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
	AL11970583	A. BUILDING: _____ B. WING _____	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERTUS PREMIER MEMORY CARE LIVING AT DR PHI	7753 CONROY WINDERMERE RD ORLANDO, FL 32835

(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 (2025006820) and a generator monitoring were conducted at Certus Premier Memory Care Living at Dr Phillips on . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	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 record review and interview, the facility failed to provide adequate supervision when 1 of 5 sampled residents (1) gained access to and consumed an unsecured medication and failed to follow a healthcare provider's medication order for 2 of 5 sampled residents (8, 10.) Findings: 1. Review of resident #1's record revealed a facility admission date of . The residents' medical history included . He needed assistance with self-administration of medications.	A 025		

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A 025	Continued From page 2 A facility note indicated that on the resident was seen holding a bottle of , that had been stored in the wellness director's office. The lock on the office door . The wellness director found an , pill on the floor of her office. Three more pills were found outside the office. Emergency medical services ( ) were called, and the resident was transported to a hospital. He returned on the same day. A hospital history and physical indicated the chief complaint was drug overdose. On a healthcare provider documented the resident was seen for , overdose. On the prior evening the resident obtained a bottle of , from a storage room and took several pills. At the time of the examination the resident had some , , but normal sounds. On at 9:15 AM, resident #1 was seen sitting outside in the courtyard. He was pleasantly and never made , contact. On at 12:44 PM, caregiver B said that on at approximately 4:45 pm she and another caregiver were the only two staff on the unit while a staff meeting was being held in the activity room. Caregiver B saw resident #1 with a medication bottle in his . The bottle did not have a lid. The caregiver took the bottle then reported it to the wellness director. On at 2:32 PM, the administrator said she and the previous wellness director were conducting a staff meeting in the activity room when caregiver B pulled the wellness director out of the meeting to tell her about the incident. The	A 025		

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A 025	Continued From page 3 administrator said the wellness director's office door was supposed to automatically lock, but it didn't when resident #1 gained access to the , . As a result of the incident, the locking mechanism was changed. 2. Review of resident #10's health assessment form (1823) revealed her medical history included . She needed assistance with self-administration of medications. On a healthcare provider ordered to start 27 mg by daily in the morning for . On a healthcare provider ordered to discontinue and resume 27 mg 1 tablet by daily in the morning. Review of the residents' , , , and medication observation records (MORs) revealed the following: was never given. was given in , , , and . After , neither was given. On at 3:40 PM, the findings were discussed with the wellness director. On at 4:15 PM, advanced practice registered nurse (APRN) E said resident #1 was supposed to be taking 27 mg daily.	A 025		

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A 025	Continued From page 4 3. Review of resident 8's health assessment form (1823) revealed she required assistance with self-administration of medications. Her medical history included On a health care provider discontinued capsule. Review of the resident's medication observation record (MOR) revealed 200-250 capsule was given on , , , and . On at 2:14pm the findings were discussed with the Wellness director who confirmed the findings. Class II	A 025		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if:	A 055		

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A 055	Continued From page 5 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but	A 055		

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A 055	Continued From page 6 has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to properly store discontinued medications for 3 of 5 sampled residents (1, 7, 8) and failed to dispose of a medication within 30 days of being determined expired for 1 of 5 sampled residents (9).	A 055		

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A 055	Continued From page 7 Findings: 1. On at 9:45 AM, plastic bags containing multiple resident medications were seen in cabinets located in the locked medication room. Resident #1's card of , 10 mg tablets was in a bag with resident #9's , 2 mg tablets, which expired on . On a healthcare provider ordered to decrease resident #1's , to 5 milligrams (mg) 1 tablet by twice daily for two weeks then discontinue. On a healthcare provider discontinued resident #9s , . On at 9:53 AM, the wellness director said the medications stored in the bags were to be wasted due to various reasons, such as being discontinued or expired. The facility's medication storage policy, last reviewed , indicated centrally stored medications must be kept separately from the medications of other residents. The facility did not have a policy on destruction of medications. 2. Review of resident 7's health assessment form (1823) dated revealed the resident has a diagnosis of , , and required assistance with self-administration of medication. Record review revealed a telephone order on from a health care provider discontinuing Rosuvastatin 20 MG.	A 055		

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A 055	Continued From page 8 3. Review of resident 8's health assessment form (1823) dated revealed resident has a diagnosis of , and required assistance with medication self-administration. Record review revealed a telephone order on from a health care provider discontinuing / capsule. Review of the facilities medication storage policy reviewed on , indicated that centrally stored medications must be kept separately from the medications of other residents and properly closed or sealed. On at 9:48am, observed medications stored for residents 7 and 8 in locked medication room in an unlabeled plastic bag and unlabeled cabinet with other residents' medications. On at 9:55am the findings were discussed with the Wellness director, who said the medications needed to be wasted. Class III	A 055		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week	A 079		

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A 079	Continued From page 9	A 079		

0-5 168
212
16-25 253
26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection

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A 079	Continued From page 10 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled	A 079		

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A 079	Continued From page 11 service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the	A 079		

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A 079	Continued From page 12 agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure at least one staff member who had access to facility records in case of an emergency was always in the facility when residents were in the facility. Findings: The facility had 21 residents in the facility at the time of the survey. On at 9:25 AM, unlicensed caregiver A said she did not have access to facility records, to the staffing schedule, to any policies, and to incident reports. On at 9:28 AM, caregiver B said the same thing. On at 9:30 AM, caregiver C said the same thing.	A 079		

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A 079	Continued From page 13 On at 9:35 AM, caregiver D said the same thing. She then said if she needed access she would call the wellness director. On at 9:53 AM, the wellness director arrived. She said the unlicensed caregiver on duty had access to facility records. On at 10:05 AM, the business office manager provided a binder of policies that she retrieved from her locked office. On 624/25 at 10:25 AM, the administrator arrived. She said staff had to call an administrative staff to gain access to records. Class III	A 079		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer	A 056		

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(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 056	Continued From page 14 medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of	A 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970583	A. BUILDING: _____ B. WING _____	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERTUS PREMIER MEMORY CARE LIVING AT DR PHI	7753 CONROY WINDERMERE RD ORLANDO, FL 32835

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A 056	Continued From page 15 medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a written medication order from the health care provider within 10 working days for 1 of 5 sampled residents (7). Findings: Review of resident 7's health assessment form (1823) dated revealed a diagnosis of , , and required assistance with medication self-administration.	A 056		

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
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A 056	Continued From page 16 Review of the record revealed a telephone order dated to discontinue Rosuvastatin 20 MG that was not signed by a health care provider. Review of the facilities telephone order policy reviewed on , indicated, prescribers will be required to follow up with signature within 10 business days from original phone order date. On at 2:12pm the findings were discussed with the Wellness director, who confirmed the findings and said she just started in the Wellness director position on and has not gotten a chance to review each resident's chart. Class III	A 056		