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
	AL11969917	A. BUILDING: _____ B. WING _____	C 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHPOINT AT STONECREST	17201 SE 109TH TERRACE RD SUMMERFIELD, FL 34491

(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 An unannounced re-licensure survey with Emergency Power Plan and Limited Nursing Services monitoring, and a complaint investigation (complaint numbers 2025012426 and 2025013751) were conducted on November 5, 2025 through November 6, 2025. Deficiencies were identified during the survey.	A 000		
A 036	59A-36.007(10) INFECTION CONTROL PROCEDURES (10) INFECTION CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of infectious diseases. (a) The facility must implement a hand hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to infectious materials or bodily fluids. Hand hygiene may include the use of alcohol-based rubs, antiseptic handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an anticipated exposure to transmissible infectious agents in blood, body fluids, secretions, excretions, nonintact skin, and mucuous membranes during the provision of personal services. Standard precautions include: hand hygiene, and dependent upon the exposure, use of gloves, gown, mask, eye protection, or a face shield. (c) The facility must clean and disinfect reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by:	A 036		

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A 036	Continued From page 1 Based on observation, interviews and record review the facility failed to ensure staff performed proper hand hygiene prior to and after the administration of medication for 1 out of 3 residents observed, Resident #4. Findings include: Review of Admission Record for Resident #4 documented the resident was admitted on 7/31/2024 with diagnoses to include dementia, anemia, hypothyroidism, Vitamin D deficiency, hyperlipidemia, and repeated falls. Review of the physicians order dated 7/26/2025 read, NovoLOG Flex Pen Subcutaneous Solution Pen Injector (Insulin Aspart), 100 UNIT/ML (milliliter), Inject as per sliding scale: if 200-250=2, 251-300=4, 301-350=6, 351-400=8, 401-500=10 AND CALL PROVIDER, subcutaneously before meals for Diabetes. On November 5, 2025 at 10:50 AM, Staff D, Licensed Practical Nurse, applied gloves without washing her hands. Staff D carried a container with Resident #4's insulin supplies inside. She knocked and entered Resident #4's room and explained she was there to check her blood sugar. Staff D performed the Accucheck which resulted in a reading of 173. Staff D explained to Resident #4 that she required no insulin. Staff D left room with gloves applied to both hands carrying the container with insulin supplies. During an interview on November 5, 2025 at 10:59 AM, Staff D stated she was not sure what she had forgotten to do before applying her gloves. When prompted by the surveyor, Staff D stated, "Oh, I did forget to do that" [referring to handwashing when she completed the	A 036		

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A 036	Continued From page 2 medication administration]. During an interview on November 5, 2025 at 1:30 PM, the Health and Wellness Director stated she asked Staff D if she had washed her hands, and Staff D told her she was nervous and forgot to wash her hands. The Health and Wellness Director stated she expected staff to wash their hands before applying gloves and administering medication, and after removing gloves following medication administration. Review of facility policy and procedure titled, "IC01- Infection Control Policy," dated 11-12-2024, Page 379, documented it read, "The facility must implement a hand hygiene program before and after the provision of a personal service to residents whenever there is an expectation of possible exposure to infectious materials or body fluids. Standard precautions must be used when there is an anticipated exposure to transmissible infectious agents and blood body fluids secretions excretions and non-intact skin and mucous membranes during the provision of personal services." Class III	A 036		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (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	A 078		

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A 078	Continued From page 3	A 078		

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.
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.
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 provider indicating that the individual does not constitute a risk of transmitting a communicable disease.
(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.
(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.
(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to

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A 078	Continued From page 4 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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 employees sampled (Staff A, Medication Technician and Staff E, Medication Technician) submitted a written statement from a health care provider documenting that the individual does not have signs or symptoms of communicable disease within 30 days after beginning employment. Findings include: Review of employee records conducted on 11/06/2025 revealed Staff A, Medication Technician with a hire date of 08/15/2025. There is no documentation of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. Review of employee records conducted on 11/06/2025 revealed Staff E, Medication Technician with a hire date of 07/06/2022. There is no documentation of a written statement from a	A 078		

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A 078	Continued From page 5 health care provider documenting that the individual does not have any signs or symptoms of communicable disease. On 11/06/2025 at 12:17 PM, during an interview with the Executive Director, she stated, "[Staff E's name] was here before me and I am not sure about that communicable disease statement. I'll have to get [Staff A's name] from the ARNP that comes here." Class III	A 078		