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
	AL11964507	A. BUILDING: _____ B. WING _____	12/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HOUSE	7999 SPYGLASS HILL ROAD VIERA, FL 32940

(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 complaint investigation #2025015875 and a generator monitoring were conducted on at Autumn House Assisted Living facility. There was a deficiency identified at the time of the survey.	A 000		
A 025 SS=D	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	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 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 observation, interview and record review, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and monitor of the general health, safety, and physical wellbeing of 1 of 4 sampled residents who sustained a for which the facility could not provide an explanation as to the cause (#1) Findings: A review of resident #1's record revealed on Licensed Practical Nurse (LPN) D	A 025		

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A 025	Continued From page 2 documented at 3:52 PM, resident #1 had a positive , indicating a right displaced . resident #1 was transferred to the hospital. Further review of resident #1's record found he was admitted on . His record contained a Resident Health Assessment form (1823) dated . The residents' diagnoses included with and behaviors, , history of C2 , history of right , , and , . He was documented to be independent with ambulating and eating. The resident required assistance with all other activities of daily living (ADL's). A review of the facility notes revealed the following: On at 7:56 PM, the resident was observed by , , , to have a large on LEFT upper extremity. Resident denies , . On at 7:49 AM, - On at 10 PM, resident #1 was given for RIGHT , . In the morning ( ) the resident continued to complain of right , . Upon inspection there was a large purple/blue to top of his . Resident was unable to lift arm above level. Information was passed on to the day shift nurse to notify doctor. On at 1:10 PM, - Doctor notified of to RIGHT . Doctor ordered a 2-view , . On at 2:42 PM, - resident sustained an	A 025		

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A 025	Continued From page 3 unwitnessed . He was found sitting on the floor in the dining area on his bottom. His wheelchair was on its side by the resident. On at 3:52 PM, - Results of received. Displaced . Physician notified and ordered the resident to be sent to the hospital. On at 9:45 AM, a tour of the secured memory care facility was conducted. Each resident was observed for injuries. On at 10:45 AM, in an interview with the Physical , , she stated resident #1 had normal range of motion and no complaints of , during his session on . On at 10:50 AM, in an interview with LPN C, she stated resident #1 out of his wheelchair in the dining room on after lunch. She assessed him and found no injuries. She said there was already an , of the right ordered. They were awaiting the , technician. On at 12:22 PM, unlicensed caregiver E was interviewed via telephone. She confirmed she worked night shift from 7 PM to 7 AM, on . She explained that she cared for resident #1. She noticed a that was greenish/yellow on the resident's . She could not recall which . She stated she notified the nurse who told her it was an old . . She stated resident #1 did not have any or incidents on her shift. She did not receive any report of any incidents on the prior shift. She said he slept through the night. On at 1:37 PM, an interview with	A 025		

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A 025	Continued From page 4 caregiver F was conducted. She stated resident #1 did use a wheelchair but, he would stand up and try to transfer without assistance. Staff had to constantly watch him. She did recall resident #1 having a but did not recall which arm. On at 9:30 AM, an interview with the Director of Wellness, LPN. She confirmed resident #1 had a of unknown origin. Resident #1 had a diagnosis of Corea which caused him to have movements. He could ambulate but used a wheelchair due to severe , movements. The resident was being seen by , for left upper extremity , . On the night nurse gave him for complaints of right , , . On the morning of a was noted on the resident's right . He also had some limited range of motion. The Director of Wellness also stated, before the , was completed, resident #1 sustained an unwitnessed in the dining room. The Director of Wellness confirmed there was no documented internal investigation related to resident #1's injury of unknown origin. Class III	A 025		