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 |
|---|---|---|---|
| | AL11963725 | A. BUILDING: _____ B. WING _____ | 11/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ELISON ASSISTED LIVING OF BELLA VITA | 1420 EAST VENICE AVENUE VENICE, FL 34292 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced emergency power plan and complaint investigation #2025000018, #2025002716, and #2025011204 was conducted at Elison Assisted Living at Bella Vita on 11/19/25 through .<br><br>Deficiencies were identified at the time of survey.<br>. | A 000 | | |
| A 032 SS=H | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement | A 032 | | |

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| A 032 | Continued From page 1<br><br>at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.<br>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,<br>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to ensure residents deemed an elopement risk have identification on their persons to include their name, the facility's name, address, and telephone number for 4 | A 032 | | |

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| A 032 | Continued From page 2<br><br>(Resident #2, #3, #4, #7) of 4 elopement risk residents reviewed.<br><br>The findings included:<br><br>Record review of the facility records revealed an Elopement Binder with pictures and documentation for Residents #2, #3, #4, and #7 indicating them to be an elopement risk..<br><br>On at 9:15 a.m., Resident #2 was observed sitting in the dining area. Resident #2 was not observed to have any identification on her person to include her name, the facility name, address and telephone number.<br><br>On at 9:15 a.m., during an interview, Resident #2 said she has never worn any identification and has never been asked to wear one. Resident #2 said that she did not know how long she had been there and had a bad memory.<br><br>On at 10:15 a.m., Resident #4 was observed in the first-floor common area. Resident #4 was not observed to have any identification on her person to include her name, the facility name, address and telephone number..<br><br>On at 10:15 a.m., during an interview, the daughter of Resident #4 said that Resident #4 has never been given an identification bracelet.<br><br>On review of Resident #2's record revealed a Resident Health Assessment Form 1823 dated with a diagnosis of , , , fasting , high , carotid , , urge , sleep , remote | A 032 | | |

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| A 032 | Continued From page 3<br><br>deficiency and and a behavioral status of mild .<br><br>On review of Resident #3's record revealed a Resident Health Assessment Form 1823 dated with a medical history of , , , , , , and .<br><br>On review of Resident #4's record revealed a Resident Health Assessment Form 1823 dated with a medical history and diagnoses of , II, , , , , , , Mild , , , , and .<br><br>On review of Resident #7's record revealed a Resident Health Assessment Form 1823 dated with a medical history and diagnosis of , , , , , .<br><br>On at 1:15 p.m., during an interview, the Director of Nursing (DON) said that it's not something that's practiced here in regards to wristbands for elopement risk residents. the DON said that none of her elopement risk residents have any identification nor have they ever since she has been working here. The DON said Residents #2, #3, #4, and #7 were Elopement Risk residents.<br><br>On at 11:47 a.m., during an interview, the DON said she uses the medical history and diagnosis section of the 1823 to determine whether or not they are at risk for elopement. as a diagnosis for her relates to elopement risk. She also looks at the ambulatory level of the resident to determine whether or not they are actually at risk physically for elopement. | A 032 | | |

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| A 032 | Continued From page 4<br><br>On at 2:40 p.m., during an interview, the Director of Nursing acknowledged that her elopement risk residents' need to have ID on per regulation that includes their name, the facility name, address and telephone number.<br><br>Class III | A 032 | | |
| A 152 SS=H | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, | A 152 | | |

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| A 152 | Continued From page 5<br><br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems and appurtenances are maintained in good working order.<br><br>The findings included:<br><br>On , during a facility tour of the facility the following was observed:<br><br>1. On the first floor hallway on the north side of the building near the elevator, there were several large stains in the carpeting observed with a distinct smell of .<br><br>2. near the elevators and in the hallways on the 2nd floor, there were several stains observed in the carpeting along with a foul odor coming from the carpeting.<br><br>3. The carpet in the dining room was observed to be heavily soiled and stained.<br><br>On at 9:50 a.m., during an interview, Resident #11 said the carpets are dirty in the | A 152 | | |

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| A 152 | Continued From page 6<br><br>hallways and need to be replaced. Resident #11 stated, "They are gross."<br><br>On at 10:15 a.m., during an interview, the daughter of Resident #4 said that the carpet is old and in need of a facelift.<br><br>On at 2:05 p.m., during an interview, Resident #9 said the carpet is dirty and at this point it can't get clean.<br><br>On at 9:45 a.m., during an interview, Resident #14 said the carpets are disgusting. Resident #14 stated, "They are an ongoing problem and are an eyesore."<br><br>On at 10:05 a.m., during an interview, Resident #8 said he has been here since , , and he will give it another six months because of his wife. He said that the place looks like a third world country. Resident #8 said the carpets are a mess and the place smells because of the carpets. Resident #8 stated, "They are old and in disrepair."<br><br>On at 1:00 p.m., during an interview, the Executive Director (ED) said the carpet has been an ongoing issue, the carpet in the dining room is only , . He said the carpet in the common areas in the hallways near the resident doors are over , from what he is told. Sometimes on tours resident family members will complain about the look of the carpeting and the smell. It is unsightly in some places. The ED acknowledged that all the carpet is in dire need of upgrading.<br><br>On at 1:25 p.m., during an interview, the Director of Maintenance said it's not really a smell of but the carpets are nasty and need to be | A 152 | | |

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| A 152 | Continued From page 7<br><br>replaced. He said that they are cleaned often but they are at a point where it just doesn't help with anything anymore.<br><br>Class III<br><br>** Photographic Evidence Obtained **<br>. | A 152 | | |
| A 167 SS=H | 59A-36.018 FAC; 429.24 FS Resident Contracts<br><br>59A-36.018 Resident Contracts.<br>(1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions:<br>(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;<br>(b) The daily, weekly, or monthly rate;<br>(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;<br>(d) A provision stating that at least 30 days written notice will be given before any rate increase;<br>(e) Any rights, duties, or ˽ of residents, other than those specified in section 429.28, F.S.;<br>(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;<br>(g) A refund policy that must conform to section 429.24(3), F.S.;<br>(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility | A 167 | | |

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| A 167 | Continued From page 8 | A 167 | | |

agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or , , facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;
(i) A provision stating whether the facility is affiliated with any religious organization and , if so, which organization and its relationship to the facility;
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;
(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;
(l) The facility's policies and procedures for self-administration, assistance with

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| A 167 | Continued From page 9<br><br>self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,<br>(m) The facility's policies and procedures related to a properly executed DH Form 1896,<br><br>(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.<br>(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.<br><br>429.24 FS<br>(1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. | A 167 | | |

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| A 167 | Continued From page 10<br><br>(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and . . . of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period:<br>(a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.<br>(b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits.<br><br>(3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . .<br>(b) If a licensee agrees to reserve a bed for a | A 167 | | |

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| A 167 | Continued From page 11<br><br>resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee.<br>(c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.<br><br>(4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.<br><br>(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part.<br><br>(6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055.<br><br>(7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to , , hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be | A 167 | | |

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| A 167 | Continued From page 12<br><br>substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to provide a list of additional charges and services that are not included in the daily, weekly or monthly rates, and failed to furnish in advance an itemized written statement setting forth additional charges for services for 2 (Resident #13, Resident #14) of 4 records reviewed.<br><br>The findings included:<br><br>Record review for Resident #13 showed that Resident #13 signed and executed a contract on . Further review showed that there was no mention of a $50.00 per month self-administration evaluation charge anywhere in the signed contact of Resident #13 dated .<br><br>Record review for Resident #14 showed that Resident #14 signed and executed a contract on . Further review showed that there was no mention of a $50.00 per month self-administration evaluation charge anywhere in the signed contact of Resident #14 dated .<br><br>Record review of monthly billing statements, showed that on , , , , , , , , , , , | A 167 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11963725 | A. BUILDING: _____ B. WING _____ | 11/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ELISON ASSISTED LIVING OF BELLA VITA | 1420 EAST VENICE AVENUE VENICE, FL 34292 |

| (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 167 | Continued From page 13<br><br>and , Resident #13 was charged $50.00 for a Self Medication- Eval Fee.<br><br>Record review of monthly billing statements, showed that on , , , , , , , and , Resident #13 was charged $50.00 for a Self Medication- Eval Fee.<br><br>On at 8:55 a.m., during an interview, the Business Office Manager (BOM) said that There is a $50.00 dollar monthly charge for residents that take their own medications. The BOM stated, "What they are paying for is the Nursing evaluation. First month of being here is when the cost hits, after they are deemed self-medicating. It is an automatic charge. It is charged every month. It is the nursing responsibility to make sure it is completed. I get notification if the resident is self medicating or not."<br><br>On at 9:45 a.m., during an interview, Resident #13 said that he has been living in the facility for 3 years. He said that he has never seen a nurse come by monthly and talk with them about medications in all of the time they have been living there.<br><br>On at 9:45 a.m., during an interview, Resident #14 said they both self-administer medications. She said that they have been in the facility for 3 years. Resident #14 said they have never seen a nurse come by monthly and talk with them about medications in all of the time they have been living there. She said that one of them is always in the apartment. | A 167 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | AL11963725 | A. BUILDING: _____ B. WING _____ | 11/20/2025 |

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|---|---|---|---|---|
| A 167 | Continued From page 14<br><br>Further review for resident #13 revealed documentation of Self-Administration Evaluation Results with an assessment date of . The evaluation was not signed by the Resident Care Director, Resident #13, the Executive Director, or the Family/Responsible party.<br><br>Further review for resident #14 revealed documentation of Self-Administration Evaluation Results with an assessment date of . The evaluation was not signed by the Resident Care Director, Resident #14, the Executive Director, or the Family/Responsible party.<br><br>On , at 1:58 p.m., during an interview, the Director of Nursing (DON) said that the staff member who completed the self-medication evaluation has never signed or had any of the residents sign the documents that the assessment had been done. The DON acknowledged that it should be done. The DON stated, "if it was her, I would be the same. If it's not signed it's not done, I understand completely".<br><br>On , at 3:11 p.m., during an interview the Executive Director (ED) said that he needs to decide what they are going to do with the $50.00 a month charge for the self-medicating residents. The ED said you can't charge if you cannot prove that the assessments are being done, and need to make sure they are in the contracts.<br><br>Class III<br>. | A 167 | | |