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
	AL11965743	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS SENIOR LIVING	4001 STACK BLVD MELBOURNE, FL 32901

(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 000	Initial Comments A complaint investigation #2025004686 and a generator monitoring were conducted on at Century Oaks Senior Living Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide appropriate care and services to meet the needs of residents by not following the Primary Care Providers (PCP) orders for 1 of 4 residents reviewed #1 Findings: A review of resident #1 record revealed she was admitted on . Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included ataxia, , , , , , and . She required supervision with bathing. She was	A 025		

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A 025	Continued From page 2 independent with other activities of daily living (ALD's). The resident required assistance with self-administration of medication. A review of the facility notes found: On no time documented. The resident told medication technician tech she had been falling and that her balance feels off. No reported. Transfer to hospital for eval. Returned on . No time documented. Encouraged to use pendant and report any . Hospital record dated documented she was at the hospital due to frequent and unsteadiness. On at 9:55am an interview with resident #1 was conducted. She was observed in her apartment. She said she was receiving her medication, but she was still having . When she first moved in, she was not receiving all her medications. She was unable to recall when or what she was missing. A review of resident #1 Medication Observation Record (MOR) for , , and , revealed she was prescribed: , , 10mg four times a day. The MOR contained omissions on at 9am. and at 1pm. and at 5pm. , , , , , , and at 9pm. , 400mg four times a day. The MOR contained omissions on , and at 1pm. , , , and for the 5pm dose. , , , , 3/2925, and for the 9pm dose.	A 025		

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A 025	Continued From page 3 , , 25mg 3 times a day. The MOR contained omissions on and , at 1pm. , , and for the 5pm dose. Omissions on the MOR indicate the medication was not given as ordered by the Primary Care Provider (PCP). Further review of resident #1 record did not find any documentation of the reason why the medications were not given as prescribed and no documentation the PCP was contacted regarding missing medication doses. On at 1pm an interview with the Director of Nursing (DON) was conducted. She confirmed these medications were prescribed to control resident #1 activity. She was unable to explain the omissions on the MOR, or provide further documentation for why doses were omitted, or notification of the PCP. Class III	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of	A 054		

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A 054	Continued From page 4 medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [redacted], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the Medication Observation Record (MOR) was complete and did not contain omissions for 3 of 4 residents reviewed. (#1, 2, 4) Findings: 1. A review of resident #1 record revealed she was admitted on [redacted]. Her record contained a Resident Health Assessment form (1823) dated [redacted]. The residents diagnoses included ataxia, [redacted], and [redacted]. The resident required supervision with bathing. She was independent with other activities of daily living (She required supervision with bathing. She was independent with all other activities of daily living (ALD's).	A 054		

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A 054	Continued From page 5 The resident required assistance with self-administration of medications. A review of the facility notes found: On no time documented. The resident told medication technician she had been falling and that her balance feels off. No reported. Transfer to hospital for eval. Returned on . No time documented. Encouraged to use pendant and report any . Hospital record dated documented she was at the hospital due to frequent and unsteadiness. On at 9:55am an interview with resident #1. She was observed in her apartment. She said she was receiving her medication, but she was still having . When she first moved in, she was not receiving all her medications. She was unable to recall when or what she was missing. Now they bring her medications to her room. A review of resident #1 Medication Observation Record (MOR) revealed she was prescribed: , 10mg four times a day. The MOR contained omissions on at 9am. and at 1pm. and at 5pm. , , , , , and at 9pm. , 400mg four times a day. The MOR contained omissions on , and at 1pm. , , , and for the 5pm dose. , , , , 3/2925, and for the 9pm dose. , , 25mg 3 times a day. The MOR contained omissions on and ,	A 054		

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A 054	Continued From page 6 at 1pm. , , and for the 5pm dose. Omissions on the MOR indicate the medication was not given. On at 1pm an interview with the Director of Nursing (DON) was conducted. She confirmed these medications were prescribed to control residents' activity. She was unable to explain the omissions on the MOR or provide documentation of medications being taken as prescribed by the Primary Care Provider (PCP) 2. A review of resident #2 record revealed she was admitted on . The resident's record contained a health assessment form 1823 dated . The resident's diagnoses included , , , , , and . The resident required assistance with self-administration of medications. A review of resident #2 MOR revealed she was prescribed: 80mg daily at 9pm. Her MOR contained omissions on , , , 17, 20, 22, 30 and 31. 50mg 3x daily. Her MOR found it contained omissions for 1pm on , 7, 8, 9, 10, 14, 15, 18, 19, 21, 22, 23, 25,27, and 31. 3. A review of resident #4 record revealed she was admitted to the facility on . The resident record contained a health assessment form 1823 dated . The resident's diagnoses included and hard of	A 054		

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A 054	Continued From page 7 hearing. The resident required assistance with self-administration of medications. A review of resident #4 MOR revealed she was prescribed Bevespi 4. Metered Dose Inhaler two puffs twice daily. Her , MOR contained omissions on , and 28. On at 1:05pm the DON confirmed the findings during interview. (Photo Evidence Obtained) Class III	A 054		