

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER WILLIAMSBURG LANDING			STREET ADDRESS, CITY, STATE, ZIP CODE 1776 NORTHEAST 26TH STREET WILTON MANORS, FL 33305		
(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 Change of Ownership (CHOW) and Generator Monitoring survey was conducted at Williamsburg Landing on . The facility had a deficiency identified at the time of survey.	A 000			
A 010	429.26() FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice.	A 010			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 010	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010			

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a _____ may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010			

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A _____, ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010			

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide an updated Health Assessment (AHCA Form 1823) to reflect resident change in condition for 1 of 2 sampled residents (Resident #3). The findings included: During a tour of the facility at the time of the survey, this surveyor observed the resident seated in a wheelchair in the common area and was unable to move the wheelchair without assistance. During a confidential Staff interview conducted on at 9:34 AM, it was revealed that Resident # 3 is totally dependent, is unable to perform any activities of daily living and requires two members to take care of him and assist with transfers. During an interview conducted on at 10:10 AM with Resident #3, he stated he is unable to walk or feed himself and requires two staff members to assist him. During an interview on /2025 at 12: 45 PM with the Administrator , she was asked to provide Resident #3s record. Review of Resident # 3s record revealed that he was admitted to the facility on . Further review of Resident # 3 Health Assessment (1823), signed and dated by a licensed physician on , documented the followings:	A 010			

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A 010	Continued From page 5 a) Medical Diagnoses: Disk Herniation, b) Physical/Sensory Limitation: Wheelchair Bound, c) _____ or Behavior Status: Normal d) Nursing/ Treatment/ _____ Service Requirements: _____, Assistance with Transitioning, _____ Precautions e) Activity of Daily Living (ADLs): Needs Assistance for Ambulation, Bathing, _____ Grooming, Toileting and Transferring. f) Special Diet Instructions as Regular Further review of facility's observation notes Resident #3 documented the following events: On _____ : Call placed to residents sister in law regarding earlier v/m on the nurses line, discussed residents need with care stated she had hired a private care assistant to come and provide a.m. care on Sundays. On _____ : Received resident in bed resting that requested to be changed. Writer and CNA in charge gave care to resident. Resident able to stand up but unable to turn/ move towards his wheelchair and start sliding down. Writer and CNA lower resident to the floor to prevent any injuries gently with a pillow under his _____ waiting for help from fire department that arrived at facility within 15 minutes. Three rescues were unable to put resident _____ to his wheelchair. Writer and 3 rescues were able to put resident to his wheelchair. During an interview conducted on _____ at 11: 50 AM with the Director of Nursing (DON), she agreed with this surveyor that Resident # 3 requires total care.	A 010			

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A 010	Continued From page 6 During an interview conducted on / 2025 at 1:48 PM with the DON and the Administrator , they both acknowledged the findings. Class III	A 010			