

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11970314</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTHSTONE WILDWOOD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10422 REGATTA BLVD</b><br><b>OXFORD, FL 34484</b> |                                                                                                                          |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| CZ815                                                           | <p>408.809(1)(3-8); 435.02(2); 435.06 FS<br/>Background Screening; Prohibited Offenses</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:</p> <p>(a) The licensee, if an individual.</p> <p>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.</p> <p>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.</p> <p>(d) Any person who is a controlling interest.</p> <p>(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or contracting with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.</p> <p>(3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The</p> | CZ815                                                                                         |                                                                                                                          |  |                                                                    |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| CZ815                                                           | <p>Continued From page 1</p> <p>qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.</p> <p>(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an arrest awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:</p> <p>(a) Any authorizing statutes, if the offense was a felony.</p> <p>(b) This chapter, if the offense was a felony.</p> <p>(c) Section 409.920, relating to Medicaid provider fraud.</p> <p>(d) Section 409.9201, relating to Medicaid fraud.</p> <p>(e) Section 741.28, relating to domestic violence.</p> <p>(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.</p> <p>(g) Section 784.03, relating to battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.</p> <p>(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.</p> <p>(i) Section 817.234, relating to false and fraudulent insurance claims.</p> <p>(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.</p> <p>(k) Section 817.50, relating to fraudulently</p> | CZ815                                                                          |                                                                                                                          |                          |                                                                    |

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| CZ815                                                           | Continued From page 2<br><br>obtaining goods or services from a health care provider.<br>(l) Section 817.505, relating to patient brokering.<br>(m) Section 817.568, relating to criminal use of personal identification information.<br>(n) Section 817.60, relating to obtaining a credit card through fraudulent means.<br>(o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.<br>(p) Section 831.01, relating to forgery.<br>(q) Section 831.02, relating to uttering forged instruments.<br>(r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.<br>(s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.<br>(t) Section 831.30, relating to fraud in obtaining medicinal drugs.<br>(u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.<br>(v) Section 895.03, relating to racketeering and collection of unlawful debts.<br>(w) Section 896.101, relating to the Florida Money Laundering Act.<br>If, upon rescreening, a person who is currently employed or contracted with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible | CZ815                                                                          |                                                                                                                          |                          |                                                                    |

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| CZ815                                                           | <p>Continued From page 3</p> <p>to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.</p> <p>(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.</p> <p>(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:</p> <ol style="list-style-type: none"> <li>Does not have an active professional license or certification from the Department of Health; or</li> <li>Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.</li> </ol> <p>(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.</p> <p>(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria</p> | CZ815                                                                                         |                                                                                                                          |  |                                                                    |

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| CZ815                                                           | <p>Continued From page 4</p> <p>relating to retaining fingerprints pursuant to s. 943.05(2).</p> <p>(8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.</p> <p>435.06 Exclusion from employment.-</p> <p>(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.</p> <p>(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any vulnerable person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any vulnerable person that would place the employee in a role that requires background screening unless the employee is granted an</p> | CZ815                                                                          |                                                                                                                          |                          |                                                                    |

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| CZ815                                                           | Continued From page 5<br><br>exemption for the disqualification by the agency as provided under s. 435.07.<br>(b) If an employer becomes aware that an employee has been arrested for a disqualifying offense, the employer must remove the employee from contact with any vulnerable person that places the employee in a role that requires background screening until the arrest is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.<br>(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.<br>(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with vulnerable persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.<br>(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed.<br>(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or arrest for a disqualifying offense listed under this chapter, | CZ815                                                                                         |                                                                                                                          |  |                                                                    |

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| CZ815                                                           | <p>Continued From page 6</p> <p>terminates the person against whom the report was issued or who was arrested, regardless of whether or not that person has filed for an exemption pursuant to this chapter.</p> <p>435.02 Definitions.-For the purposes of this chapter, the term:</p> <p>(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 staff member, Staff A, of 8 sampled staff members had obtained a clear Level II background screening before hire at the facility.</p> <p>Findings include:</p> <p>Review of the facility staff roster revealed Staff A was hired by the facility as a Memory Care Aide on 8/26/2025.</p> <p>Review of Staff A's Level II background screening record showed Staff A's Agency for Health Care Administration eligibility status as "Agency Review Required."</p> <p>During interview on 10/13/2025 at 2:08 PM, the facility Business Manager confirmed she had not recognized that Staff A's background screening required further action to be processed.</p> <p>Unclassified</p> | CZ815                                                                                         |                                                                                                                          |  |                                                                    |
| A 000                                                           | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000                                                                                         |                                                                                                                          |  |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11970314</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>10/14/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HEARTHSTONE WILDWOOD</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10422 REGATTA BLVD</b><br><b>OXFORD, FL 34484</b>                            |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| A 000                                                           | Continued From page 7<br><br>An unannounced complaint investigation (complaint numbers 2025010708, 2025011890, and 2025014115) was conducted at Hearthstone of Wildwood on 10/13/25 through 10/14/25. Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 000                                                                          |                                                                                                                          |                          |                                                                    |
| A 055<br>SS=D                                                   | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(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.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>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;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>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 | A 055                                                                          |                                                                                                                          |                          |                                                                    |

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| A 055                                                           | Continued From page 8<br><br>other residents, or<br>6. The facility's rules and regulations require<br>central storage of medication and that policy has<br>been provided to the resident before admission<br>as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other<br>locked storage receptacle, room, or area at all<br>times;<br>2. Located in an area free of dampness and<br>abnormal temperature, except that a medication<br>requiring refrigeration must be kept refrigerated.<br>Refrigerated medications must be secured by<br>being kept in a locked container within the<br>refrigerator, by keeping the refrigerator locked, or<br>by keeping the area in which the refrigerator is<br>located locked;<br>3. Accessible to staff responsible for filling<br>pill-organizers, assisting with self-administration<br>of medication, or administering medication. Such<br>staff must have ready access to keys or codes to<br>the medication storage areas at all times; and,<br>4. Kept separately from the medications of other<br>residents and properly closed or sealed.<br>(d) Medication that has been discontinued but<br>has not expired must be returned to the resident<br>or the resident's representative, as appropriate,<br>or may be centrally stored by the facility for future<br>use by the resident at the resident's request. If<br>centrally stored by the facility, the discontinued<br>medication must be stored separately from<br>medication in current use, and the area in which it<br>is stored must be marked "discontinued<br>medication." Such medication may be reused if<br>prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has<br>ended, the administrator must return all<br>medications to the resident, the resident's family,<br>or the resident's guardian unless otherwise | A 055                                                                                   |                                                                                                                          |  |                                                                    |

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| A 055                                                           | <p>Continued From page 9</p> <p>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).</p> <p>(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.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to properly dispose of expired medications within 30 days for 2 of 9 residents reviewed for medication storage and disposal, Resident #4 and Resident #5.</p> <p>Findings include:</p> <p>Review of facility records for Resident #4 revealed the resident was admitted on 3/13/2024 with diagnoses that included unspecified dementia, Gastroesophageal reflux, unspecified atrial fibrillation, and frequent UTI (urinary tract infection.) Review of the resident's medications revealed they included trazodone 50 mg (milligram) tablets, take a half tablet (25 mg) by mouth at bedtime, and tramadol HCL (hydrochloride) 50 mg tablets, take 1 tablet by mouth twice daily as needed for pain.</p> <p>Observation of the medication cart containing</p> | A 055                                                                                         |                                                                                                                          |  |                                                                    |

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| A 055                                                           | <p>Continued From page 10</p> <p>Resident #4's medication revealed a pill card ("blister pack") of tramadol 50 mg tablets. The label on the pill card read, "Disc. [discard] After: 08/02/2025." (Photographic evidence obtained.)</p> <p>Review of facility records for Resident #5 revealed the resident was admitted on 3/03/2025 with diagnoses that included Alzheimer's disease, unspecified dementia, chronic kidney disease stage 3, osteoporosis, Vitamin D deficiency, hypothyroidism, and hyperlipidemia. Review of the resident's medications revealed they included Vitamin D3 50 mcg (microgram) (2,000 IU [international units]) tablets, take 1 tablet by mouth three times per week.</p> <p>Observation of the medication cart containing Resident #5's medication revealed a pill bottle of Vitamin D3 50 mcg tablets. The bottom of the bottle was imprinted with the expiration date, which was written as "02/25." (Photographic evidence obtained.)</p> <p>During an interview on 10/13/2025, the Health and Wellness Director stated she was unaware that her duties included auditing the medication carts. She stated that at her previous employer, the pharmacies performed medication audits.</p> <p>Class III</p> | A 055                                                                          |                                                                                                                          |                          |                                                                    |