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
	AL11967546	A. BUILDING: _____ B. WING _____	C 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER SPRINGS LLC	8733 WEST YULEE DRIVE HOMOSASSA, FL 34448

(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
ZZ875	430.5025(4 & 7-9) Alzheimer disease/dementia; Training (4) Employees of covered providers must complete the following training for Alzheimer's disease and related forms of dementia: (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have Alzheimer's disease or related forms of dementia. (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of dementia, and skills for communicating and interacting with persons with Alzheimer ' s disease or related forms of dementia. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with Alzheimer's disease or related forms of dementia, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training. Such training must include, but is not limited to, understanding Alzheimer's disease and related forms of dementia, the stages of Alzheimer's disease, communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or hands-on experience to help develop and refine the employee's skills for caring for a person with Alzheimer's disease or a related form of dementia. The continuing education must cover at least one of the topics included in the dementia-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning technology chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, contracted, or referred to provide services before July 1, 2023, must complete the training required in this section before July 1, 2026. Proof of completion of equivalent training completed before July 1, 2023, shall substitute for the training required in subsection (4). Each person employed, contracted, or referred to provide services on or after July 1, 2023, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that each employee who provides personal care to or has regular contact with participants, patients, or residents completed a 1-hour training program on Alzheimer's Disease and Related Disorders (ADRD) provided by the Department of Elderly Affairs within 30 days after beginning employment for 1 out of 4 sampled employees (Staff B, Medication Technician.) The findings include: On 10/14/2025 at approximately 11:00 AM, during an interview with Director of Sales, requested missing training certificates for Staff B for	ZZ875		

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ZZ875	Continued From page 4 Alzheimer's Training (ADRD)- a one hour training video from Department of Elder Affairs (DOEA) that must be completed within 30 days of hire. She made notes and said she would look for those certificates. Review of the facility employee roster indicated Staff B's hire date was 09/04/2025. On 10/14/2025 at approximately 3:15 PM during an interview with Director of Resident Services, she said that the only available certificates for Staff B were in the employee folder the survey team received. She stated she could not find any other certificates. On 10/14/2025 at approximately 4:30 PM during an interview with the Administrator he stated that this facility used online training system for all staff trainings required by the government. He said the system did not notify them of the Department of Elderly Affairs training requirement. Review of the facility's employee training policy revealed that all employees are required to complete all assigned trainings within the designated time frames (Photographic evidence obtained). Class III	ZZ875		
A 000	Initial Comments An unannounced re-licensure survey with Emergency Power Plan monitoring and a complaint investigation (complaint number 2025013988) were conducted at Sunflower Springs, LLC on 10/13/2025 through 10/14/2025. The facility had deficiencies at the time of the survey.	A 000		

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A 010	429.26(1-3) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.	A 010		

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A 010	Continued From page 6 (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical restraint. 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006	A 010		

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A 010	Continued From page 7 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a stage 2 pressure sore may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:	A 010		

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A 010	Continued From page 8 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review and facility policy and procedure review the facility failed to reassess one resident (Resident #7) out of 10 sampled residents for a change of condition and meeting the criteria for continued residency	A 010		

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A 010	Continued From page 9 placing the resident's safety at risk. The findings include: On 10/13/2025 at 11:00 AM, the survey team entered the facility and observed a reception desk. There were no staff at the reception desk. The team had to call and wait for staff to return to the desk. During a dining observation on 10/13/2025 at 11:30 AM the Dietary Manager was interviewed. She stated she though there is a resident in the facility requiring memory care. She said that Resident #7 previously defecated in potted plants in the facility and had been wandering a lot. She said there was a recent elopement case (three months ago) that was already investigated. She confirmed that the facility does not have a secured memory care unit. During an interview with Resident #1 on 10/13/2025 at 11:50 AM, she expressed concerns regarding some demented residents that wander in the facility. She stated that there is no memory care unit in this facility. The resident thought some other residents belong in a memory care unit. During an interview with Resident #2 on 10/13/2025 at 12:00 PM, she stated she is hopeful about the new administration doing a better job about acting on grievances. The previous administration ignored complaints about some demented residents that wander in the facility. She expressed concern regarding some demented residents that wander in the facility. She stated that there is no memory care unit in this facility, the community is not gated, and the doors are not being locked.	A 010		

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A 010	Continued From page 10 During an interview with Resident #3 on 10/13/2025 at 12:10 PM she expressed concern regarding some demented residents that wander in the facility. She stated that there is no memory care unit in this facility. On 10/14/2025 at 1:00 PM, no staff were observed in the reception area. Staff was called, and a minute later a staff member walked out of the staff room behind the reception desk. A contracted construction worker was observed to walk through the front doors and into the building without being stopped by staff. The front doors opened automatically by a motion detector. During an interview on 10/14/2025 at 9:00 AM, the Administrator stated he is aware of one resident in the facility that wanders a lot. He stated he did not have the time to investigate the issue yet, but he planned to. He said residents that pose elopement risks should be placed in a memory care unit. He confirmed that this facility does not have a memory care unit. During a second interview on 10/14/2025 at 10:00 AM with the Dietary Manager, she stated that Resident #7 is demonstrating signs of dementia all day long - not just in the evenings. She has heard that Resident #7 has been found wandering in the hallways at night with no clothes on. She heard that the staff have found her used briefs in plotted plants. "When they bring her down for meals, they just leave her here and she does not know how to find her way back to her room. She follows other residents around the building. Yesterday they gave her a spoon, fork and knife when she ate her breakfast. She was observed trying to eat her cereal with a knife. She appears confused or terrified all of the time. She	A 010		

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follows other residents when they leave the dining room, but she doesn't know where she is going." The Dietary Manager does not think Resident #7 can find her way back to her room on the second floor.

On 10/14/2025 at 10:28 AM Resident #7's apartment was observed. The door to her apartment was not locked. She was not present. Her bed was covered with clean unfolded clothes. The kitchen had unwashed cups, glasses and dishes in and next to the sink. There was some clutter on tables in the living room.

During an interview on 10/14/2025 at 10:53 AM with Employee E, Medication Technician, she stated she thinks Resident #7 needs to be housed on a Memory Care unit. "She is confused all day long. Some days are worse than others. The night staff will tell her that the resident has been in the hallway with no brief or bottoms on during the night shift. She throws her clothes away. She thinks it's because she soils them. If taken to the restroom she will use the toilet. It's like she forgets to use the bathroom and then wanders because she needs to use the bathroom. She thinks the resident is not safe living here." She has documented this in her chart. She believes the previous Administrator knew about her behaviors and the Director of Resident Services is aware. There has been some discussion about moving Resident #7 to a memory care unit, but she thinks the resident's daughter is opposed to it.

During a telephone interview on 10/14/2025 at 11:14 AM with Employee G, Advanced Practice Registered Nurse (APRN) for Resident #7, he stated he last saw the resident on 05/30/2025. One of his colleagues, Employee H, APRN saw

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her most recently. He stated he could not comment about her cognitive status now. He remembered that she has dementia but has not evaluated her recently. He stated that the facility restricted his and his colleague's access to the electronic clinical record about three years ago so they cannot read the documentation about her wandering behavior when they do visit the facility. He does not know of any reports called in about her. There is a file at the facility that the staff will put a note in for the Practitioner to see a resident if needed. "We are made aware of new conditions. I was not made aware of any change of condition about [Resident #7]. They do a once-a-month check in. They try to keep a close eye on the residents. We do rely on the staff to tell us about changes of conditions. We check with the staff."

During an interview on 10/14/2025 at 11:31 AM with Employee I, Medication Technician, she stated she started working at this facility in February 2025. She feels Resident #7 is safe here and moving her to another facility might be harder on her than keeping her here. She confirmed that the resident has been disrobing and taking her soiled briefs off on the second floor in the hallway. She confirmed her documentation of the behavior.

An observation of the courtyard in the rear of the building was conducted on 10/14/2025 at 11:53 AM. The gate to the fence surrounding the back of the courtyard was not locked. The handle was a lever-type that was operational. The locking mechanism on the handle was broken. The gate was opened with no difficulty using the handle. Beyond the fence was a large undeveloped wooded area as far as the eye could see. No fence separated the wooded area from the facility

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A 010	Continued From page 13 property. During an interview with Resident #7 on 10/14/2025 at 12:25 PM, she was seated in a chair in the library holding a paper cup with several cookies in it. On the coffee table in front of her was a paper cup with coffee in it. She responded when greeted by name. She was dressed appropriately for the season. She appeared clean and well groomed. She stated she was fine and confirmed she was enjoying her coffee and cookies. She did not initiate any conversation and only answered questions with one-word answers. She appeared to be confused by the questions. On 10/13/2025 at 3:22 PM no staff were observed at the front desk. Staff and residents were observed entering and leaving the building unencumbered. On 10/14/2025 at 11:23 AM no staff were observed at the front desk. Staff and residents were observed entering and leaving the building unencumbered. On 10/14/2025 at 4:38 PM no staff were observed at the front desk. Staff and residents were observed entering and leaving the building unencumbered. During a telephone interview on 10/14/2025 at 4:14 PM with Employee H, APRN, she remembered Resident #7. She treated her for a urinary tract infection (UTI). She thinks that it was cleared up, and no UTI is present currently. The staff have told her that she is wandering but she does not feel it was her place to tell them that the resident needs to be moved. She usually sees her once a month. She saw her last in	A 010		

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A 010	Continued From page 14 September. At one point, she had a log-in to the electronic clinical record about 3 years ago. Six months later they took away their access. "It was helpful to know what is going on with the patient." She does not have to interrupt the staff either or print things. "We try to redirect them at first and keep them in a home like environment." Some of the documented entries in Resident #7's clinical record were read to her and then she stated, "There's probably enough there to justify moving her to a secure memory care unit." She confirmed that the facility is not fenced in the front of the property, and the front doors are open during the day. She did not think that she was on one-to-one supervision and could leave the building if she wanted to unobserved. During an interview on 10/14/2025 at 2:54 PM Employee A, Medication Technician stated that she has worked at this facility for 9 years. She works full time. When asked about her documentation in the clinical record for Resident #7, she stated "She definitely needs memory care. She does not remember where her room is. I would not take her on an outing without a one-to-one (staff supervision). She takes her clothes off often and takes her clothes out of her dresser and puts them on the bed. She does not use the toilet on her own. She will use a garbage can so that is why we don't leave one in her room. She hides briefs. She will pull her pants down and remove her soiled brief and sometimes she pulls it out without pulling her pants down. She hides the briefs under the cushions of the furniture in the hallway on the second floor. She has been found to be naked from the waist down in the hallway. She sometimes has a robe on but no bottoms. She has been trained to tell the Director of Resident Services if there is a change of condition. This is a drastic change of condition.	A 010		

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A 010	Continued From page 15 It started about 4 months ago." She has informed the Director of Resident Services and the former administrators. She stated that Resident #7 sits outside with another resident in the front of the building. As far as she knows, Resident #7 has not attempted to leave the property. She confirmed that Resident #7 walks without the use of an assistive device or staff assistance. During a telephone interview on 10/14/2025 at 3:49 PM, the daughter of Resident #7 stated that the Care Coordinator of the facility calls her from time to time. She called her in September 2025, but she did not mention any wandering behavior. "They don't contact me very often. I would think that if it's not a problem, that's why they are not calling me." She stated her mother wanted to stay in Florida and those are her wishes. "I don't want to put her in lockdown. I feel that she is safe." She stated the staff are supposed to help her with bathroom issues and showers. They call and remind her if she needs to come down for meals. She was told her mother was having "potty problems around the facility." She thought it was corrected. She was aware that her mother had been treated for a UTI in August. The staff asked her to stop buying her mother food/snacks because she doesn't know what to do with them. She saw her mother last in June 2025. She is scheduled to come to see her at the end of the month. "She was wearing pads and didn't know what to do with them. I switched her to depends. We started paying them more for showers and keeping her clean. My mom is really good about pretending nothing is wrong. She tends to not communicate with others well." She stated that she had not been made aware of any changes in her mother's condition. During a telephone interview on 10/14/2025 at	A 010		

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A 010	Continued From page 16 4:31 PM with the Director of Resident Services, she stated that Resident #7's daughter is aware that her mother might need more care. Resident #7 is not exit-seeking. "My plan is to call her this evening. When she visited last time, we discussed that her decline would go that route." She feels that Resident #7 needs to be in a secure unit. "There should be a new assessment done. She has declined to the point she needs to move." She confirmed that the providers do not have access to the electronic clinical record. During the exit conference on 10/14/2025 at 4:45 PM, the Administrator acknowledged that he had not addressed the behaviors/concerns about Resident #7. He has only been employed for one week. He stated he was not aware of the broken locking mechanism on the gate to the courtyard. Review of the clinical record for Resident #7 revealed a daily log for documentation by the staff. The entries read: 06/03/2025 5:55 AM. Resident is w[a]ndering and walking with wet briefs. Life alert in reach. 08/02/2025 12:05 PM. Resident is still w[a]ndering tonight. She has been redirected back to room twice. Life alert in reach. 08/03/2025 1:10 AM. Resident is wandering the halls. Redirected her back to her room. Life alert in reach. 08/04/2025 6:12 AM. Resident had to be redirected back to her room. Life alert in reach. 08/05/2025 12:54 AM. Resident had to be redirected back to room twice. Life alert in reach. 08/11/2025 10:05 PM. Resident was redirected back to her room from the chapel. Resident is sticking used wipes in the plants on 2nd floor. Life alert in reach. 08/11/2025 12:56 AM. Resident is still wandering at night. Resident is hiding used briefs in Chapel.	A 010		

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A 010	Continued From page 17 Life alert in reach. 08/12/2025 6:33 AM. Resident was redirected twice back to room. Resident is still hiding used briefs. Resident was escorted down to library. Life alert in reach. 08/15/2025 1:24 AM. Resident was redirected back to room. Resident is still hiding used briefs and rotten banana pe[e]ls in plants and under chair cushions. Life alert in reach. 08/15/2025 10:51 PM. Resident redirected back into her room currently laying on her couch. Life pendant in reach. 08/15/2025 5:35 AM. Resident was very restless tonight. Resident was directed back to room several times. Resident w[a]ndered downstairs and very confused of her surroundings. Life alert in reach. 08/17/2025 11:19 PM. Resident was redirected back to her room. Life alert in reach. 08/18/2025 2:11 AM. Resident was w[a]ndering around again and was on the first floor. Resident escorted back to her room. Life alert in reach. 08/18/2025 6:40 AM. Resident was escorted down to library this morning. Resident is still hiding used briefs on first floor and second floor. Life alert in reach. 08/19/2025 8:24 PM. Resident continues to w[a]nder the floor looking for places to hide her garbage. Redirected several times this shift. Assisted into pajamas and into bed. Life alert in reach. 08/21/2025 3:32 AM. Resident is continuing to wander the halls at night. Going into the chapel to hide her fruit and briefs. Resident has been directed back to her room twice. Pendant in reach. 08/22/2025 10:34 AM. Resident started antibiotics today. Resident is putting used briefs and trash in planters. Life pendant in reach. 08/22/2025 12:16 AM. Resident is still wandering.	A 010		

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A 010	Continued From page 18 Resident had to be redirected back to room. Resident is still hiding used briefs. Life alert in reach. 08/23/2025 10:45 AM. Resident was seen by Primary Care Specialist on 8/21. Resident was seen for UTI. Resident had urine collection. Signs of positive. Antibiotic sent to pharmacy. 08/23/2025 5:21 AM. Resident is still wandering at night. Resident redirected 3 times back to room. Resident is still hiding briefs. Life alert in reach. 08/24/2025 10:10 AM. Resident urinated in her trash can and put in hallway window. Resident continues on antibiotic. 08/24/2025 4:21 AM. Resident is still wandering at night. Resident had bowel movement in chapel. Life alert in reach. 08/24/2025 6:21 AM. Resident was escorted down to library this morning. Resident tis hiding used briefs behind the flower on the first floor nest to 1st elevator. Life alert in reach. 08/29/2025 6:20 AM. Resident is doing well. Resident is still wandering and leaving her used briefs and also putting dirty clothes under cushions of chairs. Resident was assisted with dressing and escorted down to library. Life alert in reach. 09/01/2025 9:51 PM. Resident has been wandering tonight. Resident was redirected several times already tonight. Life alert in reach. 09/01/2025 2:08 PM. Resident is doing well. Resident is still wandering and leaving her used briefs and also putting dirty clothes under cushions of chairs. Life pendent in reach. 09/05/2025 3:55 AM. Resident is still wandering halls at night. Resident was redirected back to her room. Resident is still hiding clothing and used briefs on second floor and in chapel. Life alert in reach. 09/05/2025 6:12 AM. Resident was assisted with	A 010		

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A 010	Continued From page 19 dressing this morning. Resident has been redirected several times back to room overnight. Resident escorted down to library. Life alert in reach. 09/06/2025 3:39 AM. Resident has been redirected through second floor halls, hiding toilet paper and garbage. Life pendant in reach. 09/06/2025 6:23 PM. Resident had bowel movement in front of med. cart. Resident has been redirected to her room. Resident is trying to use her key to get into other residents apartments. 09/08/2025 4:59 AM. Resident only redirected one time during shift. 09/10/2025 2:57 PM. Resident has been redirected on 2nd floor halls to her apartment. Hiding toilet paper and brief. Life pendant in reach. 09/11/2025 6:40 AM Late Entry** Resident was redirected back to room a couple times throughout the night. 09/17/2025 2:25 PM. Resident observed in hallway without pants or brief x 2. Redirected back to her room. Assisted with toileting and getting brief/pants on. Life pendant in reach. 09/20/2025 9:46 AM Resident is still wandering and leaving her used briefs, trash and clothes under cushions of chairs also in chapel. Live pendant in reach. 09/24/2025 6:13 AM. Resident was assisted with dressing. Resident is still hiding used briefs everywhere. Life alert in reach. 09/28/2025 6:10 PM. Resident continues to wander and follow other residents around. Down for meals. Redirected several times thought the shift. Life pendant in reach. 09/28/2025 6:47 AM. Resident is still holding used briefs everywhere. Resident was assisted with dressing this morning and escorted down to library for breakfast. Life alert in reach.	A 010		

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A 010	Continued From page 20 09/29/2025 6:22 PM. Resident is following other residents to their room and putting trash and dirty brief in front of residents doorways. Redirect resident to her room and TV is on. Life pendant in reach. 10/03/2025 1:02 AM. Resident continues to w[a]nder the halls and hide used briefs. Life alert in reach. 10/09/2025 4:57 AM. Resident was wandering the halls during the nighttime. Asking for her mother and emotional. Consoled resident and redirected back to her room. 10/11/2025 5:52 PM. Resident was observed walking in hallway without brief or pants. Brief found under chair cushion in hallway. Resident redirected back to room, cleaned up and new pants put on. Down for meals. Life pendant in reach (Photographic evidence obtained). Review of the Resident Health Assessment (Form 1823) dated 09/17/2024 for Resident #7 revealed she was diagnosed with dementia, and she was not assessed as being an elopement risk. She was independent in ambulation, bathing, dressing, eating, self-care, toileting and transferring (Photographic evidence obtained). Review of the Resident Care Plan for Resident #7 revealed the resident was last assessed on 10/08/2025. The care plan read: Need: Neurocognitive. Action: No judgement issues. Resident makes appropriate decision, can solve problems and respond to major life changes. Resident does not require assistance with grooming/personal hygiene. Requires assistance with medications. Must be reminded to take medication and treatments. Does not know medication routine. Requires stand by assistance for toileting tasks. Wears adult briefs. Communication: Severe Impairment. Resident is	A 010		

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A 010	Continued From page 21 unable to communicate or receive information; has continuous difficulty following instructions using the telephone, writing letters and other communication devices. The Clinical Summary read: Resident is oriented to self only. She is not able to make her needs known. She is incontinent of bowel and bladder. She requires assistance with bathing, dressing and grooming, toileting and medications (Photographic evidence obtained). Review of the facility policy and procedure for Wandering and/or Elopement Residents 3.05, effective 05/01/2026, revised 04/01/2019, revealed it read: I. PURPOSE To identify residents who are at risk for harm because of wandering, exit-seeking behavior, and/or elopement. II. POLICY This policy is to be followed when a resident has been identified or observed as a high risk for wandering and/or exit-seeking behavior and/or has previously eloped. Identification for high risk is by using the Resident Service Evaluation. Every effort will be made to monitor wandering residents while maintaining the least restrictive environment for the residents who are at high risk for elopement. III. DEFINITION OF ELOPEMENT Elopement is defined as when a resident leaves the community property beyond the perimeter of the parking lot who has not verbally informed the community of their plans for returning to the community or have not signed out. IV. PROCEDURE Lobby doors will be secured by shift leader by sundown if no front desk staff is present. Residents who are at risk for harm because of wandering and/or elopement will be evaluated at the time of admission as defined in the Resident	A 010		

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A 010	Continued From page 22 Care and Service Assessment. The ED and/or Director of Resident Services will re-evaluate the resident to determine what changes have occurred that would trigger elopement episodes. If the resident's condition has changed since their initial admission to the community, the services to be provided will be modified to reflect that the resident has been identified as a wanderer and/or is at risk for elopement episodes. Interventions designed to mitigate elopement episodes will be addressed and if appropriate for continued stay at the community, then the Resident Service Plan will be modified to reflect those interventions. Statement of Understanding agreement should be implemented on a resident at high risk as well as attempting to keep identification on the resident. If a competent resident is determined to be missing after 6 hours or if a memory impaired resident is discovered to be missing, a search shall begin immediately. Refer to Elopement Drill Procedure. Upon admission, a picture with Residents name written on it will be taken of a resident who is identified as a risk for wandering and/or elopement. This picture will be kept in a binder with the resident's face sheet in the reception area. If after a resident's admission the community determines that a resident becomes "at risk" for wandering, exit-seeking or elopement, this same step will be implemented (Electronic copy obtained). Class III	A 010		
A 081	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service	A 081		

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A 081	Continued From page 23 429.52 (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 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.	A 081		

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A 081	Continued From page 24 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) 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 infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents	A 081		

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A 081	Continued From page 25 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 abuse, neglect, and exploitation. The facility must use its abuse 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. 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	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967546	A. BUILDING: _____ B. WING _____	C 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER SPRINGS LLC	8733 WEST YULEE DRIVE HOMOSASSA, FL 34448

(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 26 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 interview and record review, it was determined the facility failed to ensure staff who provide direct care to residents received 3 hours of in-service training within 30 days of employment related to resident behavior and needs, and providing assistance with activities of daily living (ADLs) for 1 out of 4 sampled staff (Staff B, Medication Technician.) The findings include: Review of the facility's employee roster indicated Staff B's hire date was 09/04/2025. On 10/14/2025 at approximately 3:15 PM, an interview was conducted with the Director of Resident Services. She stated that the only available certificates for Staff B were in the employee folder the survey team received. She could not find any other certificates. On 10/14/2025 at approximately 4:30 PM, during an interview with the Administrator, he stated that this facility used online training system for all staff trainings required by the government. Review of the facility's policy revealed that all employees are required to complete all assigned trainings within the designated time frames (Photographic evidence obtained).	A 081		

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
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A 081	Continued From page 27 Class III	A 081		