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
	AL11911279	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEE WATER OF ORLANDO	8207 FOREST CITY ROAD ORLANDO, FL 32810

(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
ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on the Background Screening (BGS) website, personnel record review and interview, the facility failed to maintain an accurate & updated BGS Employee Roster for 1 of 9 sampled staff (A) as required within 5 business days of employment and within 5 business days of termination of employment. Findings: A review of Cook A's personnel record revealed a hire date of . Cook A resigned with a no call, no show on (almost 2 months of employment). A review of the Background Screening (BGS) website on at 9:15 AM showing a Level 2 BGS eligibility dated . A review of the facility's BGS Employee Roster on at 9:20 AM revealed Cook A was never	ZZ814		

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ZZ814	Continued From page 2 added and never updated to reflect his termination date. On at 2:20 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Unclassified	ZZ814		
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	ZZ821		

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ZZ821	Continued From page 3	ZZ821		

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.

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

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ZZ821	Continued From page 4	ZZ821		

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 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.

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ZZ821	Continued From page 5 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 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 facility's documentation, resident record review and interview, {1}the facility failed to electronically submit a one-day preliminary adverse report and a 15-day full adverse incident report (AIRS) to the agency for 1 of 6 sampled residents (#4) as required for two additional and; {2} the facility failed to electronically submit a one-day preliminary adverse report (AIRS) to the agency for 1 of 6 sampled residents (#3) as required. Findings: 1. A review of resident #4's record revealed an admission date . The last 1823 Health	ZZ821		

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ZZ821	Continued From page 6 Assessment dated listed medical history of 's , , , , and , , . She's wheelchair dependent and a risk. Resident #4 was documented as independent with all activities of daily living (ADLs). She needs assistance with self-administration of medications. On , an adverse incident (AIRS) was reported to the agency that resident #4's roommate called staff for assistance at 3:35 PM because resident #4 while transferring from her bed to her wheelchair. Resident #4 bumped her and was and transferred to the hospital. The hospital completed an and resident #4's right was as a result of the . A facility note dated at 2:15 AM that resident #4 was found on her bedroom floor with and a gash on the top of her . Resident #4 said that she out of bed headfirst. 911 was called and resident #4 was transferred to the hospital for further evaluation. The family and physician were notified. There was no Adverse Incident Report (AIRS) submitted to the agency for this . A facility note dated at 6:18 AM, resident #4 was found on her bathroom floor at 4:45 AM. Resident #4 said that she lost her balance trying to pull up her pants after using the bathroom and hit her . It was observed an on her . The paramedics were called and resident #4 was transferred to the hospital for further evaluation. The family and	ZZ821		

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ZZ821	Continued From page 7	ZZ821		

physician were notified.

No AIRS was submitted to the agency for this 2nd , two weeks later from with injury on .

2. A review of resident #3's record revealed an admission date . The last 1823 Health Assessment dated listed medical history of , , , and ( ) with left side . He is wheelchair independent and a risk. Resident #3 needs supervision with all activities of daily living (ADLs). He needs assistance with self-administration of medications.

On , the one-day preliminary adverse incident report (AIRS) was submitted six (6) days late when resident #3 after being showered with assistance and tried to transfer himself to his wheelchair from the shower, and his right slipped missing the wheelchair and he to the floor on his left side. The paramedics called after notifying the physician and instructed resident #3 to be transferred to the hospital for further evaluation. The hospital , documented resident #3 had a left .

On at 2 PM, an interview with the Administrator confirmed the findings. The Administrator further stated that she will submit an adverse for the two additional for resident #4 immediately.

(Photographic Evidence Obtained)

Unclassified

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A 000	Initial Comments A Complaint Investigation #2025011430 and a generator monitoring was conducted at Sweet Water of Orlando Assisted Living Facility on & . The facility had deficiencies at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 9 (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 facility's documentation, resident record review and interview, the facility failed to provide adequate supervision with appropriate care and services with interventions and a service plan for risk to meet the needs of preventing multiple with injuries for 1 of 6 sampled residents (#4) as required. Findings: A review of resident #4's record revealed an admission date of . The last 1823 Health Assessment was dated listed	A 025		

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A 025	Continued From page 10 medical history of 's and . She's wheelchair dependent and a risk. Resident #4 was documented as independent with all activities of daily living (ADLs). She needs assistance with self-administration of medications. On , an adverse incident (AIRS) was reported to the agency that resident #4's roommate called staff for assistance at 3:35 PM because resident #4 while transferring from her bed to her wheelchair. Resident #4 bumped her and was and transferred to the hospital. The hospital completed an , and the resident #4's right was because of this . A review of the hospital record dated at 4:45 PM documented a to resident #4's right and a from the existing , from the , diagnosis. A facility note dated at 2:15 AM that resident #4 was found on her bedroom floor with and a gash on the top of her . Resident #4 said that she out of bed headfirst. 911 was called and the resident #4 was transferred to the hospital for further evaluation. The family and physician were notified. A review of the hospital record dated at 8 AM, documented treated the injury gash on top of her with cleaning the letting it air dry. No stitches were required. A facility note dated at 6:18 AM,	A 025		

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A 025	Continued From page 11 resident #4 was found on her bathroom floor at 4:45 AM. Resident #4 said that she lost her balance trying to pull up her pants after using the bathroom and hit her . An was observed on her . The paramedics were called and resident #4 was transferred to the hospital for further evaluation. The family and physician were notified. A review of the hospital discharge notes dated at 4:43 PM documented a on resident #4's was normal. No injury and bloodwork was good. No new orders and resident #4 was sent home to the facility. There was no documentation of any intervention implemented followed by a service plan to mitigate the multiple (3 within last 10 months). The facility did not provide a policy and procedures for risk residents. The Administrator stated that the facility does not have a policy and procedures. On at 2:15 PM, an attempted interview with resident #4. She was not feeling well and resting, also appeared to have some , and . On at 2:45 PM, an attempted telephone interview with the son. On at 2:57 PM, an interview with the Administrator confirmed the findings and further stated that resident #4's son lives out of state and hard to contact. (Photographic Evidence Obtained)	A 025		

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A 025	Continued From page 12 Class II	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY 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	A 030		

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A 030	Continued From page 13 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; 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	A 030		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 030	Continued From page 14 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. (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	A 030		

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	AL11911279	A. BUILDING: _____ B. WING _____	08/12/2025

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A 030	Continued From page 15 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 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	A 030		

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A 030	Continued From page 16 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 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	A 030		

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A 030	Continued From page 17 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; 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 facility's documentation, resident record review and interview, the facility failed {1}to appropriately respond and investigate for a resolution to a grievance and verbal complaint reported to management for 1 of 6 sampled residents (#1) and {2} the facility failed to provide a complete written procedure (missing) as required and only had an prevention policy only. Findings: 1. A review of resident #1's record revealed an admission date . The last 1823 Health	A 030		

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A 030	Continued From page 18 Assessment dated listed medical history of with acute exacerbation, Essential , Acute/ failure with , and Atherosclerotic of native without . She is dependent on the wheelchair with limited endurance due to condition and a risk. She's independent with activities of daily living (ADLs) with eating, grooming, toileting, transferring. Supervision with ambulation and bathing. She needs assistance with self-administration of medications. A written grievance dated that resident #1 was requesting another key for her room and reported that $50.00 went missing from her personal belongings. The Administrator responded to the written grievance on (same day) providing resident #1 another key for her room but the Administrator did not address and investigate the missing $50.00. Furthermore, the Administrator never responded and discussed this grievance with resident #1. A facility note dated at 4:15 PM by Medication Technician J documented had a long conversation with resident #1's son in law about the his mother in law having to clean up the shared bathroom with resident #2 would go into the bathroom and try to wipe herself after a movement but resident #2 would end up getting feces all over the sink, walls and in the bathtub. Resident #1 went into the bathroom and cleaned the bathroom. The son-in-law had requested to speak with the Administrator and the Manager about the situation, but they did not respond. The son-in-law said he was going to request his	A 030		

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A 030	Continued From page 19 mother-in-law be moved to another room. There was no documentation regarding the son-in-law's request to speak with the Administrator and the Manager regarding this matter. A facility note dated (12 days later) at 7:04 AM by Medication Technician K documented that resident #1 had and was during the night. Resident #1 stated she was feeling unwell. Medication Technician K gave resident #1 some crackers and sprite soda. Later, gave resident #1 her over the counter as resident #1 requested. The family and a message left at the physician office. Resident #1 did not want to go to the hospital. A facility note dated at 3:42 PM by the Administrator documented that resident #1 has not been feeling well today. She's unable to keep anything down and did not want to take any routine medications today. Fluids have been encouraged. Resident #1 complains that she continues to feel weak and some body aches. The physician's nurse practitioner authorized Emergency Medical Services ( ) to transport resident #1 to the emergency department (ED) for further evaluation. Notified family. A facility note dated at 7:15 PM by the Administrator documented that resident #1 returned from emergency department with diagnosis . She has a new prescription for . Extra fluids have been provided and encouraged. Resident #1 had a dose of her and remained resting in her room. The family and physician were notified. A facility note dated at 3:52 PM by the	A 030		

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A 030	Continued From page 20 Lead Care Coordinator documented that resident #1 was still not feeling well today. She tolerated her lunch today and was given ginger ale and Gatorade. Will continue to monitor. A facility note dated at 8:35 AM by Medication Technician J documented sent resident #1 out to the hospital to continue ◡ with after resident #1 asked to. Resident #1 was observed with and a . The temperature was not documented for . Resident #1 did not eat anything for breakfast. Notified family and left message with the physician. A facility note dated at 10:29 AM by Medication Technician L documented that resident #1 returned to the facility from the hospital, displaying & experiencing significant improvement. Resident #1 was in the hospital for 6 days. There were no new medication orders and resident #1 has resumed her daily routines. On at 11:25 AM, an interview with resident #1 said that she was missing $50.00 from her room when she first moved to the facility. A grievance was submitted about the $50.00 but the management never spoke to her about it and never returned the $50.00. Resident #1 was really upset that she had to clean the bathroom once before about a month ago after her neighbor resident #2 shared bathroom had an accident with a movement in the bathroom and feces were found on the walls, sink and in the bathtub. Resident #1 had to clean it up before she could use the bathroom or shower. Resident #1 said that she told the Manager and his resolution offered was to move into another room. Resident #1 told him no that she wanted to stay in her current room and did not want to move into	A 030		

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A 030	Continued From page 21 another room because her current room located in hallway 100 has larger rooms to fit her queen size bed in the shared room. On at 11:30 AM, a telephone interview with resident #1's daughter who had called her mother (resident #1) during the interview. The daughter stated that she was very involved with her mother and visited her mother almost every day at the facility. The daughter confirmed that her mother told management about the missing $50.00. The daughter said that her husband spoke to staff in about her mother cleaning up the bathroom after resident #2 had a movement accident. The daughter said that no housekeeping staff came in to do a deep cleaning after this incident. The daughter said that her and her husband came in and did a deep cleaning themselves but did not tell the management. It was explained to the daughter that anytime her mother (resident #1) has a complaint or grievance to immediately report it in writing to the Administrator. This makes the facility aware of the complaint and maybe can resolve it. The daughter agreed and understood. On at 6:20 PM, another telephone interview with resident #1's daughter very concerned that maybe when her mother (resident #1) cleaned the shared bathroom after resident #2 had a accident in where the feces was on the wall, sink and bathtub that shortly after that she realized that was probably why her mother (resident #1) may had got sick 10 days later in and resident #1 went to the hospital for 6 days. The daughter stated that she could not prove it but wanted it to be known the possibility. On at 12:27 PM, an interview with	A 030		

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A 030	Continued From page 22 Housekeeper G said that she was never asked if she could do a deep cleaning resident #1's bathroom, after resident #1 had reported to management that she cleaned the bathroom after another neighbor resident #2 used the bathroom and got feces all over the walls, sink and in the bathtub. Housekeeper G said that she saddened that resident #1 had to clean it herself and did not tell her. Housekeeper G offered to do a deep cleaning for resident #1 tomorrow because today she was covering for the Kitchen Director as he was in the hospital. Housekeeper G confirmed that there was no room or bathroom cleaning daily checklist and that she's assigned to clean different rooms every day but sometimes she will clean additional rooms if needed extra care or if a resident may have / accident. On at 1:15 PM, an interview with the Administrator confirmed that resident #1 was mostly speaking to the Manager about the cleaning of the bathroom incident and not her. The Administrator further stated that she did not follow up or did not investigate resident #1's missing $50.00 and apologized for the oversight. On at 2 PM, an interview with the Administrator confirmed there was no daily cleaning checklist for bathrooms, but she would create one for the residents' experiences with and toileting assistance. A review of the facility's grievance policy and procedures documented that any resident or family member is encouraged to verbally voice a grievance or complaint to a manager, associate at any time without apprehension or concerns about reprisal or incurring any unfair treatment. It is the policy of this community to provide the best possible service to the residents within the limits	A 030		

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A 030	Continued From page 23 of its license authorization, staffing and physical plant capabilities. A formal grievance system is available for submission of written grievances by the residents and the party responsible. The grievance forms are made available at the front desk. Additionally, any residents and responsible party who has a complaint may use the following grievance procedure: Step one-The resident or resident's family should submit a grievance explained fully to the Department or the Administrator. If there is no resolution to the matter or you did not feel comfortable discussing the matter with the community management, proceed to step two. Step two-The resident or responsible party can request further consideration of the grievance by submitting to the administrative Green Tree Assisted Living, LLC. d/b/a Sweet Water of Orlando to the attention of the Administrator. Step three-The Administrator may appoint a committee to review the nature of the grievance. The appointed Grievance Review Committee will within 5 days forward the findings and recommendations to the Owner or designee who will make a response to the resident within 5 working days. The facility did not follow their own grievance policy and procedures in responding to resident #1's complaints. 2. A review of the facility's incomplete prevention policy, referenced as policy statement A107. There were no written procedures for	A 030		

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A 030	Continued From page 24 of interventions implemented for allegations or confirmed allegations. On at 2:15 PM, an interview with the Administrator confirmed the facility's procedures were missing from the policy. (Photographic Evidence Obtained) Class III	A 030		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph;	A 055		

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A 055	Continued From page 25 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.	A 055		

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A 055	Continued From page 26 (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep all medications locked and secured in the medication cart located in the facility as required. Findings: An observation on at 11:35 AM, an overflow medication cart was in the middle of the 200 hallway near the window and was found unlocked. All the medications in the cart were unsecured and easy access for any residents and visitors to have access to the medications. On at 11:36 AM, an interview with the Lead Care Coordinator confirmed and observed the unlocked and open drawers of the overflow	A 055		

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A 055	Continued From page 27 medication cart. The medication cart was immediately locked and secured. On at 12:10 PM, an interview with the Administrator confirmed that the Lead Care Coordinator informed her about the overflow medication cart being found unlocked and unsecured. (Photographic Evidence Obtained) Class III	A 055		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such	A 081		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 081	Continued From page 28 training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911279	A. BUILDING: _____ B. WING _____	08/12/2025

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A 081	Continued From page 29 (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs.	A 081		

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A 081	Continued From page 30 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to provide in-service training for 1 of 9 sampled staff (A) within 30 days of employment as required. Findings: A review of Cook A's personnel record revealed a hire date of . Cook A resigned with a no call, no show on (almost 2 months of employment). In further review, Cook A was missing in-service training for: a) one-hour reporting and neglect training. b) one-hour resident rights training that was not	A 081		

Agency for Health Care Administration

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A 081	Continued From page 31 included in the 2-hour pre-service orientation training completed on . There was no documentation provided that these training courses were completed. On at 2:20 PM, an interview with the Administrator confirmed the findings. Class III	A 081		