

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE BLAKE AT LPGA

**1635 N WILLIAMSONBLVD
DAYTONA BEACH, FL 32117**

(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 relicensure survey with extended congregate care (ECC) monitoring and complaint investigation (complaint numbers 2025007513, 2025000945 and 2024015829) was conducted at The Blake AT LPGA August 12, 2025 and August 13, 2025. Deficiencies were identified at the time of the survey.	A 000		
A 090	59A-36.011(11) FAC Training - Do Not Resuscitate Orders (11) DO NOT RESUSCITATE ORDERS TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding DNROs within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure that 3 of 3 sampled employees received at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders (DNROs) within 30 days after employment. (Employee A, B and C) The findings include:	A 090		

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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NAME OF PROVIDER OR SUPPLIER THE BLAKE AT LPGA			STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N WILLIAMSONBLVD DAYTONA BEACH, FL 32117		
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A 090	Continued From page 1 Record review of the employee file for Employee A, hired 1/31/2024, found evidence of a .5 hour training in the facility's policies and procedures regarding DNRO's. Record review of the employee file for Employee B, hired 9/1/2023, found evidence of a .5 hour training in the facility's policies and procedures regarding DNRO's. Record review of the employee file for Employee C, hired 11/11/2024, found evidence of a .5 hour training in the facility's policies and procedures regarding DNRO's. The findings were confirmed on 8/12/2025 at 2:35 PM during an interview with the Director of Business Operations. She was asked if she had any additional DNRO training for the three employees and she stated they only had the .5 hours. Photographic evidence obtained. Class III	A 090			