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
	AL11969310	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(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 revisit to complaint investigation #2025007482 and generator monitoring were conducted on at Watermark at Vistawilla, Winter Springs. A deficiency was found at the time of the survey.	{A 000}		
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 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	A 152		

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
	AL11969310	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(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 152	Continued From page 1 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 interviews, the facility failed to provide a safe living environment for 20 residents who reside in a secure memory care unit ensuring mechanical and electrical systems are in good working order. Findings: On at 3:02 PM, caregiver F was asked the location of the door exited by resident #1 during the prior elopement. On at 3:05 PM, caregiver F escorted the surveyor to the exit door located near stating we've fixed the door, and the alarm will sound if opened. During the interview, caregiver F proceeded to explain why the piece of wood was added, preventing residents from putting their in the door frame to open. During this process she pushed the crash bar on the door to demonstrate how the delay should work if a resident attempted to exit. The door immediately opened, and caregiver F stated that should not happened. The door was closed and then reopened to determine if maybe it was not pulled tight. The door opened a 2nd time allowing the opportunity to exit the building without sounding the alarm. Caregiver F added, maintenance was working on the vents earlier today and they had the door opened and unlocked. Maybe they forgot to lock it .	A 152		

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
	AL11969310	A. BUILDING: _____ B. WING _____	R 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(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 152	Continued From page 2 A sign to the left of the exit door stated, "hold crash bar for 3 sounds, door will release after 30 seconds." On at 3:07 PM, the Memory Care Director stated after being notified by caregiver F that the door was not locked. She replied, "Maintenance was working on something earlier today outside. We were told to get all the residents off the hallway because the door would be unlocked and the alarm off. We did that and kept an , on the residents. I don't know when they finished as they did not tell us. A request was made to speak with the Maintenance Director about the door alarm. On 3:10 PM, the Program Director stated the Maintenance Director had a family emergency and is no longer here at the facility. He did not tell us when the third-party vendors were finished but he was with them the entire time. After resident #1 eloped we put cameras in, and we get notified on our cell phones if someone goes out the door. I can show you the report of the door being opened, closed and who was in the hallway. Review of the report revealed the door closed at 12:07:19 PM and opened again at 3:23 PM. The report indicates the door alarm was off for an approximation of 3 hours. During the tour there were 3 residents unsupervised on the 1001 hallway in their rooms. (photographic evidence obtained) Class III	A 152		