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
	AL11922280	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT PORT RICHEY LLC	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 (#2025008271 ,#2025010031, #2025010091, #2025011505) in conjunction with a generator monitoring visit was conducted at Best Care Senior Living at Port Richey on . The facility had deficiencies at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of 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 interview and record review, the facility failed to provide care and services appropriate to the needs of the residents with significant changes, failed to contact the resident's health care provider and other appropriate party for a significant change, and failed to maintain a written record, updated as needed, with any significant changes or illnesses for two (Resident #8 and Resident #20) of three sampled residents. Findings included: In a record review for resident #8 conducted on	A 025		

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A 025	Continued From page 2 the tracking and variance report revealed a 44- loss between of 2024 ( ) and of 2025 ( ). Additionally, there was a physician progress note dated that listed medical history of , communication , adjustment with mixed and depressed , and deficiency. There were no notes that anyone was notified of the significant loss, or any new orders were received. In a record review for Resident #20 conducted on the tracking and variance report revealed a 53-. gain from of 2024 ( ) and of 2025 ( ). Additionally, there was a physician progress note dated that said she "graduated from " and listed medical history of , , accident and . Additionally, it listed prior hospitalization for and initiation of for worsened function. The current plan listed follow up with outside , and "continue scheduled ". There were no notes that anyone was notified of the significant gain, efforts to obtain new orders, or to confirm the plan. In a record review of the facility tracking and variance report conducted on there were nine residents with significant gain or loss between of 2024 through of 2025. In an interview conducted on at 1:19 p.m. the Administrator said Resident #8 had lost a lot of due to status, but did not	A 025		

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A 025	Continued From page 3 think any supplements had been ordered for Resident #18. The Administrator said Resident #20 retained a "ton of fluid" and was on . The Administrator said a follow up would be conducted on both residents' conditions. Additionally, the Administrator said that the staff should question the with any significant gains or losses, and she felt many entries should have been followed up on. Photo Evidence Obtained. Class III	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of 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;	A 054		

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A 054	Continued From page 4 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , 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 record review and interview, the facility failed to maintain updated count sheets for two (Resident #2 and Resident #5) of four sampled residents. Findings included: A record review was conducted on of the Count Sheets, and the facility was missing multiple entries from their records for Resident #2 and Resident #5. After comparing the medications in their locked box to the count sheets, it appeared that multiple were missing from the cart. During an interview conducted on at 11:27am Staff B stated the facility did not document the medications that were given on the count sheets after the medications were passed because staff had to help serve breakfast. During an interview conducted on at 1:15pm the Administrator agreed the sheets should be filled out every time medication is passed. Photographic Evidence Obtained.	A 054		

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A 054	Continued From page 5 Class III	A 054		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet	A 093		

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A 093	Continued From page 6	A 093		

the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a

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A 093	Continued From page 7	A 093		

day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of ˬ the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on , ,
(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure resident nutritional needs were met by not following the approved menu; Based on interview and record review the facility failed to accurately document dietary substitutions made and ensure menu items were substituted with items of comparable nutritional value for all residents.

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A 093	Continued From page 8 Findings included: In an observation conducted on at 8:10 a.m. residents had sausage and a muffin for breakfast. In an observation conducted on at 9:15 a.m. there was a signed menu posted for week two on the wall of building four near the medication cart. Breakfast for survey date of week listed six ounces of orange juice, one cup of dry cereal, one blueberry muffin and eight ounces of milk with coffee, tea to be offered each meal. In an interview conducted on at 9:28 a.m. Resident #13 said that they did not get much food and that breakfast was only a muffin and one piece of sausage with no milk, cereal or juice. In an interview conducted on at 9:30 a.m. Resident #14 said they had only coffee cake and sausage for breakfast and never got eggs, milk or orange juice, and could not remember the last time they had juice or milk. In an interview conducted on at 9:31 a.m. with the Care Supervisor she said she was not sure how to read the posted menu and would just call dietary if she had questions on the food served. In an interview conducted on at 9:35 a.m. Staff C said the residents did not have orange juice or milk but had tea with breakfast. In an interview conducted on at 9:32 a.m. Resident #15 said they were never served orange juice or milk.	A 093		

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A 093	Continued From page 9 In an interview conducted on at 9:41 a.m. Resident #16 said they never received milk or orange juice. In an interview conducted on at 9:42 a.m. Resident #17 said they craved milk and only got it occasionally on a weekend with their cereal. In an interview conducted on at 9:42 a.m. Resident #18 said they never got milk or orange juice and only got watered down powdered drink mix. In an interview conducted on at 9:43 a.m. Resident #19 said they never received milk or orange juice and it was not healthy for them to miss it. In an interview conducted on at 9:50 a.m. the Chef said they had no milk or orange juice to serve and that his boss ordered the food. Additionally, he confirmed he worked from the menu labeled "week 1" and had never heard of a substitution log. In an interview conducted on at 10:19 a.m. Resident #9 said they had a critical d deficiency, and the facility never served milk or orange juice and did not follow the menu. A review of the menu approved by the Registered Dietician, conducted on , revealed that the menus were dated and had a rotating four-week cycle. Daily breakfast for each of the four-week cycles included "6-ounce orange juice and 8-ounce milk." In an observation of the kitchen with the Chef conducted on at 9:50 a.m. there was no milk or orange juice. The menu used was	A 093		

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A 093	Continued From page 10 labeled "week 1". There was a large metal pan of tuna casserole on the stove and a large salad prepared in the cooler for lunch. There was chicken in the freezer, rice and beets on for the planned Week 1 dinner. In a record review of the substitution log conducted on there were entries for reason for substitution for "small breakfast" on , , , , , , , and . In a record review of the substitution log conducted on the following were notated for : Breakfast: Original meal: Breakfast sausage, muffin and coffee cake. Substitute meal: oatmeal and blueberry muffins. Lunch: Original meal: Tuna casserole, chef salad and dessert gelatin. Substitute meal: ham and cheese croissant or chef salad. Dinner: Original meal: Baked chicken, wild rice, beets and apple pie. Substitute meal: chicken tenders or chef salad. In an interview conducted on at 11:22 a.m. the Administrator said she knew the Dietary Manager would substitute food but could not explain exactly why substitutions were entered on the log for when they were incorrect. Additionally, the Administrator said they had stopped milk and orange juice and substituted with powdered sugar free drink mix due to , but would start to serve them again. Photographic evidence obtained.	A 093		

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A 093	Continued From page 11 Class III	A 093		
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 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	A 162		

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A 162	Continued From page 12 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 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	A 162		

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A 162	Continued From page 13 =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 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 record review and interview, the facility	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922280	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 14 failed to maintain resident records with an updated copy of the Resident Health Assessment AHCA Form 1823 (1823) that documented significant conditions for three (Resident #6, Resident #8 and Resident #20) of three sampled residents; Based on record review and interview the facility failed to maintain a completed Resident Health Assessment AHCA Form 1823 (1823) that met the criteria for residency for one (Resident #20) of three sampled residents. Findings included: A record review for Resident #8 conducted on revealed an 1823 dated listed only a diagnosis of left middle cutaneous . Physical or sensory limitations listed " , x 1 assist walker' and special precautions listed "standard." A physician progress note dated listed medications that included a FlexTouch , three times a day for , unspecified that required memory care, , frontal and executive , , and repeated . A record review for Resident #20 conducted on revealed an un-dated 1823 with blanks under facility information for the facility phone number, street address, fax number, city, county, zip, contact person, and blanks for medical examiner telephone number, address of examiner and date of examination. Additionally, it said needs could not be met in an assisted living facility. A record review of the medication observation records for Resident #6 conducted on revealed Resident #6 had Type II . The resident's 1823 did not list Type II	A 162		

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
	AL11922280	A. BUILDING: _____ B. WING _____	08/11/2025

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A 162	Continued From page 15 During an interview conducted on at 1:15pm the Administrator confirmed the 1823's should be accurate, complete, and updated with significant changes. Photographic evidence obtained. Class III	A 162		