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
	AL11969101	A. BUILDING: _____ B. WING _____	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESTERO MC, LLC	22900 LYDEN DR ESTERO, FL 33928

(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	In al Co ents A complaint inve gation #20250088881 and an e ergency power plan monitoring survey was conducted at Estero MC, LLC on 1/15/26. Defic enc es were identif ed at the t e of the survey.	A 000		
A 011 SS=D	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer eets the criteria for continued residency, or the facility is unable to eet the resident's needs, as determined by the facility administrator or health care pract oner, the resident must be discharged in accordance with Section 429.28, F.S. This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and interv ew, the facility failed to provide the required 45-day written notice of relocation or termination of residency from the facility for 1(Resident #1) of 3 residents rev ewed for discharge. The findings included: Rev ew of the facility policy "Termination of Residency due to Level of Care Charge Procedure, A-280: A 30-day written notice for the Need to find other care will be given;" Rev ew of the contract agree ent for Resident #1 dated 11/21/23 revealed: 10.2 Termination by Community: Community may terminate this agree ent if: . . . . 4. For the welfare of the Resident when Community is no longer able to adequately care for the Resident ...Community may terminate this Agree ent by giving the Responsible Party the minimum number of days written notice as allowed by state law.	A 011		

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A 011	Continued From page 1 Rev ew of the Move Out Log provided by the community revealed Resident #1's physical move out date was 6/19/25; financial move out was date 6/20/25 for ehavioral reasons". Rev ew of Resident #1's face sheet revealed resident was on leave starting 5/29/25 at 3:30 p.m; reason was hospitalization with notes indicating Baker Acted. Rev ew of the Mental Health Note by the Advanced Practice Registered Nur e (APRN) dated 5/29/25 revealed "Reco endations: pat ent Baker Acted as of 1:15 p.m. on 5/29/25. Signed on pre es and faxed to [facility na e]." Rev ew of Resident #1's record revealed no issuance of a 45-day written notification of relocation or termination of residency. On 1/15/26 at 10:51 a.m., Resident #1's Power of Attorney (POA) said Resident #1 was discharged to the psychiatric facility on 5/29/25. She said she bel eved Resident #1 would return to the community when he was ready to be discharged from the psychiatric facility, so she kept paying the rent. She said everal conversations with the community staff lead her to bel eve that. The POA said she called the Executive Director (ED) on 6/14/25 and he told her over the phone the facility would not accept Resident #1 back to the facility. She said that it created a conundrum for her (difficult or confusing problem) becau e she did not have a place for Resident #1 to go. The POA said she did not receive a 45-day written notice of termination of residency from the facility. She said that would have given her t e to find a new community for Resident #1. It would have made the e , er ence much ea er.	A 011		

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A 011	Continued From page 2 On 1/15/26 at 11:23 a.m., during an interv ew, the Executive Director said he told Resident #1's POA over the phone the facility would not re-admit Resident #1. The Administrator said he did not issue a 45-day written notice of relocation or termination of residency for Resident #1. Class III	A 011		

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ZZ830 SS=D	408.821 FS E ergency Manage ent Planning 408.821 E ergency manage ent planning; e ergency operations; inactive licen e.- (1) A licen ee required by authorizing statutes and agency rule to have a comprehensive e ergency manage ent plan must designate a safety liaison to erve as the primary contact for e ergency operations. Such licen ee shall submit comprehensive e ergency manage ent plan to the local e ergency manage ent agency, county health depart ent, or Depart ent of Health as follows: (a) Submit the plan within 30 days after in al licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of plan by the local e ergency manage ent agency, county health depart ent, or Depart ent of Health. (2) An entity subject to this part may temporarily exceed licen ed capacity to act as a receiving provider in accordance with an approved comprehensive e ergency manage ent plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and ervices to all cl ents. In addition, the agency may approve reque for overcapacity in excess of 15 days, which approvals may be ba ed upon satisfactory ju fication and need as provided by the receiving and ending providers. (3)(a) An inactive licen e may be issued to a licen ee subject to this ection when the provider	ZZ830		

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ZZ830	Continued From page 1 is located in a geographic area in which a state of e ergency was declared by the Governor if the provider: 1. Suffered damage to operation during the state of e ergency. 2. Is currently licen ed. 3. Does not have a provisional licen e. 4. Will be temporarily unable to provide ervices but is reasonably expected to resu e ervices within 12 months. (b) An inactive licen e may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licen ee for an inactive licen e or to extend the previously approved inactive period must be submitted in wr ng to the agency, accompan ed by written ju fication for the inactive licen e, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any cl ents to other providers and appropriate licensure fees. Upon agency approval, the licen ee shall notify cl ents of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider cea es operations. The end of the inactive period shall beco e the licen e expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive licen e requires the prior approval by the agency of a renewal application, including pay ent of licensure fees and agency inspections indicating compliance with all require ents of this part and applicable rules and statutes. (4) . . . Licen ees prov ng residential or inpat ent ervices must utilize an online databa e	ZZ830		

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ZZ830	Continued From page 2	ZZ830		

approved by the agency to report information to the agency regarding the provider's e ergency status, planning, or operations.

This Statute or Rule is not et as evidenced by: Ba ed on record rev ew, and interv ew the facility failed to obtain and maintain a current approved Comprehensive E ergency Manage ent Plan (CEMP) from the local E ergency manage ent Agency.

The findings included:

Rev ew of the facility records revealed a CEMP approval letter dated 4/21/23 from the E ergency manage ent Agency indicating the CEMP was approved through 4/30/24.

Further rev ew of the facility records revealed a letter from the local E ergency Manage ent Agency dated 5/13/25. The letter indicated the CEMP submitted by the facility on 4/17/25 did not eet the criteria require ents et forth by the Agency for Health Care Administration, and could not be approved until the indicated criteria in the attached docu ent were addre ed. The letter instructed the facility to resubmit the entire plan with corrections within 30 days.

On 1/15/26 at 3:02 p.m., call placed to the local E ergency Manage ent Agency regarding the facility CEMP denial.

On 1/15/26 at 3:26 p.m., during an interv ew the Executive Director said h elf and the Director of Health and Wellness work on the CEMP together and the CEMP has been rejected 5 t es, he will provide any docu entaiton for compliance. The Administrator said the facility

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ZZ830	Continued From page 3 currently did not have an approved CEMP. The Administrator said the last approved CEMP was approved through 4/30/24. No additional docu entation was provided for compliance. On 1/20/26 at 9:14 a.m., during a follow up telephone interv ew the E ergency Manage ent Officer apologized for the late return call due to being out of office and on leave. The officer said he did not receive a rev ed CEMP with corrections after the facility was issued the CEMP rejection letter dated 5/13/25. Class III	ZZ830		