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
	AL11953263	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDER TERRACE GARDENS	26563 SANDHILL BLVD. PUNTA GORDA, FL 33983

(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 #2025011524 and emergency power plan monitoring survey was conducted at Alder Terrace Gardens on . Deficiencies were identified at the time of the survey.	A 000		
A 011 SS=D	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care practitioner, the resident must be discharged in accordance with Section 429.28, F.S. This Statute or Rule is not met as evidenced by: Based on interview, and record review, the facility failed to ensure a written notice of relocation or termination of residency was provided to each resident being discharged when the facility terminated their agreement as per 429.28 Florida Statutes (F.S.) for 1 (Resident #1) of 3 residents reviewed for discharge from the facility. Per F.S. 429.28(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. . . Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. . . In order for a facility to terminate the residency of an individual without m=notice as provided herein, the facility must show good cause in a court if competent jurisdiction.	A 011		

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A 011	Continued From page 1 The findings included: Review of the Facility's Assisted Living Facility (ALF) agreement page 6 Transfer Policies documented: "upon certification by the administrator or health care provider that the resident needs services beyond those which the facility is licensed to provide, the resident or responsible party will be notified in writing that the resident must make arrangements for immediate transfer to an appropriate care setting. If the resident has no person to represent her, the facility shall make referral to an appropriate social service agency for placement. If good cause is found for requiring the resident to seek transfer to a more appropriate facility, this facility reserves the right to wave the 30-day notice requirement and will determine the length of notice on an individual basis. Good cause may include behavior that is harmful to self or others or nonpayment of rent." Record review of Resident #1's record revealed three progress notes from to current: On at 9:42 a.m., "[name of home health agency] Needs her lower ." On at 12:12 p.m., "[Resident #1] was seen today, apparently, she looks fine, but she is still upset about her . I reassured her that she will get it soon according to my conversation with the staff members." On at 10:44 a.m., "Home Health Agency ... visited the patient today. Vitals were within normal limits (WNL), no concerns at the time. Patient stated is smoking less often. Patient stated is waiting for the , explained about the process and how many days it may take. Med Tech did not report any changes; patient has good appetite ... and is follow up with dentist	A 011		

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A 011	Continued From page 2 about the . Further record review of Resident #1's revealed an Involuntary Examination dated by an Advanced Practice Registered Nurse certifying that without treatment the resident would cause serious harm to self or others. A review of the Facility Admission and Discharge Log revealed Resident #1 was out of the facility on . Resident #1 was discharged from the facility on . On at 11:43 a.m., the Administrator said Resident #1's behaviors changed when she got the new . He said she began to try to elope without supervision. He said she was no longer appropriate for the facility, so he discharged her. He verified he did not issue a 45-day written notice of discharge to the resident or responsible party. The administrator said he did not document any of the behavior changes in the progress notes in the resident's record. On at 12:01 p.m., the Co-Owner said he issued a verbal 45-day notice of discharge to Resident #1's responsible party. He verified he did not issue a written notice. On at 12:57 p.m., Resident #1's responsible party said she was given a verbal notification of discharge, but was never given a written discharge notice. Class III	A 011		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 3 429.26 (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) 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.	A 025		

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A 025	Continued From page 4 (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 maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, or other changes that resulted in the provision of additional services for 1 (Resident #1) of 3 residents reviewed. The findings included: Review of Resident #1's health assessment (1823) dated revealed diagnoses of , major , , , dependence, dependence, , , Bradacardia, , and . The resident was not at risk for elopement risk and needs could be met by the assisted living facility. Review of the Physician's Progress Note dated revealed a significant change	A 025		

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A 025	Continued From page 5 in Resident #1, whereby the resident left the facility without permission or notifying staff. The resident was alert and oriented to person and place, guarded, somewhat irritable, perseverating, "I want my , I want to go home." Review of the Physician's Progress Note dated revealed Resident #1 was alert and oriented to person with , (unreasonably , suspicious, or mistrustful) and guarded (hesitant to reveal thoughts or feelings to others) behaviors. Resident #1 stated she did not need to be at the facility. Resident #1 stated her ex-sister-in-law came out to her window and put her up. Review of Resident #1's progress notes by the facility providing revealed 3 progress notes. There was no documentation of the behaviors included in the , progress notes, no attempts at elopement, nor behaviors of any other nature: On at 9:42 a.m. the progress note revealed Resident #1 was visited by the home health agency and the resident needed lower On at 12:12 p.m., the progress note revealed Resident #1 was seen today. The resident looks fine but is still upset about the . The facility reassured Resident #1 she would get the soon. On at 10:44 a.m., the progress note revealed Resident #1 was visited by the home health agency. Vital signs were normal and there were no concerns at the time. Resident #1 stated she is still waiting for . The medication technician did not report any changes. The resident has a good appetite and is to follow up with the dentist about the .	A 025		

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A 025	Continued From page 6 On at 11:43 a.m., during an interview, the Administrator said Resident #1's behavior changed when she got the new . He said the resident was no longer satisfied with being at the facility. He said several occasions Resident #1 tried to leave via the front doors without permission. He said as a visitor was leaving the facility, the resident would try to go out behind them. The Administrator said they did not document the changes in the progress notes. The Administrator verified the resident was discharged on without any written discharge notice due to the behaviors which were not documented. Class III .	A 025		