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
	AL11942716	A. BUILDING: _____ B. WING _____	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL. 32792

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ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821		

AHCA Form 3020-0001

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

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ZZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	ZZ821		

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ZZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	ZZ821		

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ZZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility's documentation, resident record review and interview, the facility failed to electronically submit a one-day report and a 15 day (full report) adverse incident report (AIRS) to the agency for 1 of 23 sampled residents (#1) as required reporting a with an injury to the . Findings: A review of resident #1's record revealed admission date . The last 1823 Health Assessment dated listed the medical history of , type 2, , history of right replacement, , , ( ) and . He's independent with and eating. Supervision with ambulation, bathing, grooming, toileting and transferring. Assistance with toileting. He can administer his own medications. An interview on at 4:45 PM with Resident #1 confirmed that he rolled out of his bed and hit his on the nightstand and in . Resident #1 called 911 with his	ZZ821		

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ZZ821	Continued From page 4	ZZ821		

pendant and called his daughters because he could not locate staff that were working upstairs hallway. Resident #1 stated he was transported to the hospital and after went to rehabilitation for a few weeks.

An interview on at 8:26 PM, a family interview confirmed that resident #1 on and met her father at the hospital after he had hit his on his nightstand and required stitches. The family member tried calling the after-hours nurse's telephone number, but no one ever answered this phone. The family member submitted a written grievance about the after-hours nurse's telephone number not working or no one answered the Administrator because they were worried about parents living there but they never received any returned communication regarding this matter. The family member stated that they called the after-hours nurse's telephone number on numerous occasion and no answer.

There were no facility notes and no documentation regarding the and no follow up notes and no intervention service plan found in the record.

There was no documented evidence that this adverse incident was submitted electronically to the agency.

On at 12:06 PM, a telephone interview with the Health Wellness Director confirmed the finding.

On at 9 PM, an interview with the Administrator confirmed the finding.

(Photographic Evidence Obtained)

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ZZ821	Continued From page 5 Unclassified	ZZ821		
A 000	Initial Comments There was seven (7) Complaint Investigation #2025003360, # 2025005431, 2025005457, #202506699, #2025007688 (P1), #2025007758, #2025008301 (P1) and a generator monitoring was conducted at Westchester of Winter Park Assisted Living Facility with Limited Nursing Services (LNS) on , , , , , and . The facility had deficiencies at the time of the survey visit.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued	A 008		

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A 008	Continued From page 6 residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a	A 008		

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A 008	Continued From page 7 state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual,	A 008		

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A 008	Continued From page 8 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the	A 008		

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A 008	Continued From page 9 administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.	A 008		

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A 008	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain an Agency for Healthcare Administration, 1823 Health Assessment form completed by a healthcare provider for 4 of 23 sampled residents (#2, #5, #15, #21) and examined within 60 days before admission or within 30 days after admission to the facility as required. Findings: 1. A review of resident #2's record revealed an admission date of . There was no 1823 Health Assessment found in the record. 2. A review of resident #5's record revealed an admission date of . There was no 1823 Health Assessment found in the record. 3. A review of resident #15's record revealed an admission date of . There was no 1823 Health Assessment found in the record. 4. A review of resident #21's record revealed an admission date of . There was no 1823 Health Assessment found in the record. On at 9 PM, an interview with the Administrator confirmed the findings. Class III	A 008		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY	A 030		

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A 030	Continued From page 11 PROCEDURES. (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 59A-36.006, F.A.C. (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. (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. (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: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement;	A 030		

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A 030	Continued From page 12 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (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. (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. 429.28 Resident bill of rights.- (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: (a) Live in a safe and decent living environment, free from and neglect.	A 030		

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A 030	Continued From page 13 (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (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 demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (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. (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. (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. (g) Share a room with his or her spouse if both are residents of the facility. (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. (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	A 030		

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A 030	Continued From page 14 resident. (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 , , for health care services, the provision of or 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. (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. (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	A 030		

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A 030	Continued From page 15 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. (2) The administrator of a facility shall ensure that 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. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits;	A 030		

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A 030	Continued From page 16 choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (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 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. This Statute or Rule is not met as evidenced by: Based on the facility's documentation, residents' record review and interview, the facility failed to provide appropriate care & services as required and failed to demonstrate appropriate resolution responses to multiple trending to specific grievances or concerns for 11 of 23 sampled residents (1, #2, #3, #4, #5, #6, #7, #9, #14, #21, #22). Findings: 1. A review of resident #1's record revealed admission date . The last 1823 Health Assessment dated listed medical history of , , type 2, , history of right replacement, , , ( ) and . He's independent with and eating. Supervision with ambulation, bathing,	A 030		

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A 030	Continued From page 17 grooming, toileting and transferring. Assistance with toileting. He can administer his own medications. An interview on at 4:45 PM with Resident #1 confirmed that he rolled out of his bed and hit his . . . on the nightstand and sometime in , . Resident #1 called 911 himself using his pendant and called his daughters because he could not locate staff working upstairs hallway. Resident #1 stated he was transported to the hospital and thereafter he went to rehabilitation for a few weeks. On at 8:26 PM, a family interview confirmed that resident #1 on and the family met their father at the hospital after he had hit his on the nightstand requiring stitches. The family tried calling the after-hours nurse's telephone number, but no one ever answered this phone. The after-hours nurse's telephone number was posted outside on the facility's front door entrance for the family to use. The family submitted a written grievance about the after-hours nurse's telephone number not answered or not working to the Administrator and the Health Wellness Director and never received any communication regarding their concerns. Furthermore, the family was always worried & concerned about their parents living there. An attempted telephone call on at 8:30 PM to the after-hours nurse's telephone, no one answered. There were two medication technicians (A, F) and a caregiver E observed working the 2nd shift (3pm-11pm). The second attempted telephone call on at 7:33 AM to the after-hours nurse's telephone and no answer.	A 030		

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A 030	Continued From page 18 On at 8:15 AM, a third attempted telephone call to the after-hours nurse's telephone and no answer and then finally at 8:20 AM, the Activities Director answered the phone. It was confirmed that this was the after-hours nurse's telephone number. The Activities Director also confirmed that he came to work early to assist with medication assistance to the residents since the Health Wellness Director was out of the facility and the morning medication technician was running late to work this morning. The Activities Director confirmed that all staff that work evening hours and overnight hours have access to the after-hours nurse's station and are required to answer the after-hours nurse's telephone while working. On at 11 AM, an interview with the Administrator explaining that a telephone call was placed to the after-hours nurse's telephone on (last evening shift) at 8:30 PM and no staff answered, and again on early morning of at 7:33 AM and no staff answered. The Administrator confirmed that all medication technicians have access to the after-hours nurse's telephone during the night and were required to answer. Furthermore, it was explained to the Administrator that feedback was received from several family members, stated they had tried to call the after-hours nurse's telephone number, and no one answered. In further review, there were no facility notes regarding resident #1's in , and there were no follow up response to a resolution to the grievance submitted documented in the record. There were no facility notes and no documentation regarding the and no follow up	A 030		

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A 030	Continued From page 19 notes, and no intervention service plan found in the record. On at 12:06 PM, a telephone interview with the Health Wellness Director confirmed the finding. 2. A review of resident #2's record revealed admission date . There was no 1823 Health Assessment available onsite to review and was unable to determine medical history. On at 8:22 PM, a telephone interview with the family confirmed they had very high concerns regarding resident #2's care and a need for an increase of supervision with showers and more room checks because of resident #2's significant decline. The family stated request was made to the Administrator and Health Wellness Director but never received any communication. The reason for the increase of supervision by family was because resident #2 cannot remember to safely shower herself. The family stated that once, a couple of months ago, a visit for the whole week to resident #2 and noticed that resident #2 had not had any showers all week. The family showered resident #2 and again requested a meeting to review the shower schedule & discuss a care plan for resident #2 to the Administrator and Health Wellness Director and never received any communication verbally or in writing. The family's request was resident #2 to have increased supervised showers twice a week. In further review, there were no facility notes and no service care plan for any supervised showers documented found in the record.	A 030		

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A 030	Continued From page 20	A 030		

3. A review of resident #3's record revealed admission date and went to the hospital on (11 days later). The last 1823 Health Assessment dated listed medical history of , , , , Sinuses, without Myelopathy, , of the , affecting left side dominant, ; Restless with and a history of 22 years ago. He's wheelchair dependent and independent in activities of daily living (ADLs) with ambulation, , eating, grooming, toileting, transferring and supervision with bathing. Resident #3 needs assistance with self-administration of medications.

A review of a facility note dated at 3:01 PM by Med Tech G documented resident #3 was sent to hospital immediately recommended by his primary care physician (PCP) for . Resident #3 was transported to the emergency department (ED) via ambulance that he called himself and has been out of the assisted living facility since this date.

A telephone interview on at 2:43 PM, resident #3 said that before he left to the hospital on that he told the Health Wellness Director that he was not getting his medications every day and that all the Medication Technicians would always leave his medication in a cup located in his room in different places for him to take. Resident #3 also said that he would ask the Health Wellness Director to check his all the time to make sure his was not below 60

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A 030	Continued From page 21 and the Health Wellness Director would refuse him. Resident #3 said he spoke to the Administrator about this but did not do anything either. Resident #3 stated that his final grievance expressed that the facility did not care about him and his wellbeing on beginning at 1 PM before he left to the hospital, resident #3 requested all of his medications for the night in advance so he could take them to the hospital because he knew he would be in the emergency room for hours and that his medication were life sustaining medications to be taken. He further stated he cannot skip and miss a dose. The Health Wellness Director refused to prepare the medications for him. Finally, resident #3 said that after he was treated at the hospital for his health condition and transferred to the rehabilitation center, he felt safer and now he was getting his medications appropriately. He also ended with saying that he would never go to this assisted living facility because the staff do not care. In further review, there were no facility notes and no documentation regarding resident #3's grievances. 4. A review of resident #4's record revealed admission date . The last 1823 Health Assessment dated listed medical history of type 1 with , history of wedge of the fourth , history of , and . She ambulates with a walker. Resident #4 was independent with ambulation, eating, grooming and needed assistance with bathing.	A 030		

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A 030	Continued From page 22	A 030		

toileting and transferring. Resident #4 needs assistance with self-administration of medications.

On at approximately 10:30 AM, a physical , was onsite at the facility with resident #4. The physical , reviewed documentation from the psychiatrist asking questions to resident #4, about "thoughts of self-harm" and on a scale from 0-3, 0 being the lowest & 3 being the highest, how did resident #4 feel? Resident #4 answered 3 and the physical , immediately reported this concern to Health Wellness Director.

On at 12:11 PM, a telephone interview with the physical , confirmed that the Health Wellness Director did not take her claim seriously when reporting that resident #4 was at high risk for self-harm. She further said the Health Wellness Director told her "That you cannot take resident #4 seriously", and the Health Wellness Director did not immediately report to the attending physician as required. Furthermore, the physical , said that she was offended and very upset & reported immediately directly to the attending physician herself and said that the attending physician would report to the facility's Administrator and Health Wellness Director.

In further review, there was no documentation that the facility did not put any interventions in place to prevent self-harm immediately for resident #4.

On at 12:06 PM, a telephone interview with the Health Wellness Director confirmed that he did say to the physical , , to not to take resident #4 seriously and further said that resident #4 was odd and always said things like

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A 030	Continued From page 23 this to get attention. He said that she always says that she was going to unalive herself. The Health Wellness Director further stated that the physical , was exaggerating her claims about resident #4. The Health Wellness Director confirmed that he did not inform the attending physician and did not call & neglect hotline to report self-neglect for resident #4 as a mandatory reporter. He said that the Administrator was aware also about this incident of resident #4's thought of self-harm. In further conversation the Health Wellness Director said that he was out on sick leave this week with a doctor's note (-) and would probably get fired once he returned to work because the Agency was at the facility on (a month earlier) and cited a class II deficiency for a with injury requiring higher level of care and not reporting & submitting an adverse incident to the Agency timely for the . The Health Wellness Director further explained that he had only been promoted to this position for about six months and the Administrator expects him to do all charting in facility notes even during his absence from work and call the pharmacy about resident's medications and medication orders. He stated that he could not do it all and do not get any help from the Administrator. In conclusion, resident #4 did not self-harm herself and was sent out to the hospital for complications of that was confirmed by the Administrator. A review of a facility note dated at 9:23 AM by Med Tech B documented that resident #4	A 030		

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A 030	Continued From page 24 was hospitalized and did not document the reason why. There was no other documentation found that the family & physician was notified. On at 1 PM, an interview with the Administrator regarding the telephone interview with the Health Wellness Director and the Administrator confirmed that she had no idea about any situation or incident for resident #4. A follow-up interview at 2 PM by the Administrator reported this situation to the Owner and a decision was made to suspend the Health Wellness Director pending further investigation. On at 2:20 PM, an attempted family interview for resident #4. There was no answer and not able to leave a voicemail message. 5. A review of resident #5's record revealed admission date . There was no 1823 Health Assessment available onsite at the facility and unable to determine medical history. Resident #5 was discharged on to another assisted living facility by the family. A review of a written grievance dated to the Administrator regarding concerns about resident #5's not receiving his medication during his time residing at the assisted living facility. The concern was that a few of his medications that were prescribed, he did not get while at the facility and that when resident #5 discharged from the facility on , the facility issued & returned medications to the family which there was way more medications returned indicating that resident #5 did not get all his medications prescribed by the medication label. a. , 250 milligrams (mg), This	A 030		

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A 030	Continued From page 25 medication is for . For , there were 4 days when he did not get his morning dose and 9 days, he did not receive his evening dose. The last four days in , he didn't get either dose. b. 1000 mg. For , the entire month for the mornings & evenings, he only received 5 pills in the morning and 5 pills in the evening, and these medications were not on the same day. Therefore, he received 11 out of 60 pills for morning and evening, which was only 18% of his required medication. In other words, he did not receive 82% of this medication. c. 1000 mg. For , the 1 PM medication dose every day. He was only given 12 of the 30 required pills, which is only 40% of this medication. The administrator did not follow up regarding the medication grievance brought to her attention and did not respond to the family for resolution. There were no facility notes on onsite at the facility at all. There was no documentation regarding the medication grievance concern acknowledged. 6. A review of resident #6's record revealed an admission date of . The last 1823 Health Assessment dated listed medical history of Acute injury, type 2, and . She had precautions ambulating with a walker or wheelchair. She needs assistance with ambulation, bathing,	A 030		

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A 030	Continued From page 26 , grooming, toileting and transferring. Independent with eating. She needs assistance with self-administration of medications. A written grievance of concern dated and submitted to the Administrator and the Health Wellness Director for resident #6 not receiving all her medications, especially her in the month of for the morning & evening. There was no follow up documentation found onsite at the facility and there was no documentation that the grievance was resolved. 7. A review of resident #7's record revealed admission date . The last 1823 Health Assessment dated listed medical history of risk, mixed and . He's independent with all his activities of daily living and can administer his own medications daily. A written grievance dated that Med Tech A and resident #7 had a verbal altercation with each other. Both the resident #7 and Med Tech A submitted their own grievances to the Administrator. The documented resolution was that the Administrator spoke with employee Med Tech A and will speak with resident #7 once he returns from vacation. There was no documentation found onsite at the facility that a referral to the agency made for staff to resident . There were no facility notes that documented the facility had a pending investigation initiated and there was no follow regarding this verbal altercation. Also, there was documentation that the administrator spoke with	A 030		

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A 030	Continued From page 27 resident #7 once he returned to the assisted living facility a week later. A review of the staff's work schedule and an observation for , and revealed that medication technician A was working on all three (3) days when resident #7 was still residing in the assisted living facility. 8. A review of resident #9's record revealed admission date . The last 1823 Health Assessment dated listed medical history of on the right dominant side, , Adjustment , , and history of left . She's wheelchair dependent. Resident #9 independent with , eating, grooming. She needs supervision with ambulation, bathing, toileting and transferring. Resident #9 need assistance with self-administration of medications. An interview with resident #9 on at 12:07 PM, resident #9 said that she had told the Health Wellness Director that the Admissions Director yelled at her about her changes to her medication Sildenafil 20 milligrams (mg) directions from her primary care physician (PCP) when she visited last week. Resident #9 further stated that the physician changed the order to have her , checked first before giving the Sildenafil 20mg medication. Resident #9 was very concerned because she only received 3 days of this medication for , and and the cost would be $173.00 that she could not afford. On at 12:45 PM, an interview with the Administrator about resident #9's grievance that	A 030		

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	AL11942716	A. BUILDING: _____ B. WING _____	07/08/2025

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A 030	Continued From page 28 she told the Health Wellness Director and Admissions Director prior about the medication changes and cost, and they yelled at her. Resident #9 said that they disregarded her concern, and no one would help her, so she had to let the state agency know during this visit. The Administrator confirmed she was not aware of the change and new cost of the medication and would call the pharmacy. On at 2:30 PM, an interview with the Administrator provided a follow up regarding resident #9's medication changes and cost, the Administrator stated that she had resolved the issue with the pharmacy. The explained resident #9 does not have to pay anything for the Sildenafil 20mg medication. The Administrator confirmed with the pharmacist that a , check was not required for this medication before being given. On at 4:55 PM, a follow up interview with resident #9 to inform her that the Administrator resolved the medication changes and cost and will be speaking to her shortly. There were no facility notes and no documentation by the Health Wellness Director & Admissions Director regarding resident #9's grievance about the changes and cost of her medication. On at 11:14 AM, there was a telephone interview with the pharmacist to confirm that resident #9 will get her Sildenafil 20mg medication on monthly basis with no cost because the Administrator had called earlier to adjust the cost to zero dollars for the medication. The pharmacist further said that the Health Wellness Director never followed up with the	A 030		

Agency for Health Care Administration

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A 030	Continued From page 29	A 030		

pharmacy of the changes.

9. A review of resident #14's record revealed admission date . The last 1823 Health Assessment dated for medical history of , history of Mental illness, , history of and . Resident #14 uses a walker to ambulate. She's independent with all her activities of daily living and able to administer her own medications.

On at 10 AM, an interview with resident #14 said to me that she has had to call the police on resident #15 (her neighbor,) smoking in his room and almost had started a fire. Resident #14 stated that she had reported this to the Administrator, and Administrator did not do anything about it. Resident #14 further stated that she reported this to the state agency, but no one will come and do anything about it. Resident #14 made claims that the management spoke very rude and cruelly to her which made her uncomfortable. Resident #14 said she feels that the management that work here do not care about her and the other residents. Resident #14 said it was told to her that the management removes the grievances out of the grievance book and throws them away.

There were no facility notes found onsite regarding any of resident #14's grievances.

10. A review of resident #21's record revealed admission date . There was no 1823 Health Assessment available onsite and unable to

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A 030	Continued From page 30	A 030		

determine medical history.

A review of a written grievance reported on that the Admissions Director yelled at resident #21. She stated the facility threatened to take away her call pendant for assistance because resident #21 pressed it too much for assistance.

There was no documented evidence, and no facility notes regarding this grievance.

On at 1:15 PM an interview with resident #21 and she confirmed that one of the managers yelled at her and took her pendant away because she pressed it too much for assistance. She said that she could not remember much about the incident, and it hurt her feelings. Resident #21 did state some days later she got a new call pendant. An observation during the interview revealed a call pendant was around resident #21's for use.

On at 5:02 PM, an interview with the Admissions Director who denied the claim and said that she never yells at anyone. The Admissions Director said that she never told resident #21 she could not have a call pendant anymore or took it away from her.

11. A review of resident #22's record revealed admission date . The last 1823 Health Assessment dated and on listed medical history for , , Diverticulosis, and . She was independent with all her activities of daily living and needed assistance with

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A 030	Continued From page 31 self-administration of medications daily. Resident #22 , , on . A review of a written grievance reported on , an occurrence on involving the Health Wellness Director yelling at resident #22 because resident #22 was telling the Health Wellness Director she was not getting her medications every day as required. The Health Wellness Director was observed calling resident #22 an old lady and yelling at her saying he would get her medications when he got ready. On at 5:02 PM, an interview with the Activities Director confirmed that he observed the Health Wellness Director and resident #22 go and forth a lot. A review of the only facility notes onsite at the facility dated at 3:47 PM by Administrator documented as a late entry that resident #22 , , on at the hospital. There was no other documentation for the reason why she went to the hospital, when (day) transported to the hospital and the family or physician was notified. There was no follow up to the grievance filed for incident on of the observed verbal altercation between the Health Wellness Director and resident #22 and there was no documented evidence that the hotline was initiated for the staff and resident . After a thorough review of the facility's grievance policy and procedures, there was evidence that the facility did not follow their own grievance policies and procedures dated that specifically documented that the grievance	A 030		

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A 030	Continued From page 32	A 030		

policies and procedures were to ensure that the concerns were brought forth to the facility & will be evaluated for improvement for better satisfaction to the residents. It listed the following actions below of how grievance would be processed:

*An investigation and ultimately a resolution,
*Routing to the appropriate departments for ongoing improvement,
*Identifying the trends in care, service delivery and system organization and,
*Developing long-term solutions, implementing changes to improve care & services systems.

In further review, the grievance policy and procedures documented that the quality improvement/risk management committee will review & approve the process for each grievance. The Director of Clinical Services (Health Wellness Director) will review and report in conjunction with the Assisted Living Facility Administrator or designee regularly to the committee of all grievances received (numbers/types/trends), actions taken and status of corrective action plans.

**Policy #10, if the person filing the grievance is not satisfied with the department manager's interventions, the Director of Clinical Services (Health Wellness Director) and the Assisted Living Facility Administrator will contact them to assist in a resolution.

**Policy #11, all facility grievance investigations will be initiated as soon as possible after the grievance is filed. Completed and timely follow up will be conducted by the department supervisor, Director of Clinical Services (Health Wellness Director) and/or the Assisted Living Facility

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A 030	Continued From page 33 Administrator. On at 12:06 PM, a telephone interview with the Health Wellness Director confirmed these findings. On at 9 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class II	A 030		
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 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 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,	A 054		

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A 054	Continued From page 34 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 , 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 facility's documentation, resident record review and interview, the facility failed to ensure that Medication Observation Record (MORs) were not appropriately updated for 4 of 23 sampled residents (#5, #6, #9, #22) as required. Findings: 1. A review of resident #5's record revealed admission date . There was no 1823 Health Assessment available onsite. Unable to determine medical history. Resident #5 was discharged on to another assisted living facility by the family. There were no facility notes for medication clarification written by the Health Wellness Director. A review of the MORs revealed a duplicated entry for medication 750 mg for 1 tablet by 3x daily and 100 mg for 2 capsules by taken in the morning and evenings. Therefore, one half of the MORs in , 2025 (marked with "x") were completed on one page and the last page - making it appear that medications not taken. A review of the MORs revealed	A 054		

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A 054	Continued From page 35 Resident #5's last day & discharged from the facility was on . Resident #5 was assisted with self-administration of medications on and after discharged. 2. A review of resident #6's record revealed admission date . The last 1823 Health Assessment dated listed medical history of Acute injury, , type 2, and . She had precautions ambulating with a walker or wheelchair. She needs assistance with ambulation, bathing, grooming, toileting and transferring. Independent with eating. She needs assistance with self-administration of medications. A written grievance of concern dated was submitted to the Administrator & Health Wellness Director for resident #6 did not receive all her medications and in in the AM and PM. It was reported that the medications were not being given consistently, and care was not being followed up with her medical history. Resident #6's went to the hospital sometime in (unknown date) came to the facility and then went again out to the hospital on . A review of the MORs were two entries for 100mg for 8 AM dose, spray 50mcg for 8 AM dose, 30mg 24 hours for 8 AM dose, 25mg for 8 AM dose. There were holes found for the	A 054		

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A 054	Continued From page 36 175mg at 1 tablet by once daily on The injection was missing of 7 units to be given 9AM, 1PM, 5PM on - (almost the whole month) with no reason. The injection was missed of 100 units to be given 9AM, 1PM, 5PM on - ; - with no reason. There were no facility notes for medication clarification written by the Health Wellness Director. 3. A review of resident #9's record revealed admission date . The last 1823 Health Assessment dated listed medical history of on the right dominant side, , Adjustment , , and history of left . She ambulates with a wheelchair. She's independent in , eating, grooming. Supervision with ambulation, bathing, toileting and transferring. She needs assistance with self-administration of medications. An interview with resident #9 on at 12:07 PM, resident #9 said to me that she had told the Health Wellness Director and the Admissions Director yelled at her about her changes to her medication Sildenafil 20 milligrams (mg) directions from her primary care physician (PCP) when she visited last week. Resident #9 further stated that the physician changed the order to have her checked first before giving the Sildenafil 20mg medication. Resident #9 was very concerned	A 054		

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A 054	Continued From page 37 because she only received 3 days of this medication for , and and the cost would be $173.00 that she could not afford. On at 2:30 PM, an interview with the Administrator provided a follow up regarding resident #9's medication changes and cost, the Administrator stated that she had resolved the issue with the pharmacy and resident #9 do not have to pay anything for the Sildenafil 20mg medication. Furthermore, the Administrator confirmed with the pharmacist that a , check was not required for this medication before being given. A review for the , MORs revealed holes for (-) for the medication Sildenafil 20mg give 1 tablet by once daily not given. There was no facility documentation from the Health Wellness Director regarding new order change and the cost of medication for resident #9 and speaking to the pharmacy to resolve the matter. On at 11:14 AM, a telephone interview with the pharmacist to confirm that resident #9 will get regularly her Sildenafil 20mg medication on monthly basis with no cost because the Administrator had called earlier to adjust the cost to zero dollars for the medication. Furthermore, the pharmacist further said that the Health Wellness Director never followed up with the pharmacy of the changes. 4. A review of resident #22's record revealed admission date . The last 1823 Health Assessment dated and on listed medical history for ,. .	A 054		

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A 054	Continued From page 38 , Diverticulosis, and . She was independent with all her activities of daily living and needed assistance with self-administration of medications daily. A review of a written grievance reported on , an occurrence on involving the Health Wellness Director yelling at resident #22 because the resident #22 was telling the Health Wellness Director that she was not getting her medications every day as required. The Health Wellness Director was observed calling resident #22 an old lady and yelling at her saying he would get her medications when he got ready. A review of the , MORs revealed duplicated entry for medication 0.3mg (10 PM) to take 1 tablet by 4x daily. A hole was found for 10 PM dose on , 6AM dose on , 10PM dose on . In further review of , MORs revealed a missed dose for , 60mg take 1 tablet by every 12 hours on 9PM dose. There were no facility notes for medication clarification written by the Health Wellness Director. The only facility note found dated at 3:47 PM by Administrator documented late entry that resident #22 , on at the hospital. There was no other documentation for reason why she went to the hospital and when (day) transported to the hospital. On at 12:06 PM, a telephone interview with the Health Wellness Director confirmed the	A 054		

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A 054	Continued From page 39 findings. On at 9 PM, an interview with the Administrator confirmed the findings and stated that the Health Wellness Director was out on medical leave - (during the survey visit). (Photographic Evidence Obtained) Class III	A 054		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (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: 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, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor	A 152		

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A 152	Continued From page 40 lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (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 . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to (1) ensure that all existing mechanical structure was repaired and the facility failed to (2) ensure to provide a safe and clean living environment as required. Findings: 1. An observation on at 11:45 AM, a button on elevator one was missing (an open hole) near where the resident pushed what floor was desired. A could get stuck in the hole. On at 12:45 PM, an interview with the Maintenance Director stated that he did not notice it and that no one reported to him that the hole was there. 2. An observation on at 4:45 PM, a black-like substance seen near the ceiling's air conditioning vent in the activities room, near the Activities Director's office door. On at 4:47 PM, it was reported to the Activities Director to let the Maintenance Director	A 152		

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A 152	Continued From page 41 know. (Photographic Evidence Obtained) Class III	A 152		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section	A 161		

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	AL11942716	A. BUILDING: _____ B. WING _____	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL. 32792

(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 161	Continued From page 42 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to maintain a copy of the updated job description for the Health Wellness Director as required for an Assisted Living Facility with seventeen or more employees. Findings: A review of the Health Wellness Director personnel record revealed a hire date of ␣ as a Licensed Practical Nurse (LPN) at the facility. He was promoted to the Health Wellness Director position on ␣ (6 months ago) and there was no updated copy of the job description for Health Wellness Director.	A 161		

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A 161	Continued From page 43 On at 12:06 PM, a telephone interview with the Health Wellness Director confirmed he only has been in this position for 6 months. On at 8 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health	A 162		

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A 162	Continued From page 44 care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	A 162		

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 162	Continued From page 45 disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon	A 162		

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A 162	Continued From page 46 departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a facility's demographic information sheet that list the resident's name, date of birth, , emergency contact or legal representative name & telephone number, and the name, address & telephone number to the resident's healthcare provider or physician as required for 3 of 23 sampled residents (#5,#6,#20). Findings: 1. A review of resident #5's record revealed an admission date of . There was no 1823 Health Assessment available onsite. Unable to determine medical history. Resident #5 was discharged on to another assisted living facility. There was no demographic data found in the record onsite at the facility. 2. A review of resident #6's record revealed admission date . The last 1823 Health Assessment dated listed the medical history of Acute injury, , , type 2, and There was no demographic found in the record	A 162		

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A 162	Continued From page 47 onsite at the facility. 3. A review of resident #20's record revealed admission date . The last 1623 Health Assessment dated listed medical history of , , , , ( ) on left side, , , , and . There was no demographic found in the record at the facility at the facility. On at 9 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 162		