

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965480	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/27/2025
NAME OF PROVIDER OR SUPPLIER SPRING HILLS HUNTERS CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 TOWN CENTER BLVD. ORLANDO, FL 32837		
(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 re-licensure survey, Complaint Investigation #2025014985 and a generator monitoring were conducted at Spring Hills Hunter's Creek Assisted Living Facility and Memory Care with Limited Nursing Services (LNS) on . The facility had deficiencies at the time of the survey visit.	A 000			
A 052 SS=D	429.256(); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . . . syringe that is prefilled with the proper dosage by a pharmacist and an . . . that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her	A 052			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 052	Continued From page 1 (d) Applying _____ medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, _____, or _____ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	A 052			

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A 052	Continued From page 2 dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.	A 052			

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A 052	Continued From page 3 (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record. 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to report medication refusals to a health care provider for 2 of 7 sampled resident's (#1 and #14.)	A 052			

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STREET ADDRESS, CITY, STATE, ZIP CODE

SPRING HILLS HUNTERS CREEK

**3800 TOWN CENTER BLVD.
ORLANDO, FL 32837**

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A 052	Continued From page 4 Findings: 1. Review of resident #1's health assessment form (1823) revealed the resident needed assistance with medication self-administration. The resident and MOR revealed resident refused on and 2. Review of resident #14's health assessment form 1823 revealed the resident needed assistance with medication self-administration and had a medical history of type II. Review of the residents' and MORs revealed resident refused the following medications: 8 PM on and 8 AM Lispro on and on There was no documentation on either of the MORs or the residents' records to indicate the refusals were reported to a health care provider. On at 1:30 PM, the findings were discussed with the Director of Resident Care. On at 2:07 PM the Director of Resident Care said she does not have any additional documentation. The facility's medication policy revised on indicated the health care provider will be	A 052		

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A 052	Continued From page 5 notified should residents refuse their medications. (photographic evidence obtained) Class III	A 052			
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known _____ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical _____, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054			

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A 054	Continued From page 6 medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the medication observation record (MOR) for 2 of 7 sampled residents (#1 and #14) was updated to reflect why a medication was not given. Findings: 1. Review of resident #1's health assessment form (1823) revealed the resident needed assistance with medication self-administration. Review of the residents' and MOR revealed "9," which meant "other/see progress notes." "Other/ see progress notes" was documented for the following medications: on , and on , and 2. Review of resident #14's health assessment form 1823 revealed the resident needed assistance with medication self-administration and had a medical history of Review of the residents' and MOR revealed "9," which meant "other/see progress notes", was documented for the following:	A 054		

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A 054	Continued From page 7 9 AM medications on _____ and _____ _____ on _____ , and _____ Neither the MOR's nor the progress notes for both residents had documentation explaining why the medications were not given. On _____ at 1:30 PM, the findings were discussed with the Director of Resident Care. On _____ at 2:07 PM the Director of Resident Care said she does not have any additional documentation. (photographic evidence obtained) Class III	A 054			
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing	AN278			

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AN278	Continued From page 8 services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a written progress report that described the type, amount, duration, scope, and outcome of services that were rendered and the general status of the residents' health for 2 of 2 sampled residents (#13 and #15) who received a Limited Nursing Service (LNS.) Findings: During an interview on _____ at 9:30 AM, the Administrator provided a list of residents who received an LNS. Resident #13 for _____ and a _____ and resident #15 for _____. A review of the facility's LNS policy, revised _____, revealed _____ and _____ were listed as services offered by the facility. The policy indicated nursing progress notes would be maintained for each resident who received an LNS. Observations made on _____ at 9:59 AM, revealed resident #13 received _____ at 2 Liters Per Minute (LPM) via a _____. The resident said he continuously used it. A _____ was draining clear, amber _____. Observations made on _____ at 12:12 PM, revealed resident #15 received _____ at 2 LPM via _____. The resident said she _____.	AN278			

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AN278	Continued From page 9 continuously used it. A review of resident #13's record revealed a health care provider's order, dated _____, for _____ at 2 LPM. A review of resident #15's record revealed a health care provider's order, dated _____, for _____ at 2 LPM and a _____. Neither resident's record contained nursing progress notes that described the type, amount, duration, scope, and outcome of services that were rendered and the general status of the residents' health related to the nursing services. During an interview on _____ at 12:08 PM, the Director of Resident Care said resident #13 did not have nursing progress notes. During an interview on _____ at 12:55 PM, the Director of Resident Care said resident #15 did not have nursing progress notes. During an interview on _____ at 3:55 PM, nurse D said she was unaware that nursing progress notes were required. Class III	AN278			