for the operations and maintenance of the facility 1) failed to obtain an annual fire inspection; 2) failed to obtain an annual Comprehensive Emergency Management Plan (CEMP); 3)failed to provide a safe, cleaning living environment; , 4) failed to maintain the facility's fire alarm system to ensure the residents were in a safe living environment at all times; 5) failed to maintain | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 077 | Continued From page 27<br><br>appropriate documentation of 24-hour fire watch monitoring was maintained and 6) failed to ensure the onsite fuel storage was safe and maintained.<br><br>Findings:<br><br>On at 10:05 AM, the administrator was not able to provide the 2024 fire inspection. Review of the Fire Inspection Number: SCFD-25-04585 conducted by the Seminole County Fire Department. The inspection resulted in 38 violations, potentially putting 27 residents at risk. The violations are listed below:<br><br>1. Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies.<br><br>2. Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>3. A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25.<br><br>4. Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>5. Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies. | A 077 | | |

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|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 077 | Continued From page 28<br><br>6. Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies.<br><br>7. Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>8. Where additional permits, approvals, certificates, or licenses are required by other agencies, approval shall be obtained from those other agencies.<br><br>9. Buildings shall be designed and constructed to provide reasonable signage and lighting to identify hazards, exits, means of egress, and other building safety features.<br><br>10. Covers. - All panelboard and switchboards, pull boxes, junction boxes, switches, receptacles, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Location shall replace the missing outlet cover on the exterior outlet near the garden and by the washer/dryer.<br><br>11. Covers. - All panelboard and switchboards, pull boxes, junction boxes, switches, receptacles, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Location shall replace the light covers for the exterior/porch lights throughout the location. Upon inspection, some covers were damaged and/or missing. | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 077 | Continued From page 29<br><br>12. Doors. - Doors in means of egress shall be as follows: (1) Doors complying with 7.2.1 shall be permitted. (2) Doors within individual rooms and suites of rooms shall be permitted to be swinging or sliding. (3) No door in any means of egress, other than those meeting the requirement of 33.3.2.2.2(4), 33.3.2.2.2(5), or 33.3.2.2.2(6), shall be locked against egress when the building is occupied. (4) Delayed-egress electrical locking systems in accordance with 7.2.1.6.1 shall be permitted. (5) Sensor-release of electrical locking systems in accordance with 7.2.1.6.2 shall be permitted. (6) Door-locking arrangements shall be permitted where the clinical needs of residents require specialized security measures or where residents pose a security threat, provided both of the following conditions are met. Staff can readily unlock doors at all times in accordance with 33.3.2.2(7). The building is protected by an approved automatic sprinkler system in accordance with 33.3.3.5. (7) Doors located in the means of egress that are permitted to be locked under other provisions of Chapter 33, other than those meeting the requirement of 33.3.2.2.2(4) or 33.3.2.2.2(5), shall have adequate provisions made for the rapid removal of occupants by means such as remote control of locks, keying of all locks to keys carried by staff at all times, or other such reliable means available to staff at all times. (8) Only one such locking device, as described in 33.3.2.2.2(7), shall be permitted on each door. (9) Revolving doors complying with 7.2.1.10 shall be permitted.<br><br>13. Unless the requirements of 8.6.5.2.1.4 through 8.6.5.2.1.9 are met, sprinklers shall be positioned away from obstructions a minimum distance of three times the maximum dimension of the obstruction (e.g., structural members, pipe, | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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|---|---|---|---|---|
| A 077 | Continued From page 30 | A 077 | | |

columns, and fixtures) in accordance with Figure 8.6.5.2.1.3. (a) and Figure 8.6.5.2.1.3(b). (A) The maximum clear distance required shall be 24 in. (600mm). (B) The maximum clear distance shall not be applied to obstruction in the vertical orientation (e.g., columns).

14. A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25.

15. Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 14.13.2.1.1(2). (2) The test interval shall be permitted to be extended beyond 30 days with the approval of the AHJ. (3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. (4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 14.13.2.1.1(1) and 14.13.2.1.1(3). (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the AHJ. [101:7.9.3.1.1].

16. Testing and Maintenance. - Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.

17. Multiplug adapters shall not be used as a substitute for permanent wiring or receptacles.

18. Access Box(es). - The AHJ shall have the authority to require an access box(es) to be

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
|---|---|---|---|---|
| A 077 | Continued From page 31<br><br>installed in an accessible location where access to or within a structure or area is difficult because of security. The access box(es) shall be of an approved type listed in accordance with UL 1037.<br><br>19. Inspection for Grease Buildup. - The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the AHJ and in accordance with Table 50.6.4. [96:12.4].<br><br>20. The ampacity of the extension shall not be less than the rated capacity of the portable appliance supplied by the cord.<br><br>21. Unless determined to present an imminent danger, existing electrical wiring, fixtures, appliances, and equipment shall be permitted to be maintained in accordance with the edition of NFPA 70 in effect at the time of the installation.<br><br>22. Stock of Spare Sprinklers. - A supply of at least six spare sprinklers shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. [25:5.4.4.1.5].<br><br>23. Fire backflow prevention devices shall be painted red. Any other backflows prevention devices shall be painted a different color to ensure they are distinguishable for fire operations.<br><br>24. Backflow prevention devices shall be inspected, tested, and maintained in accordance with the requirements of NFPA 25.<br><br>25. A minimum 36 in. (915 mm) of clear space shall be maintained to permit access to and operation of fire protection equipment, fire | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
|---|---|---|---|---|
| A 077 | Continued From page 32<br><br>department inlet connections, or fire protection system control valves. The fire department shall not be deterred or hindered from gaining immediate access to fire protection equipment.<br><br>26. Where smoking is permitted, noncombustible safety-type ashtrays or receptacles shall be provided in convenient locations. [101:32.7.4.2; 101:33.7.4.2].<br><br>27. Fire extinguishers shall be conspicuously located where they are readily accessible and immediately available in the event of fire. [10:6.1.3.1].<br><br>28. Where a circuit breaker is the disconnecting means, an approved breaker locking device shall be installed.<br><br>29. A minimum 36 in. (915 mm) of clear space shall be maintained to permit access to and operation of fire protection equipment, fire department inlet connections, or fire protection system control valves. The fire department shall not be deterred or hindered from gaining immediate access to fire protection equipment.<br><br>30. Buildings shall be designed and constructed to provide reasonable signage and lighting to identify hazards, exits, means of egress, and other building safety features.<br><br>31. Where required, fire-rated gypsum wallboard walls or ceilings that are damaged to the extent that through openings exist, the damaged gypsum wallboard shall be replaced or returned to the required level of fire resistance using a listed repair system or using materials and methods equivalent to the original construction. | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
|---|---|---|---|---|
| A 077 | Continued From page 33<br><br>32. Evacuation Diagram. - Where a posted floor evacuation diagram is required in Chapters 11 through 43, floor evacuation diagrams reflecting the actual floor arrangement and exit locations shall be posted and oriented in a location and manner acceptable to the authority having jurisdiction.<br><br>33. Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>34. In guest rooms and in guest room suites, sprinkler installations shall not be required in closets not exceeding 24 ft2 (2.2 m2) and in bathrooms not exceeding 55 ft2 (5.1 m2). [101:29.3.5.5].<br><br>35. Fire alarm systems required by this Code shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70 and NFPA 72 unless otherwise permitted by 9.6.1.4.<br><br>36. A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25. Location shall have a licensed fire sprinkler contractor/engineer evaluating fire sprinkler coverage in the porch/patio. Upon inspection, there are no sprinkler heads on the porch.<br><br>37. A sprinkler system installed in accordance with this Code shall be inspected, tested, and maintained in accordance with NFPA 25. Location shall date the fire sprinkler gauges with the date they were installed. If gauges are more than , , gauges shall be replaced. | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
|---|---|---|---|---|
| A 077 | Continued From page 34<br><br>38. An assessment of the internal condition of piping shall be conducted at a minimum of every 5 years or in accordance with 14.2.1.2 for the purpose of inspecting for the presence of foreign organic and inorganic material.<br><br>Conducted a fire drill at the location during inspection. Location has 2 separate fire alarm systems for each "wing" of the building. Pull stations needed to be pulled in each "wing" for both systems to be activated. One system was unable to be reset after the drill. The location is already on fire watch due to dialer/panel installed in other wing without permits. According to the administrator the fire alarm contractor has been called out to repair fire alarm. Final drill time: 4:21. Advised location drill time should ideally be under 3 minutes and all residents should evacuate.<br><br>On at 10:05 AM, the administrator was not able to provide the 2024 or 2025 CEMP.<br><br>On at 11:35 AM, observation of the propane tank revealed the labels identified as no smoking and propane were faded an unrecognizable from greater than approximation of .<br><br>On at 2:45 PM, a call received from the assistant fire chief from the fire department stated the building is a significant life safety issue and she would be submitting an email to suggest that the residents be relocated until the repairs are completed at the facility. She stated the facility has an occupancy of R 4 and the connector between the 2 building was not approved, and does not have a fire sprinkler system, or fire alarm. She stated the facility is not safe for the | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
|---|---|---|---|---|
| A 077 | Continued From page 35<br><br>residents.<br><br>Information received from the Fire Chief to the Agency on included the following information:<br><br>The nature of the deficiencies observed including improper fire separations, inadequate fire protection systems, and the use of non-compliant materials have created conditions that could allow a fire to spread rapidly throughout the structure with little to no effective warning. These factors severely compromise the residents' ability to evacuate safely and in time, posing an unacceptable level of risk to individuals who are among our most .<br><br>In partnership with the County Building Department and Building Official, we have confirmed that the two structures on site were connected without the necessary permits and not in accordance with approved construction standards. The original building plans for this location specifically prohibited interconnection of the structures, precisely to avoid triggering requirements to bring the existing building up to current code. This unauthorized work has now invalidated the individual Certificates of Occupancy previously issued under R-4 classification. As a result, the current use of the combined structure exceeds what was legally approved and introduces significant life safety and regulatory concerns.<br><br>On at 9:10 AM, the fire inspector stated the fire alarm control panel was installed without a permit. She stated the facility had been on fire watch for quite some time and was required to submit the reports for review but failed to do so. The assistant fire chief stated if a fire breaks out | A 077 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| A 077 | Continued From page 36<br><br>on station 1 and the fire alarm sounds, the fire alarm system on station 2 would not alarm, or vice versa, because both alarms are not in-sync. Someone would have to physically go to the other unit in the event of a fire. It was determined during the tour the sprinkler heads located in station 2 along the hallway should be within 3 off the wall and did not appear as such. During the tour it was discovered the sprinklers in , , & 8 were located under the ceiling fans and was a safety hazard. The assist fire chief stated the facilities evacuation route does not include a designated location as to where the residents will meet.<br><br>On the fire Marshall and the Building Inspection Official placed Danger signs on the facility exterior of the dangers of the occupancy of the facility. The building inspector returned in the evening on and posted a stop work order. The facility is under order to stop all work in the facility without permits and the approval of the building inspector.<br><br>The facility delivered an emergency suspension order on due to the residents not living in a safe environment. The residents were relocated to other licensed Assisted Living facilities by .<br><br>The administrator did not notify the Agency when the facility was placed on fire watch. The administrator failed to provide documentation to the Agency that the fire watch was being conducted 24 hours a day. On at 9:30 AM the administrator was asked about the documentation for the fire watch being conducted and she provided a binder. However, she could not explain why the Agency was not notified. | A 077 | | |

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| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

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| A 077 | Continued From page 37<br><br>On at 9:30 AM the owner was asked for the 2024 fire inspection, and he stated the fire department did not come out to the fire inspection during 2024. The owner was asked if he called the fire department to make an , , and he stated no<br><br>The Administrator did not have control over the day-to-day operations and maintenance of the facility.<br><br>Class I | A 077 | | |
| A 152 SS=G | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for | A 152 | | |

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| A 152 | Continued From page 38<br><br>storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interviews the facility failed to provide a safe, clean living environment pursuit to section 429.28(1)(a), F.S. ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.<br><br>Findings:<br><br>On at 10:50 AM, the administrator reviewed the Seminole County Fire Inspection Report identified as annual. The administrator stated I didn't know about these. They never told me. If I had known I could have already fixed some of this. The report states I have 30 days to make the corrections.<br><br>On at 11:05 AM, a tour was conducted with the administrator of the facility to review the items identified as physical plant issues.<br><br>On at 11:10 AM, observation of 2 exterior outlets of located near the | A 152 | | |

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| A 152 | Continued From page 39<br><br>screen door to the right of the garden area and 1 outlet exterior located near the washer and dryer unit revealed missing outlet covers.<br><br>On at 11:15 AM, observation of the exterior porch lights throughout the facility revealed 3 covers were missing and/or broken.<br><br>On at 11:20 AM, observation of exit doors near revealed multiple locks installed and should only have one lock per door.<br><br>On at 11:21 AM, observation of revealed 2 multiplugs identified. The administrator had caregiver B remove the multiplugs and re-plug the directly into the outlets.<br><br>On at 11:23 AM, observation of the kitchen revealed the hood was clean. A pre-engineered restaurant fire suppression systems report dated at 11:30 am, indicated annual kitchen hood fire suppression system inspection and test replaced fusible links.<br><br>On at 11:30 AM, observation of hallway near located off the kitchen revealed the fire extinguisher blocked by what appeared to be a large cart used for laundry, filled with items. The assistant fire chief inspected the fire extinguisher and said it had expired.<br><br>On at 11:32 AM, observation of the wall near located off the kitchen appeared to be damaged with a visible hole.<br><br>On at 11:33 AM, observation of the wall in the nursing station near the 3-drawer file cabinet revealed a medium to large hole.<br><br>On at 11:40 AM, observation of the | A 152 | | |

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| A 152 | Continued From page 40<br><br>room identified as the staff break room revealed multiple power strips and extension with the refrigeration's and what appeared to be a white crockpot or cooker plugged into the outlets.<br><br>On at 11:43 AM, observation in common TV, dining room area (station 2) revealed a white power strip with multiple items plugged in.<br><br>On at 11:45 AM, the administrator stated again, why didn't they tell me when they were here. I could have fixed some already. I didn't know about all of this. The administrator was made aware that the fire inspection report noted, "arrived at location and met with the administrator, who escorted us around the location while conducting the inspection. The administrator stated it wasn't me that walked with them."<br><br>On at 12:00 PM, the administrator asked caregiver C to confirm who walked with the fire inspector. Caregiver C stated I was the one that went around with the fire department. They told me and pointed out the doors with the locks, but they didn't tell me about all the other items.<br><br>On at 12:05 PM, the administrator provided a copy of the facility's monthly safety checklist for emergency testing and lights.<br><br>On at 2:45 PM, a call received from the assistant fire chief from the fire department who she stated the building is a significant life safety issue and she would be submitting an email to suggest that the residents be relocated until the repairs are completed at the facility. She stated the facility has an occupancy of R 4 (no more than 16 resident occupancy) and the connector breeze way that connects Station 1 and Station 2 | A 152 | | |

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| A 152 | Continued From page 41<br><br>was not approved, the connector breezeway does not have a fire sprinkler system, or fire alarm. She stated the facility is not safe for the residents.<br><br>On at 8:47 AM, the Agency representatives entered the facility and met with caregiver A stating we're here to continue the complaint survey and to contact the administrator.<br><br>On at 9:08 AM, the tour of the facility began with the team to review the deficiencies identified on .<br><br>On at 9:10 AM, the fire inspector stated the fire alarm control panel was installed without a permit. She stated the facility had been on fire watch for quite some time and was required to submit the reports for review but failed to do so. The assistant fire chief stated if a fire breaks out on station 1 and the fire alarm sounds, the fire alarm system on station 2 would not alarm, or vice versa, because both alarms are not in-sync. Someone would have to physically go to the other unit in the event of a fire. It was determined during the tour that the sprinkler heads located in station 2 along the hallway should be within 3 of the wall and did not appear as such. During the tour it was discovered the sprinklers in , , & 8 were located under the ceiling fans and was a safety hazard. The assistant fire chief stated the facilities evacuation route does not include a designated location as to where the residents will meet. The fire inspector made the administrator aware that she spoke with her during the inspection and fire drill.<br><br>On at 9:27 AM, the fire inspector clarified and identified the holes in the wall located in along the base board under the window. | A 152 | | |

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| A 152 | Continued From page 42<br><br>Emergency suspension order was delivered on at 11:51.<br><br>All the residents were relocated to other licensed facilities on , , and .<br><br>Class II | A 152 | | |
| A 160 SS=G | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>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.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>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,<br>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 | A 160 | | |

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| A 160 | Continued From page 43<br>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 .<br>(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).<br>(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.<br>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.<br>(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.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.<br>(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.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.<br>(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.<br>(k) All fire safety inspection reports issued by the | A 160 | | |

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| A 160 | Continued From page 44<br><br>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.<br>(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.<br>(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.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;<br>(q) The facility's . . prevention policies and procedures;<br>(r) The facility's medication practices;<br>(s) The facility's policy on physical ;<br>(t) The facility's policy on assistive devices;<br>(u) The facility's policy on third-party providers;<br>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;<br>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on facility record reviews and interviews, the facility failed to maintain annual fire and safety inspection reports pursuant to Section 429.435, F.S.<br><br>Findings: | A 160 | | |

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| A 160 | Continued From page 45<br><br>On at 10:35 AM, the administrator arrived at the facility and the entrance conference continued. The administrator was asked to provide a copy of the facility's fire inspection report.<br><br>On at 10:42 AM, the administrator stated the fire department didn't give her a copy of the inspection report. They sent it to the company who's doing the repairs. The administrator stated she will contact the owner of the facility to see if he has a copy. The owner of the facility stated the fire department did not give him a copy of the 2024 inspection.<br><br>The Agency informed the administrator and owner of the facility their most recent report was sent to the owner's email address. This infomation was noted on the fire inspection report dated .<br><br>On at 10:50 AM, the Seminole County Fire Inspection Report identified as annual for 2025 was provided. The administrator stated I didn't know about these. They never told me. If I had known I could have already fixed some of this.<br><br>On at 10:07 AM, the owner of the facility arrived and stated he does not have the 2024 fire inspection for the facility. He stated the fire department never came and he was not aware that he needed to call for the , , . The owner did not provide any communication between the facility and the fire department to inquire about their annual fire inspection.<br><br>A review of the Fire Inspection Number: SCFD-25-04585 conducted by the Seminole County Fire Department revealed the | A 160 | | |

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| A 160 | Continued From page 46<br><br>inspection resulted in 38 violations.<br><br>(photographic evidence obtained)<br><br>Class II | A 160 | | |
| A 200 SS=D | 59A-36.025 FAC Emergency Environmental Control<br><br>59A-36.025 Emergency Environmental Control for Assisted Living Facilities.<br>(1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:<br>(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.<br>1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less | A 200 | | |

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| A 200 | Continued From page 47<br>than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.<br>2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.<br>3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.<br>a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. | A 200 | | |

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| A 200 | Continued From page 48<br>b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.<br>c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.<br>(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.<br>1. Facilities must store minimum amounts of fuel onsite as follows:<br>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.<br>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.<br>2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize | A 200 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963788 | A. BUILDING: _____ B. WING _____ | 05/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PANORAMA LIVING | 1030 BALMY BEACH DRIVE APOPKA, FL 32703 |

| (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 |
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| A 200 | Continued From page 49<br>portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.<br>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.<br>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.<br>(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.<br>(d) The acquisition and maintenance of a monoxide alarm.<br>(2) SUBMISSION OF THE PLAN.<br>(a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.<br>(b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval.<br>(3) APPROVED PLANS.<br>(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an | A 200 | | |

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| A 200 | Continued From page 50<br>electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.<br>(b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com.<br>(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation.<br>(4) IMPLEMENTATION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule.<br>(b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.<br>(c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. | A 200 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 200 | Continued From page 51<br><br>(5) POLICIES AND PROCEDURES.<br>(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:<br>1. The use of cooling devices and equipment;<br>2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;<br>3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and<br>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.<br>(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.<br>(c) The written policies and procedures must be readily available for inspection by each resident; | A 200 | | |

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| A 200 | Continued From page 52<br><br>each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.<br>(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.<br>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.<br>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.<br>(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.<br>(8) NOTIFICATION.<br>(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:<br>1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval;<br>2. Upon final implementation of the plan by the assisted living facility.<br>3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan.<br>(b) Each assisted living facility must maintain a | A 200 | | |

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| A 200 | Continued From page 53<br><br>copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interviews, the facility failed to ensure services necessary for the onsite fuel storage were safe and maintained.<br><br>Findings:<br><br>On at 11:35 AM, observation of the propane tank revealed the labels identified as no smoking and propane were faded and unrecognizable from greater than approximation of .<br><br>On at 11:37 AM, The administrator stated, what label, no one smokes out front. "Oh, they want me to put a new label, so you see it?"<br><br>Review of the Seminole County Fire Inspection Report stated location shall replace the faded no smoking signs on the propane tank outside.<br><br>(photographic evidence obtained)<br><br>Class III | A 200 | | |