

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/01/2025
NAME OF PROVIDER OR SUPPLIER STRIVE AT FERN PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 7255 STRIVE PL FERN PARK, FL 32730		
(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 (#2025012429) and generator monitoring was conducted on at Strive at Fern Park. A deficiency was found at time of the visit.	A 000			
A 030 SS=D	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030			

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030			

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . for health care services, the provision of or arrangement of transportation to health care . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030			

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030			

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to prevent misappropriation of funds for 1 of 2 sampled residents (#1). Findings: Ina record review of resident#1's health assessment dated , it revealed a medical history of , and gait instability, and resident requires assistance with medication.	A 030		

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A 030	Continued From page 6 In a review of the internal report of the incident, it states on _____, resident#1 went to her bank with the facility's driver, and she was notified of fraud on her bank account. The resident was shown on several occasions there were web and telephone transfers that the resident did not recognize and there was a facility staff name attached to the transaction (Staff A). The charges were not paid to the staff's credit card company. On _____ at 12:30pm law enforcement was called. Staff A denied the allegations. In an interview on _____ at 10:45am with staff D, stated she was not here when it happened. She stated staff A called her the day law enforcement came and asked what was going on with the police in the building. She stated staff A stated that her supervisor called her to come in because the police were at the facility. She stated staff A stated that resident#1 needed help to pay her bills and she helped her. She stated she admitted that she used some of the money for her own bills. She stated she went and informed the wellness director about what staff A told her. She stated she is aware that it is the policy to not help the residents with their financial matters. She stated staff A was also aware of this policy and we go over that on every in service we have. She stated she has never witnessed any _____, neglect or _____ from staff. In an interview on _____ at 11am with staff F, she stated staff A was a good worker and took care of the residents. She stated she had no idea she could do something like that. She stated she is aware of the policy that any financial questions the residents may have are to be directed to management. She stated we are not allowed to accept gifts or assist residents with their bills or make out checks for them. She stated resident#1	A 030			

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A 030	Continued From page 7 had mentioned that staff A took her money but that was after law enforcement had investigated the incident. She stated she has never witnessed any , neglect or , from staff. In an interview on at 11:15am with the department of children and families investigator, stated staff A denied all allegations and stated that was not her name on victim's bank statement. She stated law enforcement is involved and is looking into the connection of funds from resident#1's account to staff A's accounts. In an interview on at 12pm with resident #1 stated staff A was always attentive to her and she never had a problem with her. She stated all the staff are very good and kind to her. She stated she noticed money was missing from her account and there were charges she did not recognize. She stated she reported it to the staff and law enforcement came and made a report. She stated she does not see well and needs assistance with her bills and making out checks. She stated staff A would help her make out the checks and call the bank for her to dispute charges. She stated she did not know at the time that staff A was taking her funds out of her account. She stated staff A was terminated after this incident occurred. She stated her friend from church is now assisting her with her bills, she stated her power of attorney does not see her often and he is hard to reach by phone but is aware of the incident. In an interview on at 12:45pm staff D stated she this was brought to her attention when staff A called her stating she was getting in trouble for helping resident #1 with her bills. She	A 030			

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A 030	Continued From page 8 stated resident#1 tried to pay a bill and her card was declined. The resident is visually . . . She stated she let the administrator know and staff A was brought into the office, and she denied any allegations. Staff A was suspended pending an investigation. After the investigation she was then terminated. Staff A was a helpful person and very good at her job. The resident never mentioned that staff A was helping with her bills. She stated the resident resides on the assisted living side. In a review of the Seminole County Law enforcement report documented the following: On _____ dispatched to facility for fraud at 3:26pm. Administrator started she was notified at 11:30 am on _____ that resident#1 was a victim of fraud. According to bank statements there was approximately 30,000 dollars in excess charges on her account. Resident #1 stated she did not recognize the charges on her bank statement. Investigation is ongoing. In an interview on _____ at 1pm with the administrator, she confirmed the above findings, but stated the allegation still has not been proven that staff A took any money from resident #1's account. However, it does lean that way. She stated staff A was terminated due to the allegation. Photographic evidence obtained Class III	A 030			