

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER MADISON AT OCOEE		STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH CLARK RD OCOEE, FL 34761		
(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
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/SingleSignOnPo rtal. 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?N o=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/SingleSignOnPo rtal.	ZZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) 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 review and interview the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident for 1 of 3 sampled resident. (#1) Findings: On _____ at 10:00 AM during the entrance conference, the wellness director stated resident #1 was out of the facility due to a _____. Adding, I'm not sure if anything was _____. His power of attorney (POA) usually calls us with an update. I'll reach out to the doctor. On _____ at 10:30 AM, the regional nurse stated resident #1 is at Courtyard Rehab with a displaced _____ of left _____. Review of resident #1's record, who resides in a memory care unit revealed a facility admission on _____ A _____ 1823 health assessment indicated a medical history of _____ of _____, degenerative _____ of nervous system, unspecified _____, D deficiency, _____ in other _____, classified elsewhere, moderate, with agitation, _____ with _____	ZZ821			

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ZZ821	Continued From page 4 late onset, mixed , , a fib, , mild protein-calorie hypertensive without , activities of daily living independent with ambulation, , eating, self-care, toileting, transferring and was not identified as a risk. A facility note on at 10:36 AM read, call placed to Orlando Health Central Hospital. Resident transferred to Courtyard of Orlando post hospitalization. Call placed to Courtyard of Orlando. Spoke with social service. Resident diagnosis of displaced of of left A facility note on at 17:25 read, resident is in hospital. A facility note on at 13:59 read, hospitalized. A facility note on at 16:55 read, resident is in hospital. A facility note on at 17:10 read, this nurse called the hospital x 2 in an attempt to get an update on the resident. Each time the staff said that they would have a nurse call when she is available. Awaiting call A facility note on at 4:15 read, alerted POA of unwitnessed The wellness director was asked to provide the incident report for resident #1. On at 11:09 AM, the wellness director stated we did not do an incident report for resident #1. We called the hospital, and they did	ZZ821			

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ZZ821	Continued From page 5 not call . The POA told the hospital not to give out information. On at 3:11 PM, the wellness director stated I didn't think I needed to submit a report for resident #1. The facility failed to electronically submit the day 1 report within 1 business day after the occurrence based on the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident. Unclassified	ZZ821			
A 000	Initial Comments Two complaint investigations 2025011935, 2025010458, and generator monitoring was conducted at Madison at Ocoee Assisted Living on . The facility had a deficiency at the time of the survey.	A 000			