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
	AL11969943	A. BUILDING: _____ B. WING _____	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE AT TRELAGO THE	901 VISTA TRELAGO MAITLAND, FL 32751

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey and generator monitoring were conducted at The Grove at Trelago on . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for and injuries for 1 of 4 sampled residents (#11). Findings: Review of resident #11's record revealed a facility admission on . A 1823 health assessment indicated he required assist x 1, needs a walker to ambulate, needs assistance with all activities of daily living and was identified	A 025		

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A 025	Continued From page 2 as a risk. An incident report dated the resident attempts to transfer independently. He states he is weaker on the days of his treatments. Caregiver E stated called LPN F to resident #11's room. Resident observed lying on the floor at the of his bed on his right side. Resident reports, "I hit my and knocked myself ". The facility's Mitigation policy states the Grove at Trelago shall establish and implement a Mitigation program to diminish the resident risk of falling. A facility note on at 3:52 PM observed resident on his on the floor in his bathroom doorway. Resident denies hitting his . A facility incident report on at 3:10 PM, unwitnessed , upon arrival observed resident sitting on his on the floor in his bathroom doorway. Resident denies hitting and denies any . Resident is unable to give description of what happened. Predisposing physiological factors - , drowsy, , memory, and /fainted. A facility note on at 11:43, resident continues home health services for , , , , , and skilled nursing. Resident does , on Monday, Wednesday and Friday. He is working on prevention, transfer training and gait training. A facility note on at 5:32 PM read, status post (s/p) day 3 of 3. The resident was very sleepy and unable to stay awake throughout the shift.	A 025		

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A 025	Continued From page 3 A facility note on at 7:01 AM, s/p day 3 of 3. Observed resident lying in bed. A facility note on at 2:46PM, s/p day 2 of 3. No c/o offered at this time. A facility note on at 11:01 PM, s/p day 2 of 3. No c/o offered at this time. A facility note on at 10:39 PM, s/p day 1 of 3. No c/o offered at this time. A facility note on at 5:03 PM, resident's family member called for assistance due to the resident falling. Observed resident sitting on the bathroom floor in front of the sink with his walker in front of him. The resident was wearing socks and underwear. Denies hitting his . . A facility incident report on at 3:20 PM read, unwitnessed , residents' family member called for assistance due to the resident falling. Observed the resident sitting on the bathroom floor in front of the sink with his walker in front of him. The resident was only wearing socks and underwear. Resident denies hitting his but hits his against the bathroom closet door. The family member stated she assisted him to the bathroom, and she turned her to make the bed when she heard the . Apparently, the resident got off the toilet and with the walker, walked to the sink and slipped. Predisposing physiological factors - gait imbalance. A facility note on at 4:02 PM, day 3 of 3 readmission from hospital. Observed staff sitting one on one with resident as he continuously transferred from bed to wheelchair.	A 025		

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A 025	Continued From page 4 A facility note on at 3:20 PM, resident is day 3 post readmission. The resident went out to , today. A facility note on at 3:20 PM, resident is day 2 post readmission. The resident had minimal activity during the shift. A facility note on at 00:43 PM, returned to community day 1 of 3. Observed resident lying in bed with , closed. A facility note on at 6:40 PM, returned to facility. A facility note on at 7:17 PM, AdventHealth hospital. A facility note on at 7:08 AM, AdventHealth hospital. A facility note on at 4:02 PM on leave. A facility note on at 11:47 AM, AdventHealth hospital. A facility note at 7:54 AM, AdventHealth hospital. A facility note on at 5:36 PM, observed resident lying on the floor at the of his bed on his right side. Resident reports, "I hit my and knocked myself , my ." call 911 transported to emergency room. A facility incident report on 11/26/25 at 1:45 PM read, unwitnessed , called to resident's room. Observed resident lying on the floor at the of his bed on his right side. Resident reports, "I hit my and knocked myself ".	A 025		

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A 025	Continued From page 5 When asked if anything hurt, resident reported, "my ". Call 911. Resident transferred to emergency room Advent Health South for evaluation. Predisposing physiological factors - , drowsy, , gait imbalance, , memory, recent illness, and /fainted. A facility note on at 4:00 PM, resident is day 3 post unwitnessed . A facility note on at 3:33 PM, s/p day 2 of 3, no complaint offered at this time, A facility note on at 4:18 PM, s/p day 1 of 3. Observed resident lying in bed. A facility note on at 10:48 AM called to resident room due to the resident having an unwitnessed on the floor at the bottom of his bed. A facility incident report on 11/21/25 at 9:45 AM read, "unwitnessed , called to resident room due to resident having an unwitnessed on the floor at the bottom of his bed. Resident stated he was trying to get up from his bed and lost his balance and . Predisposing physiological factors - gait imbalance. A facility note on at 3:37 PM, s/p day 3 of 3. A facility note on at 5:45 PM, s/p day 3 of 3 and day 2 of 3. Observed resident lying in bed , closed. A facility note on at 3:32 PM, s/p day 3 of 3 and day 2 of 3. Observed resident lying in bed with , closed.	A 025		

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A 025	Continued From page 6 A facility note on at 4:01 PM, s/p day 2 of 3 and day 1 of 3. A facility note on at 1:32 PM, s/p day 2 of 3 and day 1 of 3. A facility note on at 16:03 PM performed an assessment on the resident all vital signs were within normal limits. Denies hitting his . A facility note on at 3:23 PM, on day 1 of s/p resident sustained a second unwitnessed , a left upper arm bulging area with noted but denies hitting his . A facility note on at 8:09 PM, resident assistance because due to unwitnessed to the floor in the activity room. Resident was found in a sitting position. No injury noted. A facility incident report on 11/17/25 at 9:45 PM, "unwitnessed " called to resident assistance due to an unwitnessed to the floor in the activity room. Resident was found in a sitting position. Resident stated he asleep went forward and from his chair. A facility note on at 7:09 AM, s/p day 1 of 3. Observed resident lying in bed watching tv. A facility note on at 10:23 AM, heard resident yelling for help. Observation, resident was sitting on the floor beside the bed. Denies hitting his . Staff reported they just had laid him down in bed after breakfast. Resident stated he slipped out of bed. A facility incident report on 11/16/25 at 9:10 AM, unwitnessed , heard resident calling for help.	A 025		

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A 025	Continued From page 7 Upon observation the resident was sitting on the floor beside the bed. The resident was asking for help to get up with socks on his and his walker nearby. The resident denies hitting his or any complaints of , or injury. The resident stated he slipped out of bed. On at 1:25 PM, resident #11's power of attorney stated the facility contacts her each time he . Further stated, she does not know if he's rolling out of bed or when he sits on the side of the bed to hang his over to help with his , , he's falling asleep causing him to . Adding, when he goes to , 3 days a week, he's medicated when he gets to the center, he's heavily to help with his treatment. On at 1:56 PM, Licensed Practical Nurse (LPN) D stated resident #11's didn't happen on my shift. Adding, sometimes when he goes to , , he comes very drowsy. We do 2-hour room checks. Sometimes when we put him to bed, we must do a lot of frequent checks. She explained, we do not have a hospital bed to lower or a mat that we can use on the floor which may help with his . She stated he will not press his call pendant and will get up on his own. If the family wants one on one, they will have to do a private sitter, and I did express that to his POA. On at 2:28 PM, LPN D was asked if the resident is reminded to press his call pendant. She stated he does not have a call pendant and that the POA asked on as to how she can obtain one for him. LPN D stated the facility does not provide a call pendant and the families are able to purchase one from Amazon. On at 3:08 PM, Caregiver E stated she	A 025		

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A 025	Continued From page 8	A 025		

did not witness resident #11's and knows nothing about it. She stated she called LPN F and told her she saw the resident sitting on the floor.

On at 3:20 PM, the Memory Care Coordinator stated resident #11 a lot and confirmed he has between 6 -7 times since he moved in. Adding, the staff tries to keep him in the common area, but he sometimes wants to sit in his room. She stated he is drained when he comes from and will attempt to get up on his own. We monitor him checking every 20 - 30 minutes and attempt to provide assistance during those times. She added we can't do one on one in memory care.

On at 3:54 PM, the Director of Nursing stated resident #11 can stand and walk when he's awake. Adding, he does 3 days a week which takes a lot out of him. We must medicate him prior to leaving so that he can tolerate treatment. Further stating, before he went out this time, she spoke with his POA about getting a hospital bed because the adjustable bed is not low enough. The Director of Nursing stated she was told he was discharged from the prior facility due to the excessive and that the resident was putting himself on the floor by sliding out from the bottom of the bed. Adding, we're trying to keep him out of his room more, but it is not required for the family to get him a sitter.

On at 4:15 PM, the Administrator stated the staff does checks hourly and try to keep him in the common area most of the time. Adding, the Director of Nursing discussed with his POA about a private sitter but one has not been put in place.

The facility failed to put preventative measures in place for resident #11 who had 6 unwitnessed

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A 025	Continued From page 9 since his admission on . (photographic evidence obtained) Class II	A 025		
A 040 SS=D	429.55(2) F.S. Resident Education- {V (2) VTE CONSUMER INFORMATION.- (a) The Legislature finds that many , (PEs) are preventable and that information about the prevalence of the could save lives. (b) The term ", , " means a condition in which part of the clot breaks off and travels to the , possibly causing . (c) The term " " means , , which is a clot located in a deep , usually in the or arm. The term can be used to refer to , , , or both. (d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about , including risk factors and how residents can recognize the signs and symptoms of . This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to provide upon admission, the facility's pamphlet regarding to the clot consumer information and recognizing signs and symptoms of a clot for 2 of 4 sampled residents (#4 & #13) as required effective .	A 040		

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A 040	Continued From page 10 Findings: 1. A review of resident #4's record revealed date of admission on . There was no documented evidence that the clot pamphlet was provided in the file. An interview on at 1:09 PM with resident #4 said that he never received any information or no pamphlet regarding clots when he moved here about two weeks ago. On at 3:35 PM, an interview with the Administrator confirmed that the facility started gathering the clot information into an admission packet beginning in to give to the residents. 2. Review of resident #13's record revealed an admission date of . The record did not contain consumer information. On at 12:24 PM, resident #13 said, she does not recall receiving information about when she was admitted to the facility. On at 2:44 PM, the findings were discussed with the Administrator, who said the resident's family would have been given the consumer information during the admission process. On at 2:57 PM, resident #13's Power of Attorney (POA) said he does not recall if he received the information on when resident #13 was	A 040		

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A 040	Continued From page 11 admitted to the facility. On at 3:35 PM, the Administrator said the information was included in the admission packet starting There was no documentation to indicate resident #13 or the POA was given consumer information on when the resident was admitted to the facility. (photographic evidence obtained) Class III	A 040		
A 078 SS=D	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 . 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. 1. Evidence of a negative 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 testing materials satisfies the annual examination requirement. An individual with a positive test must	A 078		

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A 078	Continued From page 12 submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , 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 . (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 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. (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	A 078		

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A 078	Continued From page 13 conducted for staff, including staff 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 interview and record review, the facility failed to ensure 1 of 3 sampled staff (B) had evidence of a negative ( ) exam on an annual basis. Findings: A review of caregiver B's personnel record revealed a hire date of . The record contained a freedom from communicable statement dated . The record did not contain documentation to indicate the caregiver had a exam annually thereafter. During an interview on at 4:10 PM, the Administrator confirmed the findings. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (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.	A 081		

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A 081	Continued From page 14 The facility must keep the signed statement in the employee ' s personnel record. (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). (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). (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. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (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). (b) New staff must complete the preservice orientation prior to interacting with residents. (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	A 081		

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	AL11969943	A. BUILDING: _____ B. WING _____	12/15/2025

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A 081	Continued From page 15 record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (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 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (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: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (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: 1. Resident rights in an assisted living facility.	A 081		

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A 081	Continued From page 16 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (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: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (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. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 sample staff (B) completed the minimum required training.	A 081		

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A 081	Continued From page 17 Findings: A review of caregiver B's personnel record revealed a hire date of . The record did not contain documentation to indicate the caregiver completed a preservice orientation of at least 2 hours, a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, the facility's policies on recognizing and reporting resident , neglect, and , , 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with the activities of daily living and in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment. During an interview on at 4:10 PM, the Administrator confirmed the findings. Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - (11) . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident	A 090		

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A 090	Continued From page 18 admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 sampled staff (B) received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment. Findings: A review of caregiver B's personnel record revealed a hire date of . The record did not contain documentation to indicate the caregiver received at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. During an interview on at 4:10 PM, the Administrator confirmed the findings. Class III	A 090		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No	A 093		

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A 093	Continued From page 19 =Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at; https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the	A 093		

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A 093	Continued From page 20 preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be	A 093		

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A 093	Continued From page 21 encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to maintain a 3-day supply of sufficient drinking water according to the resident census. Findings: On at 11:30 AM, observation revealed the facility did not have a 3-day supply of sufficient drinking water according to the resident census of 122. A 3-day supply x 123 residents is equivalent to 375 gallons. The facility had 132 gallons On at 11:33 AM, the Chef stated we do not have 375 gallons on site. Further stating, I don't even know where we would store it. The Chef stated he would order the water and have it delivered today. Review of the facility's Emergency Plan revealed on page 19, Water - a three (3) day supply of	A 093		

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A 093	Continued From page 22 water one (1) gallon per day, per resident and staff members are kept on at all times. On at 1:00 PM, the Administrator provided a receipt from US Foods dated for 50 cases of water x 6 gallons per case = 300 gallons with an estimated delivery . A 2nd receipt from Walmart dated - (3 pack) Crystal Geyser Alpine 1 gallon plastic jug, 12 Great Value Natural Spring Water 1 gallon jug, 12 Crystal Geyser Alpine 1 gallon plastic jug, 12 American Maid 5-gal water bottle, and 12 Zephyrhills 1-gallon single plastic jug. There was no evidence that the additional water of 243 gallons arrived at the facility prior to exiting on . (photographic evidence obtained) Class III	A 093		
A 000	Initial Comments RELICENSURE	A 000		