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
	AL11965474	A. BUILDING: _____ B. WING _____	10/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEKIWA SPRINGS	203 S WEKIWA SPRINGS ROAD APOPKA, FL 32703

(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
ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	ZZ821		

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ZZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	ZZ821		

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ZZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility review and interview, the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident, and 15 calendar days after the occurrence of an incident for 1 of 4 sampled residents (#1). Findings: A record review of resident #1, who resides in a memory care unit revealed a facility admission date on . A 1823 health assessment revealed a medical history of , , and receiving hospice services. Further review revealed the resident had a ( ) dated in her chart and several copies located on the of her room door. An Orange County Fire Rescue report dated stated resident #1's clinical impression as with a level of service as advanced life support. Emergency 27 (E27) and Rescue 27 (R27) responded for a , (y/o) female with a chief complaint of . On at 11:17 AM, Licensed Practical	ZZ821		

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ZZ821	Continued From page 4 Nurse E (LPN) documented at 9:05 AM, during breakfast resident was unresponsive. Resident was sent to emergency room (ER). On at 9:04 AM, the Administrator stated she was not working at the facility during the time of the incident. Stating, she was told by the POA that Staff I did not believe it was reportable and therefore did not submit an adverse report. Further stating she didn't know one could be submitted from so long ago. On at 10:25 AM, Staff I stated LPN E called 911 and did not call hospice or the family until after the incident. Staff I added, during a conference call with the POA, he stated the advance directives were not given to the paramedics and was administered. On at 3:54 PM, the POA stated he spoke with the doctor at the hospital and was told that the EMTs conducted . On at 1:18 PM, during a phone conference exit, the Administrator and Director of Nursing confirmed the findings. Class III	ZZ821		
A 000	Initial Comments A complaint investigation #2025014941 and generator monitoring was conducted at Brookdale Wekiwa Springs on - . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment	A 008		

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A 008	Continued From page 5 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.	A 008		

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A 008	Continued From page 6 (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , , , require such	A 008		

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A 008	Continued From page 7 assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a	A 008		

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A 008	Continued From page 8 medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination	A 008		

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A 008	Continued From page 9 for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of . . . . or , , . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an AHCA Form, 1823 Health Assessment that had the correct information completed by the healthcare provider as required for 1 of 4 sampled resident (#1). Findings: Review of resident #1's 1823 health assessment revealed the medical examiner's telephone number and address of the examiner was blank. There was no documentation to indicate the facility contacted a health care provider to obtain the missing information.	A 008		

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A 008	Continued From page 10 On at 2:31 PM, the Director of Nursing stated, "I don't have one for her, referring to resident #1's updated 1823." On at 1:18 PM, during a phone conference exit, the Administrator and Director of Nursing confirmed the findings. (photographic evidence obtained) Class III	A 008		
A 010 SS=D	429.26( ) 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 010		

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A 010	Continued From page 11 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. (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 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	A 010		

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A 010	Continued From page 12 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 (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 -to- 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 may be retained provided that:	A 010		

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A 010	Continued From page 13 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 ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 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	A 010		

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	AL11965474	A. BUILDING: _____ B. WING _____	10/24/2025

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A 010	Continued From page 14 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 record reviews and interviews, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 2 of 4 sampled residents (#2, #4) as required in an assisted living facility (ALF). Findings: On at 9:43 AM, during the entrance conference the Director of Nursing identified resident #2 and #4 as residents' receiving hospice services. 1. A record review of resident #2 revealed a facility admission date on . A 1823 health assessment indicated a medical history of , personal history of other of the nervous system, sense and no indication resident #2 was receiving hospice services. A facility note on at 3:43 PM read, phone call from Vitas. Power of Attorney (POA) called Vitas to request a nurse come to evaluate resident. A facility note on at 1:53 PM read, spoke to Vitas & POA regarding potential ER visit.	A 010		

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A 010	Continued From page 15 A facility note on at 6:02 PM read, resident was admitted to Vitas Hospice Team 195. 2. A record review of resident #4 revealed a facility admission date on . An 1823 health assessment revealed a medical history of injuries from a mechanical and , , , , ( ), , control, and no indication resident #4 was receiving hospice services. A facility note on at 8:57 AM read, this nurse followed up with Vitas Hospice regarding resident right , , . A facility note on at 4:52 PM read, nurse notified Vitas Hospice. A facility note on at 5:37 PM read, resident is now with Vitas Hospice. On at 12:16 PM, the Director of Nursing stated yes, "I know we do not have an 1823 for residents 2 & #4." Adding, she has been working with Vitas to get the updated 1823's for both. On at 1:18 PM, during a phone conference exit, the Administrator and Director of Nursing confirmed the findings. (photographic evidence obtained) Class III	A 010		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007	A 030		

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A 030	Continued From page 16 (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. (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;	A 030		

Agency for Health Care Administration

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A 030	Continued From page 17 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. 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,	A 030		

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A 030	Continued From page 18 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. (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	A 030		

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A 030	Continued From page 19 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 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. (l) 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,	A 030		

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A 030	Continued From page 20 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 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	A 030		

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A 030	Continued From page 21 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 observation, record reviews, and interviews, the facility failed to treat 1 of 5 sampled residents with consideration, respect, and due recognition of personal dignity by honoring a (#1). Findings: A record review of resident #1, who resides in a memory care unit revealed a facility admission date on . A 1823 health assessment revealed a medical history of , , and receiving hospice services. Further review revealed the resident had a { } dated in her chart and several copies located on the of her room door. An Orange County Fire Rescue report dated stated resident #1's clinical impression as	A 030		

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A 030	Continued From page 22 with a level of service as advanced life support. Emergency 27 (E27) and Rescue 27 (R27) responded for a (y/o) female with a chief complaint of . Assisted Living staff stated that she was not and not breathing. They started ( ) and were getting the automated external defibrillator ( ). Patient ( ) was AAOx0. had a Glascow scale (GCS) of 9. The airway was patent. breathing went and forth from elevated to normal. The had a strong radial . Full to assessment was performed and there were no found abnormalities. was transported to Advent Health Apopka for further care. Upon arrival was not in progress and was lying in bed. had a , and was breathing. had a valid ( ). was lifted from the bed to the stretcher with 2x person carry. was secured to the stretcher and waist straps. was given ( ) at 2 liters per minute (2LPM) via . 20 Gauge ( ) was established in the 's left . was given 250 milliliters (ml) of normal (NS). vitals were monitored throughout transport. Upon arrival , was lifted from the stretcher to the bed via 3x person sheet carry. care and report was transferred over to the nursing staff. The Advent Health Apopka report dated at 9:25 AM read, arrived via emergency medical services ( ) from memory care. was eating breakfast sitting in a wheelchair when she suddenly became unresponsive. Staff began and called for . Upon arrival was concluded. was unresponsive but movement was noted to painful stimuli. given NS . At 9:28 AM, read with , on arrival. At 9:35 AM, the report noted given during	A 030		

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A 030	Continued From page 23 transportation. A continuation of the report read at 9:48 AM, discussed the patient's . Patient's son does express that he recently discussed the patient's status with resident #1 and she continues to wish to not be intubated nor receive , nor receive , medications. At 1:21 PM, discharged with clinical impressions, primary, other , , , acute , , unspecified , (HCC), acute . The Care Manager notified , is imminent and will be returned to Brookdale Wekiwa on crisis care. The facility's ( ) Policy last revised on notated Brookdale will honor ( ) orders, Physician Orders for Life Sustaining Treatment (POLST), Medical Orders for Life Sustaining Treatment (MOLST), Physician Orders for Scope of Treatment (POST), and/or any state specific form and process (together " Order/POLST"). The communities will attempt to provide copies of the resident's Order/POLST to emergency personnel, other licensed health care facilities or appropriate parties when a resident is transferred. The nurse or designee will maintain system of identification of the residents' Order/POLST upon move-in and periodically thereafter. Associates should receive training on Orders/POLST as required by state regulation. On a facility note at 7:04 PM read, resident was taken off crisis care with Vitas Hospice after Vitas registered nurse (RN) came to the facility this morning to see resident. A review of Vitas Updated Comprehensive Assessment dated , revealed Education on End of Life was provided by the Vitas RN.	A 030		

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A 030	Continued From page 24 On at 11:17 AM, Licensed Practical Nurse E (LPN) documented at 9:05 AM, during breakfast resident was unresponsive. Resident was sent to emergency room (ER). Power of Attorney (POA)/Vitas Hospice was made aware. On at 5:39 PM, LPN E documented at 4:30 PM, resident returned from hospital, alert and . Resident is now on Crisis Care (Vitas Hospice) Comfort care continues. POA is aware. On at 10:24 AM, Caregiver A identified resident #1 as a hospice resident, stating she was not present when resident #1 was found unresponsive. She added, if a resident is on hospice we do not do . We're to call hospice first and let them direct us. If a resident is found unresponsive and has a . We do not do . On at 10:30 AM, an attempt was made to interview resident #1 to determine if she recalls the event from . Resident #1 stated, "I don't remember going to the hospital and today is not a good day." Further adding, "I may have, but I don't remember." On at 10:33 AM, Caregiver C stated I just started working in memory care and was not here when resident #1 was found unresponsive. "I know if a resident is on hospice we're to call hospice first to get directions before sending them out." The policy is to not do unless the resident is a full code. On at 10:42 AM, Caregiver D stated she mostly works in assisted living, but she did hear about resident #1. The caregiver added if a	A 030		

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A 030	Continued From page 25 resident is on hospice we're to call them first. If a resident is found unresponsive, we're to call the nurse on duty first. If no nurse is here. I'm going to call hospice. I know we're not to do on the residents who have the that are on hospice unless they're a full code. On at 9:04 AM, the Administrator stated she was not working at the facility during the time of the incident. She stated she did her own investigation but did not write anything down. Further adding, she was told by prior staff that Vitas did an in-service with the staff on the end of life. On at 9:12 AM, the Director of Nursing stated when a resident is sent out. The facility sends the sheet, med list, and the . Adding, she was not sure what documents were provided with the EMT for resident #1's transport as she was working at the facility during that time. On at 9:23 AM, the Vitas RN stated the facility called 911, then called the Vitas office. Resident #1 was transferred to the hospital, and the hospital returned her the same day. The Vitas RN added she came out to the facility to assess resident #1 and did an end-of-life training with the staff that was present but did not document the names of the caregivers present. On at 10:25 AM, Staff I (former administrator) stated LPN E called 911 and did not call hospice or the family until after the incident. Staff I added, during her conference call with the POA, he stated the advance directives were not given to the paramedics and was administered. Staff I explained, Vitas did their own investigation and confirmed that was not conducted on the resident by the paramedics	A 030		

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A 030	Continued From page 26 or the hospital. The nurse (referring to LPN E) at the facility did not do on the resident. On at 10:45 AM, the Vitas RN stated no one did on the resident at the facility, the hospital, or the paramedics. The resident did not have any broken after speaking with the doctor at the hospital. After arriving at the facility, a full assessment of resident #1 was completed and there was no . On at 10:54 AM, LPN E stated the Caregivers F and H came to her that day telling her resident #1 was unresponsive. The resident appeared and was as white as a ghost. When resident #1's was checked she had one. So, we took her out of the dining room to her room. Caregiver H called 911. The paramedics came and took her vitals. LPN E stated she went upstairs to call resident #1's POA and gather the documents for transport. After returning to the memory care unit, copies of the , med list, and sheet were provided to the paramedics. Further adding, no was performed while the paramedics were at the facility. Resident #1 had a and was breathing when she left the facility. We usually get help and call hospice for the residents on hospice. LPN E added, she does not remember if she called hospice or realized resident #1 was on hospice. On at 12:20 PM, Caregiver H stated she was serving in the kitchen in memory care. When she turned around, resident #1 was a little slumped over in her wheelchair. The resident was removed from the dining room table. Caregiver H added that the resident had a , so me and Caregiver F took the resident to her room. LPN E was called to come and check her. Caregiver H stated, "she knew resident #1 was on hospice,	A 030		

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	AL11965474	A. BUILDING: _____ B. WING _____	10/24/2025

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A 030	Continued From page 27	A 030		

had a , and we're to call hospice first." Adding, "But the way she was looking, 911 was called because she needed help." The was behind the door and was provided to the emergency medical technicians (EMT) along with the sheet. The facility did not perform . The caregiver stated she did not see the EMT performing while at the facility. The EMT still transferred resident #1 and she had a , when she left.

On at 1:20 PM, the Vitas Supervisor stated their office spoke with the hospital and was told that the resident did not present any upon arrival which supports no was administered. We did our own assessment, did not find any which supports the findings.

On at 3:25 PM, Caregiver F stated she was working in the memory care dining room with Caregiver H that day. While serving, she left to go to the main kitchen. After returning, she saw resident #1 was not looking well. Caregiver F continued by stating that with the assistance of Caregiver H the resident was taken to her room. The caregiver stated no one did while she was in the room with resident #1. LPN E was called to come and check the resident and had Caregiver H to call 911. Resident #1 had a , while she was at the facility. Caregiver F stated she was only in the room with the resident while LPN E went upstairs to get the paperwork. The caregiver replied, she does not know if the was provided or if anyone did after leaving the room.

On at 3:54 PM, the POA stated he spoke with the doctor at the hospital and was told that the EMTs conducted . The POA added

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A 030	Continued From page 28 that the facility did not follow protocol by contacting hospice first for direction in care. This is a violation of resident #1's advanced directives. Resident #1 had a , which she gets often which may cause her to appear unresponsive. The facility failed to honor resident #1's or contact Vitas Hospice when resident was found unresponsive. (photographic evidence obtained) On at 1:18 PM, during a phone conference exit, the Administrator and Director of Nursing confirmed the findings. Class III	A 030		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.	A 162		

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A 162	Continued From page 29 (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌣ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff,	A 162		

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A 162	Continued From page 30 or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this	A 162		

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A 162	Continued From page 31 arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain the interdisciplinary care plan and other documentation for 3 of 4 sampled residents demographics for hospice services (#1, #2, #4). Findings: 1. Review of resident #1's record revealed a facility admission date on . A 1823 health assessment revealed receiving hospice nursing services including the initial plan of care for hospice admission dated . Further review of resident #1's admission record under other information revealed the hospice start date blank and the resident information emergency contact sheet did not include the hospice contact information. 2. Review of resident #2's record revealed a facility admission date on . An 1823 health assessment revealed no indication resident #2 was receiving hospice services or an	A 162		

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A 162	Continued From page 32 interdisciplinary care plan was obtained. Further review of revealed resident #2's record did not contain an admission record and the emergency contact sheet indicated none for hospice. 3. Review of resident #4's record revealed a facility admission date on . An 1823 health assessment revealed no indication resident #4 was receiving hospice services or an interdisciplinary care plan was obtained. Further review of resident #4's admission record under other information revealed the hospice start date blank and the resident information emergency contact sheet did not include the hospice contact information. On at 2:37 PM, the Director of Nursing stated the admission record is what is used as the sheet when a resident is sent to the hospital. After she reviewed the two documents in question identifying the missing information. She replied, "So, you're saying we need to update those fields?" On at 1:18 PM, during a phone conference exit, the Administrator and Director of Nursing confirmed the findings. The facility failed to follow the regulations by ensuring the residents' records obtained a complete demographics sheet for those receiving hospice services. (photographic evidence obtained) Class III	A 162		