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
	AL11964942	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANTATION RETIREMENT INC	2654 GRAND BLVD. HOLIDAY, FL 34690

(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
ZZ817	408.810( ) FS; 59A-35.100 FAC Minimum Licensure Requirement - Inform AHCA 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license. (3) Unless otherwise specified in this part, authorizing statutes, or applicable rules, any information required to be reported to the agency must be submitted within 21 calendar days after the report period or effective date of the information, whichever is earlier, including, but not limited to, any change of: (a) Information contained in the most recent application for licensure. (b) Required insurance or bonds. (4) Whenever a licensee discontinues operation of a provider: (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform clients of such discontinuance as required by authorizing statutes. Immediately upon discontinuance of operation by a provider, the licensee shall surrender the license to the agency and the license shall be canceled. (b) The licensee shall remain responsible for retaining and appropriately distributing all records within the timeframes prescribed in authorizing statutes and applicable rules. In addition, the licensee or, in the event of or dissolution of a licensee, the estate or agent of the licensee shall: 1. Make arrangements to forward records for each client to one of the following, based upon the client's choice: the client or the client's legal representative, the client's attending physician, or	ZZ817		

AHCA Form 3020-0001

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

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ZZ817	Continued From page 1	ZZ817		

the health care provider where the client currently receives services; or
2. Cause a notice to be published in the newspaper of greatest general circulation in the county in which the provider was located that advises clients of the discontinuance of the provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, address, and telephone number of the person from whom the copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks.

59A-35.100 Minimum Licensure Requirements. Provider location. A licensee must maintain proper authority for operation of the provider at the address of record. If such authority is denied, revoked or otherwise terminated by the local zoning or code enforcement authority, the Agency may deny or revoke an application or license, or impose sanctions.

This Statute or Rule is not met as evidenced by: The licensee must notify the Agency for Health Care Administration (AHCA) prior to discontinuing operations. The licensee is also responsible for ensuring the appropriate transfer and continuity of care for residents. Failure to report cessation of operations and update licensure status is a violation of core licensure requirements.

Findings Included:

Based on observation and record review, during an unannounced generator monitoring visit on , the surveyor observed that the facility formerly known as Plantation Retirement was no longer operating as a licensed assisted living facility (ALF). The building signage was severely

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ZZ817	Continued From page 2 faded, and the premises are currently being used as a homeless shelter. Upon entry, the receptionist advised the surveyor to leave, under the assumption that the surveyor was soliciting. There were no indications of ALF operations or resident care services observed on-site. A call was placed to the listed facility administrator, at approximately 1:12 PM on . A voicemail was left; however, no response was received as of the time of this report. A review of AHCA's Health Facility Finder and Licensure Unit records confirmed that the facility is still listed as an active assisted living facility. There is no documentation or evidence indicating that the licensee has notified AHCA of the discontinuation of ALF operations or has surrendered the facility's ALF license, as required under this regulation. Class III	ZZ817		

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A 000	Initial Comments A generator monitoring was conducted at Plantation Retirement on . Deficiencies found at the time of the survey.	A 000		

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