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
	AL11966804	A. BUILDING: _____ B. WING _____	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGE MANOR	12006 MCINTOSH ROAD THONOTOSASSA, FL 33592

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A 000	Initial Comments A complaint investigation (complaint number 2026000361) was conducted at Ledge Manor on . Deficiencies were identified at the time of survey. A Class I deficiency was found at tag A0030. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility A resident was found physically restrained to a wheelchair with a blanket, preventing the resident from standing or transferring independently, constituting inappropriate use of a physical The Class I noncompliance began on . The facility's Administrator was notified of the Class I noncompliance on at 5:00 p.m. The census at the start of the survey was 68. The following is a description of the deficiencies found at the time of the visit.	A 000		
A 010 SS=D	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	A 010		

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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, 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

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A 010	Continued From page 2 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. (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	A 010		

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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,
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

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A 010	Continued From page 4 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 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure appropriate continued residency for one (Resident #1) of four sampled residents. Findings included:	A 010		

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A 010	Continued From page 5 A record review of Resident #1's health assessment form dated noted a medical history of , , , and protein-calorie . The physical and sensory limitations were marked as vision/hearing adequate and generalized . The and behavioral status was marked as being alert to person, to time, place, needs redirection, , with care, attention limited, and but was not combative with caregivers. The Health Assessment form showed Resident #1 required supervision with ambulation and transferring, needed precautions and was an elopement risk. Resident #1 also required assistance with eating, grooming and required total care with bathing, , grooming, and toileting. Resident #1 needed assistance with self-administration of medications. Resident #1 did not have any communicable and was not bedridden. Resident #1 had no , , did not pose a danger to self or others, and did not require a 24-7 nursing or , , care. Resident #1's health assessment form had the box marked "yes" to the individual's needs may be met in an assisted living facility. Resident #1 had no hospice services ordered and was admitted to the facility on . A record of Resident #1's most recent undated health assessment form noted, medical history of , . The physical and sensory limitations section was marked as unable to walk and difficulty with speech. The and behavioral status was alert and orientated times zero. The required nursing treatment was marked as skilled nursing with physical, occupational, and , , , . Resident #1 had no special precautions and was not an elopement risk. Resident #1	A 010		

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A 010	Continued From page 6 required total care with all activities of daily living and was bedridden. Resident #1's dietary instructions were level four pureed, thin liquids, , precautions and one to one feeder. The health assessment form section individual's needs may be met was blank. Resident #1 had no hospice services ordered. A record review of the facility license revealed a standard license. During an interview on at 12:22 p.m. the Resident Care Coordinator stated Resident #1 required total care with activities of daily living and was bedridden. During an interview on at 1:56 a.m. Staff F stated Resident #1 required total care, could not bathe, or transfer independently. (Photographic Evidence obtained) Class III	A 010		
A 030 SS=K	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.	A 030		

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A 030	Continued From page 7 (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions;	A 030		

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A 030	Continued From page 8 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and	A 030		

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other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this

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paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes

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A 030	Continued From page 11 access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, ␣ , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, ␣ Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and ␣ Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated	A 030		

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A 030	Continued From page 12 , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure each resident had the right to live in a safe and decent environment free from and neglect by not restricting mobility, be treated with respect and dignity for one (Resident #1) of 68 residents. Findings included: An observation on at 9:18 a.m. revealed Resident #1 was seated in a wheelchair in the common area with a blanket secured across Resident #1's waist. The blanket was tied in the rear of the wheelchair, behind Resident #1, preventing the resident from removing the independently. During an interview on at 9:22 a.m., Resident #1, was unable to verbally respond to questions asked and simply moaned and did not make , contact.	A 030		

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A 030	Continued From page 13 During an interview on at 9:20 a.m. Staff A removed the from Resident #1 and stated, "I tied the blanket behind Resident #1's wheelchair to keep it from falling off." Staff A recalled hearing about an incident with Resident #1 on were the blanket was found tied in a way it should not have been, it was high on her and tied too tight. Staff A stated she previously had an in-service related to and was told "we don't use on anyone". An attempted record review revealed the facility had no available physical policy. During an interview on at 1:33 p.m. the Administrator stated the facility did not have a policy and procedure in place prior to the survey date. A record review for Resident #1 revealed no physician's order for the use of a physical . The record also lacked a care plan use, a defined time frame for application and removal, documentation specifying the type of permitted, and staff monitoring or observations following application of a . Further review of Resident #1's undated health assessment revealed Resident #1 had a history of being unable to walk and had difficulty with speech. Additionally, the health assessment documented Resident #1 was bedridden, not alert to person, place or time and required total care with all activities of daily living. A record review of Resident #1's progress notes revealed on at 10:00 a.m. a family member visiting Resident #1, noticed a red mark around Resident #1's and reported it to the	A 030		

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	AL11966804	A. BUILDING: _____ B. WING _____	01/20/2026

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A 030	Continued From page 14 Administrator. A record review of Resident #1's incident report dated , revealed on at 10:00 a.m. a family member was visiting Resident #1 and noticed a and redness around Resident #1's area. The Location of incident was noted to occur in Resident #1's room. The incident report was marked "Hematoma ( )" to Resident #1's . During an interview on at 3:10 p.m. Resident #1's Family Member #2 stated while visiting Resident #1 on , Family Member #2 observed Resident #1 in the dining room and reported Resident #1 had behavior changes and would not come towards the food when feeding Resident #1. Family Member #2 then noticed the blanket covering Resident #1 was tight around the resident's like a bib. Family Member #2 removed the blanket from Resident #1's and saw red marks on Resident #1's . Family Member #2 then notified Staff F of the red marks on Resident #1's . Family Member #2 asked Staff B why the blanket was on Resident #1 like that and Staff B stated, "Resident #1 was moving around." Family Member #2 stated the blanket was not supposed to be used as a . Family Member #2 notified the Administrator who stated, under no circumstances Resident #1 would be restrained with a blanket again. During an interview on at 3:30 p.m. Resident #1's Family Member #1 stated Family Member #2 went to the facility to feed Resident #1 and while feeding Resident #1 the blanket was criss crossed around Resident #1's. Resident #1	A 030		

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A 030	Continued From page 15 could not swallow. Additionally, Family Member #1 stated the facility should have called the police. A record review of an employee termination form dated for Staff B revealed Staff B was terminated for "restraining a member causing harm (bodily)". A record review of the facility's undated policy and procedure revealed the following: 1. "Reporting of , neglect and/or , is MANDATORY. 2. Staff Shall immediately contact their supervisor if there is ANY suspicion of , neglect or , . 3. The supervisor will immediately report said suspicion to the Resident Care Supervisor who will immediately report to the Executive Director. 4. The 1-800-96- hotline shall immediately be contacted to report." During an interview conducted on at 12:35 p.m., the Administrator stated the reportable incident was reported to the Agency related to Resident #1's incident on and the facility did not report the incident local law enforcement or the State Agency overseeing Adult . During an interview conducted on at 1:56 p.m. Staff F admitted to previously applying a blanket around Resident #1. Staff F stated if the blanket was not on Resident #1, Resident #1 would out of the chair. Staff F also stated on Resident #1's family member showed Staff F the blanket on Resident #1 which wrapped and double tied around Resident #1's .	A 030		

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A 030	Continued From page 16 Resident #1's family member then removed blanket and revealed a red mark on Resident #1's During an interview on at 12:35 p.m. the Administrator stated the facility had no documentation of staff training on the facility's policy prior to date of the survey. (Photographic evidence obtained) Class I	A 030		
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=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	A 093		

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A 093	Continued From page 17 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 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	A 093		

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A 093	Continued From page 18 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 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	A 093		

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A 093	Continued From page 19 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 and interview the facility failed to conspicuously post the daily menu in the memory care unit affecting twenty eight of twenty eight residents. Findings included: An observation of the memory care unit on at 11:26 a.m. revealed the daily menu was not posted anywhere in the memory care unit. During an interview on at 11:27 a.m. Staff L agreed the daily menu was not posted in the memory care unit. Class III	A 093		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.	A 165		

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A 165	Continued From page 20 (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this	A 165		

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A 165	Continued From page 21 section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section.	A 165		

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A 165	Continued From page 22	A 165		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to file an Adverse Incident Report (AIRS) to the Agency for Healthcare Administration (AHCA) within one business day for one resident (#1) out of one sampled resident.

Findings included:

A record review of Resident #1's progress notes revealed on at 10:00 a.m. a family member visited Resident #1 and noticed a red mark around Resident #1's and reported it to the Administrator.

A record review of Resident #1's incident report dated , revealed on at 10:00 a.m. a family member was visiting Resident #1 and noticed a and redness around Resident #1's area. The location of incident was noted to occur in Resident #1's room. The incident report was marked "Hematoma ( )" to Resident #1's .

A record review of an employee termination form dated for Staff B revealed Staff B was terminated for restraining a resident causing bodily harm.

An attempted record review of the facility's AIRS report revealed no evidence that the facility submitted an AIRS to AHCA.regarding Resident #1's incident on .

During an interview on at 12:35 p.m., the Administrator stated the reportable incident

Agency for Health Care Administration

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A 165	Continued From page 23 was not reported to the agency related to Resident #1's incident on and did not report the incident to local law enforcement or State Agency overseeing Adult . (Photographic evidence obtained) Class III	A 165		