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 |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

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| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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| ZZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Investigation:<br>1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity.<br>(c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse.<br>1. Before January 1, 2024, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made.<br>2. Effective January 1, 2024, initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. | ZZ814 | | |

AHCA Form 3020-0001

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

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| ZZ814 | Continued From page 1<br><br>(d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; sex; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to accurately and timely initiate changes in status of employment for 3 of 4 employee reviewed, Employees B, C, and D.<br><br>The findings include:<br><br>1. Record review of the employee records for Employee B revealed her date of hire was 1/1/2025. Review of the Agency for Health Care Administration background screening clearinghouse results for Employee B, revealed her employment began 4/14/2023 and ended 8/18/2023. The roster did not indicate the employee was currently employed.<br><br>Record review of the employee records for Employee C revealed she was hired on 7/3/2024. Review of the Agency for Health Care Administration background screening results clearinghouse for Employee C found she was | ZZ814 | | |

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| ZZ814 | Continued From page 2<br><br>hired 6/7/2023. Her employment was listed as ending 1/24/2024.<br><br>An interview with the Business Office Manager (BOM) on 11/4/2025 at 12:35 PM, the BOM stated Employee B had previously worked at the facility. The BOM stated she did not know Employee B's actual dates of past employment and termination. She further stated she was able to determine when she was paid and she had been paid on 9/8/2023 and from 1/6/2024 until 3/8/2024 and was not paid again until after her rehire date of 1/1/2025. She also confirmed the incorrect information in the roster regarding Employee C's hire date.<br><br>2. Record review of the employee records for Employee D revealed her date of hire was 10/20/2021 and she was terminated from employment on 4/25/2025. Record review of the Agency for Health Care Administration background screening results provided by the Administrator for Employee D indicated she was hired to work at the facility on 10/20/2021 and ended her employment on 9/23/2025.<br><br>An interview with the Administrator on 11/4/2025 at 2:00 PM confirmed the employee was terminated on 4/25/2025 but the end date in the Agency for Health Care Administration Background Screening system was incorrectly listed as 9/23/2025.<br><br>Photographic evidence obtained.<br><br>Unclassified | ZZ814 | | |
| ZZ875 | 430.5025(4 & 7-9) Alzheimer disease/dementia; Training | ZZ875 | | |

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| ZZ875 | Continued From page 3<br><br>(4) Employees of covered providers must complete the following training for Alzheimer's disease and related forms of dementia:<br>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have Alzheimer's disease or related forms of dementia.<br>(b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department.<br>1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of dementia, and skills for communicating and interacting with persons with Alzheimer ' s disease or related forms of dementia. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion.<br>2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies.<br>3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider.<br>(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each | ZZ875 | | |

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| ZZ875 | Continued From page 4 | ZZ875 | | |

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with Alzheimer's disease or related forms of dementia, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training. Such training must include, but is not limited to, understanding Alzheimer's disease and related forms of dementia, the stages of Alzheimer's disease, communication strategies, medical information,

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| ZZ875 | Continued From page 5<br>and stress management.<br>3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or hands-on experience to help develop and refine the employee's skills for caring for a person with Alzheimer's disease or a related form of dementia. The continuing education must cover at least one of the topics included in the dementia-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning technology chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.<br>(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request.<br>2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. | ZZ875 | | |

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| ZZ875 | Continued From page 6<br><br>(7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.<br>(8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board.<br>(9) Each person employed, contracted, or referred to provide services before July 1, 2023, must complete the training required in this section before July 1, 2026. Proof of completion of equivalent training completed before July 1, 2023, shall substitute for the training required in subsection (4). Each person employed, contracted, or referred to provide services on or after July 1, 2023, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure 2 of 2 employees, Employee B and C, received the required Alzheimer's training provided by the Department of Elder Affairs within the mandated timeframe.<br><br>The findings include:<br><br>Record review of the employee file for Employee B, hired 1/1/2025, found no evidence Employee B received the required Alzheimer's training, including the one hour video within 30 days of hire, or the required additional training within 6 months of hire. The only training in the employee file was a 4-hour training on Alzheimer's and | ZZ875 | | |

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| ZZ875 | Continued From page 7<br><br>related disorders on 3/1/2023.<br><br>Record review of the employee file for Employee C, hired 7/3/2024, found no evidence that the employee had any Alzheimer's training.<br><br>The findings were confirmed during an interview with the Administrator on 11/4/2025 at 1:28 PM, he was notified of the findings and asked to provide evidence of the training. At the time of the exit conference with the Administrator on 11/4/2025 at 5:35 PM, evidence of the training had not been provided.<br><br>Class III | ZZ875 | | |
| A 000 | Initial Comments<br><br>A relicensure survey and complaint investigation (complaint numbers 2025015252, 2025005916, 2025006144, 2025007680 and 2025008156) was conducted at Alba Court Residences on November 4, 2025.<br><br>Deficiencies were identified at the time of the survey. | A 000 | | |
| A 056 | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal | A 056 | | |

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| A 056 | Continued From page 8<br>drug containers, then the following information must be recorded on each individual container:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.<br>(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.<br>(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.<br>(e) A nurse may take a medication order by telephone. Such order must be promptly | A 056 | | |

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| A 056 | Continued From page 9<br><br>documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.<br>(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.<br>(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure that prescriptions were refilled in a timely manner for 2 of 3 residents sampled for | A 056 | | |

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| A 056 | Continued From page 10<br><br>assistance with self-administration of medication.<br><br>The findings include:<br><br>1. The October Medication Observation Record (MOR) for Resident#2, who was also observed getting assistance with self-administration of medication from Employee A, Med Tech, at 2:04pm on 11/4/25, revealed the following: Morphine 30 mg ( for pain) was not available on October 5, 17 or 18. Acetaminophen 650 mg tablet (for pain) was not available on October 5, 6,7 or 8. Photographic evidence obtained.<br><br>2. An observation was made of Employee A providing assistance with self-administration of medication to Resident #14 on 11/4/25 at 4:55 pm. She reviewed the MOR and obtained a tablet of Gabapentin 400 milligrams (mg) and one tablet of Calcium 600 mg-vitamin D 10 mg. She stated that Bupropion 75 mg ( for depression) was not available, and added the Refresh Tears 0.5% eye drops were in the resident's room. She provided the resident with the 2 tablets but could not locate the drops. The resident was not notified that her Bupropion was not available.<br><br>In an interview on 11/4/25 at 4:57 pm, Employee A stated that when medications were not available, she would re- order from the pharmacy and notify the nurse. She confirmed that Bupropion was ordered on 11/03/2025 and not available.<br><br>Review of the October MOR revealed that Gabapentin, Lisinopril and Keppra were checked as not available on October 4, 5 and 6. Photographic evidence obtained.<br><br>The facility policy title Pharmaceutical Services, | A 056 | | |

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| A 056 | Continued From page 11<br><br>revised 08/25/2015, revealed the following: "The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration or medication administration are refilled in a timely manner." Photographic evidence obtained.<br><br>Class III | A 056 | | |
| A 081 | 429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service<br><br>429.52<br>(1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record.<br>(b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).<br>(c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). | A 081 | | |

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| A 081 | Continued From page 12<br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 | A 081 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 081 | Continued From page 13<br>hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use its abuse prevention policies and procedures when offering this training.<br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must | A 081 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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| A 081 | Continued From page 14<br><br>receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on employee record review and staff interview, the facility failed to ensure 1 of 3 employees reviewed, Employee C, received the required education and training to work in the direct care position held.<br><br>The findings include:<br><br>Record review for Employee C, hired 7/3/2024 as a Med Tech, found no evidence the facility provided preservice orientation of at least 2 hours prior to working with residents. Additionally there was no evidence of training/education in the following areas: infection control training, incident reporting training, emergency procedures training, infection control training, activities of daily living and behavioral needs training, or safe food handling training. | A 081 | | |

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|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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| A 081 | Continued From page 15<br><br>During an interview with the Administrator on 11/4/2025 at 1:28 PM, he was notified of the findings and asked to provide evidence of the trainings. At the time of the exit conference with the Administrator on 11/4/2025 at 5:35 PM, evidence of the training had not been provided.<br><br>Class III | A 081 | | |
| A 082 | 59A-36.011(4) FAC Training - HIV/AIDS<br><br>(4) HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on HIV and AIDS, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on employee record review and staff interview, the facility failed to ensure that 1 of 3 employees reviewed, Employee C, received training in Human Immunodeficiency/Acquired immune Deficiency Syndrome (HIV/AIDS) within 30 days of employment.<br><br>The findings include:<br><br>Record review for Employee C, hired 7/3/2024 as a Med Tech, found no evidence the employee received training in HIV/AIDS. | A 082 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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| A 082 | Continued From page 16<br><br>During an interview with the Administrator on 11/4/2025 at 1:28 PM, he was notified of the findings and asked to provide evidence of the training. At the time of the exit conference with the Administrator on 11/4/2025 at 5:35 PM, evidence of the training had not been provided.<br><br>Class III | A 082 | | |
| A 078 | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis.<br>2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care | A 078 | | |

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|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

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|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 078 | Continued From page 17<br><br>provider indicating that the individual does not constitute a risk of transmitting a communicable disease.<br>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to obtain documentation verifying freedom from signs or symptoms of | A 078 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 078 | Continued From page 18<br><br>communicable disease for 2 of 3 employees reviewed, Employee B and C.<br><br>The findings include:<br><br>Record review for Employee B, hired 1/1/2025 as a Med Tech, found no evidence of communicable disease statement.<br><br>Record review for Employee C, hired 7/3/204 as a Med Tech, found no evidence of a communicable disease statement.<br><br>The Administrator was notified on 11/4/2025 at 1:28 PM, the communicable disease statement was missing from the employee files. At the time of the exit conference with the Administrator on 11/4/2025 at 5:35 PM, the information was still not provided.<br><br>Class III | A 078 | | |
| A 083 | 59A-36.011(5) FAC Training - First Aid and CPR<br><br>(5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation | A 083 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 083 | Continued From page 19<br><br>for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on staff interview and record review, the facility failed to ensure a staff member who with current credentials in First Aid and Cardiopulmonary Resuscitation (CPR) was always working in the facility to ensure the safety of the 74 residents.<br><br>The findings include:<br><br>A review of the employee schedule provided ranging from 10/19/2025 through 11/1/2025, and 11/2/2025 through 11/15/2025, revealed Employee B worked at the facility from 6:45 PM to 7:15 AM and Employee C worked from 6:45 AM to 7:15 PM.<br><br>Record review for Employee B and C found no evidence they had completed courses in First Aid and CPR.<br><br>The Administrator was notified on 11/4/2025 at 1:28 PM that Employee B and C did not have evidence of CPR and First Aid training in their employee files. He was notified that if neither of the employees had CPR and First Aid training, he would need to show that there was someone working in the facility at all times with these credentials.<br><br>The Administrator was asked again for proof of | A 083 | | |

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|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 083 | Continued From page 20<br><br>the First Aid and CPR coverages on 11/4/2025 at 4:09 PM. On 11/4/2025 at 5:20 PM the Resident Care Director was able to provide evidence that four employees had CPR training: Employees E, F, G and H. Of these, only Employee H had First Aid training too. The Resident Care Director stated she worked at the facility as the only nurse Monday through Friday from 8:00 AM until 5:00 PM and later as needed. She further stated she was the only nurse and confirmed when she did not work, there was no one in the facility during the day shift with First Aid training.<br><br>A review of the employee schedule revealed Employee E, F and G worked the 6:45 AM-7:15 PM shift and Employee H worked the 6:45 PM to 7:15 AM shift. Further record review of the schedule found Employee H did not work 10/19/2025 through 10/22/2025 and 10/29/2025 through 11/5/2025 leaving no one in the building with CPR or First Aid coverage.<br><br>Photographic evidence obtained.<br><br>Class III | A 083 | | |
| A 084 | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must | A 084 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 084 | Continued From page 21<br>meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for infection control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic and nasal dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires | A 084 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 084 | Continued From page 22<br><br>judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>h. Assist residents with insulin syringes that are prefilled with the proper dosage by a pharmacist and insulin pens that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with nebulizers;<br>j. Use a glucometer to perform blood glucose testing;<br>k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels;<br>l. Apply and remove anti-embolism stockings and hosiery;<br>m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and,<br>n. Measurement of blood pressure, heart rate, temperature, and respiratory rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education | A 084 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 084 | Continued From page 23<br><br>training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.<br><br>429.52<br>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training<br><br>This Statute or Rule is not met as evidenced by:<br>Based on employee record review and staff interview, the facility failed to ensure 1 of 2 employees (Employee B) received the initial 6-hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.<br><br>The findings include:<br><br>Record review of the employee file for Employee B found she was hired to work at the facility on 1/1/2025 as a Med Tech. Further record review found no evidence of medication training.<br><br>During an interview with the Administrator on | A 084 | | |

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|---|---|---|---|
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|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

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|---|---|---|---|---|
| A 084 | Continued From page 24<br><br>11/4/2025 at 1:28 PM, he was notified of the findings and asked to provide evidence of the training. At the time of the exit conference with the Administrator on 11/4/2025 at 5:35 PM, evidence of the training had not been provided.<br><br>Class III | A 084 | | |
| A 090 | 59A-36.011(11) FAC Training - Do Not Resuscitate Orders<br><br>(11) DO NOT RESUSCITATE ORDERS TRAINING.<br>(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.<br>(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.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled employees, Employee C, received training of at least one hour of training in the facility's policies and procedures regarding Do Not Resuscitate Orders (DNROs) within 30 days after employment.<br><br>The findings include:<br><br>Record review for Employee C, hired 7/3/2024, | A 090 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | AL11969886 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBA COURT RESIDENCES | 115 WASHINGTON ST NEW SMYRNA BEACH, FL 32168 |

| (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 090 | Continued From page 25<br><br>found no evidence Employee C received training in the facility's policies and procedures regarding DNRO's.<br><br>During an interview with the Administrator on 11/4/2025 at 1:28 PM, he was notified of the findings and asked to provide evidence of the training. At the time of the exit conference with the Administrator on 11/4/2025 at 5:35 PM, evidence of the training had not been provided.<br><br>Class III | A 090 | | |