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
	AL11967674	A. BUILDING: _____ B. WING _____	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROPICAL GARDEN VILLAS NORTH	420 CRESCENT CIRCLE LAKE PARK, FL 33403

(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 Relicensure and Generator Monitoring survey was conducted at Tropical Garden Villas North on . The facility had deficiencies related to the Relicensure at the time of the visit.	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		

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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 records review and interview, the facility failed to obtain an updated health assessment (AHCA form 1823) that reflected 1 of 1 sampled Resident (Resident #1) elopement behavior. The findings included: An interview conducted on , at 9:40 a.m., with Resident #1 revealed he left the facility without permission because he felt confined and stated that staff did not allow him to go out independently. A review of the facility's incident log and reports on , revealed documentation that Resident #1 eloped from the facility on , at approximately 8:08 p.m. The report indicated that Resident #1 forced open a chain-link gate located on the east side of the facility and exited the premises without notifying staff. The incident report did not document the date or time Resident #1 returned to the facility. An additional incident report dated , , documented that Resident #1 eloped from the same eastside gate at approximately 6:30. Review of Resident #1's health assessment (AHCA Form 1823) dated , documented diagnoses including , Hypertensive , Hyponatremia, wasting, , and . Section A of the assessment indicated that Resident #1 experienced with periods of forgetfulness and was identified as being at risk for but not at risk for elopement. A previous AHCA Form 1823 dated ,	A 010		

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A 010	Continued From page 5 2021, documented that Resident #1 ambulated with a walker and was at risk for but not identified as being at risk for elopement. Yet, Resident #1's health assessment had not been updated to reflect his elopement behavior or risk. During the exit interview on at 3:00 p.m. with the Administrator, he did not provide any additional information. Class III	A 010		
A 025	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	A 025		

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A 025	Continued From page 6 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 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 a review of records, interviews, and observations, the facility failed to ensure adequate supervision to prevent elopement of one of one sampled resident (Resident #1) with a known history of unauthorized departure from the facility. Additionally, the facility failed to ensure that Resident #1 wore personal identification to promote resident safety.	A 025		

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A 025	Continued From page 7 The findings included: During an interview conducted on , , at approximately 9:40 a.m., Resident #1 reported leaving the facility without permission because he felt confined and stated that staff did not allow him to go out independently. Resident #1 reported that on , , , he exited the facility by forcing open the gate. Resident #1 stated that after leaving, he became disoriented, was unable to find his way , , and sat on a sidewalk. Resident #1 further stated that a passerby contacted the facility on his behalf, after which a facility employee retrieved him and returned him to the facility. Resident #1 reported that he remained outside overnight. A review of the facility's incident log and reports on , , , revealed documentation that Resident #1 eloped from the facility on , , , at approximately 8:08 p.m. The report indicated that Resident #1 forced open a chain-link gate located on the east side of the facility and exited the premises without notifying staff. The incident report did not document the date or time Resident #1 returned to the facility. An additional incident report dated , , documented that Resident #1 eloped from the same eastside gate at approximately 6:30; however, the report did not specify whether the time was a.m. or p.m. Review of Resident #1's health assessment (AHCA Form 1823) dated , , documented diagnoses including , hypertensive , hyponatremia, wasting, , and , . Section A of the assessment indicated that Resident #1 experienced with periods	A 025		

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A 025	Continued From page 8 of forgetfulness and was identified as being at risk for but not at risk for elopement. A previous AHCA Form 1823 dated , documented that Resident #1 ambulated with a walker and was at risk for but not identified as being at risk for elopement. During an interview conducted on , at approximately 9:54 a.m., the Assistant Administrator confirmed that Resident #1 had eloped from the facility as described. The Assistant Administrator stated that Resident #1 could not safely leave the facility independently. The Assistant Administrator further stated that following the , elopement, the facility reinforced the gate and locking mechanism to prevent recurrence. On at 10:16 a.m. Staff C reported that he was working at the facility at the time Resident #1 left the premises. Staff C stated that Resident #1 exited the facility early Thursday morning shortly after midnight. At that time, Staff C was the only staff member on duty and was stationed in the main building, while Resident #1 resided in the office building. According to Staff C, Resident #1 exited the office building through the double doors and left the premises through the eastside gate. Staff C stated that although the gate was locked, Resident #1 pried it open and broke the securing chain. Staff C noted that the doors leading to the courtyard were not alarmed and stated that residents commonly access outdoor areas at night, which may have contributed to the delayed recognition of Resident #1's absence. Staff C stated that Resident #1's absence was not discovered until approximately 7:00 a.m. during morning medication administration. Staff C	A 025		

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A 025	Continued From page 9 reported that he conducted a walkthrough of the building earlier in the night but did not perform another walkthrough after Resident #1 exited the facility. Shortly before 7:00 a.m., additional staff arrived at the facility. At that time, another staff member attempted to locate Resident #1 for medication administration and discovered that Resident #1 was not present. Staff C remained at the facility while the other staff member searched for Resident #1. Staff C stated that he was working alone during the overnight shift, although this is not typical. He reported that he covered the shift due to the unavailability of replacement staff. Staff C stated that resident headcounts are typically conducted during medication administration, as all residents receive medications. Staff C reported that he has worked at the facility since it opened and typically works the morning shift. He stated that Resident #1 had a history of intermittent exit-seeking behavior and significant [redacted]. Staff C believed Resident #1 had previously eloped from the facility on approximately three occasions, often during vendor visits, and traveled several blocks away. Staff C stated that observation reports were completed for the current incident and prior elopement events. He reported that the facility conducts elopement drills a few times per year and that no other residents have eloped. While residents may leave the facility after signing out, Staff C stated that Resident #1 is not permitted to leave independently. Staff C reported that Resident #1 has family	A 025		

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A 025	Continued From page 10 members who maintain contact by phone but have not visited recently. After Resident #1 was returned to the facility, staff checked all exit doors and found them to be secure. The eastside gate was identified as the exit point used, and the damaged chain was replaced. No staff retraining occurred following the incident. Staff C reported that Resident #1 does not wear an identification bracelet or other form of personal identification. He stated that Resident #1 is followed by a , , provider and that plans are in place for participation in a day program and medication adjustments. Staff C stated that, contrary to the Administrator's position, staff identified the incident as an elopement. Meanwhile, observation of Resident #1 on , , , revealed that he was not wearing any form of personal identification on his person. Additionally, Resident #1's health assessment had not been updated to reflect his elopement behavior or risk. The facility failed to file an adverse incident report related to the elopement and did not notify Resident #1's family member of the incident. During the exit interview on at 3:00 p.m. with the Administrator, he did not provide any additional information. Class III	A 025		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007	A 032		

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A 032	Continued From page 11 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures	A 032		

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A 032	Continued From page 12 for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of completion of the required two elopement drills per year. The findings included: On , at approximately 1:00 p.m., the Assistant Administrator was requested to provide documentation of completed elopement drills. The Assistant Administrator produced limited records, with the most recent documented elopement drill dated , at 8:00 a.m. No additional documentation was provided indicating that the facility had completed the required elopement drills. Interviews conducted with Staff B and Staff C on , between 10:00 a.m. and 2:00	A 032		

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A 032	Continued From page 13 p.m., indicated that at least two elopement drills were reportedly conducted during the year; however, neither staff member was able to provide the dates or times of the drills. Both Staff B and Staff C stated they could not recall when the drills occurred. During the exit conference held on , , , at approximately 3:00 p.m., the Administrator did not provide any additional documentation or information related to completed elopement drills. Class III	A 032		
A 078	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 submit a health care provider's statement that the	A 078		

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	AL11967674	A. BUILDING: _____ B. WING _____	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROPICAL GARDEN VILLAS NORTH	420 CRESCENT CIRCLE LAKE PARK, FL 33403

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A 078	Continued From page 14 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 conducted for staff, including staff by	A 078		

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A 078	Continued From page 15 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 a review of record and staff interviews, the facility failed to ensure that 1 of 3 sampled employees (Staff C) completed the required annual examination verifying freedom from ( ). The findings included: On , a review of employee personnel files revealed that Staff C, a Home Health Aide and Medical Technician (Med Tech), did not have documentation of a current annual physical examination verifying freedom from communicable , including . The most recent physical examination on file was dated . Staff C was hired on . A review of the facility's staffing schedule indicated that Staff C was scheduled to work Friday through Wednesday from 7:00 a.m. to 7:00 p.m. During an interview conducted on , , at approximately 10:00 a.m., Staff C confirmed that he was employed by the facility and was working in accordance with the staffing schedule. Staff C stated that his duties included assisting residents with self-administration of medications. On , at 3:00 p.m., the Administrator did not provide additional information during the exit conference. Class III	A 078		

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A 084	Continued From page 16	A 084		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:	A 084		

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A 084	Continued From page 17 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags,	A 084		

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A 084	Continued From page 18 excluding the removal of the , or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff that assisted with	A 084		

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A 084	Continued From page 19 medication assistance with residents completed the required two hours of annual continuing education in assistance with self-administration of medication, for 2 out of 3 sampled employees (the Administrator and the Assistant Administrator). The findings included: On , during a review of facility employee files, it was noted that both the Administrator and the Assistant Administrator had completed six hours of initial training in assistance with self-administration of medication on . However, there was no documentation demonstrating that either individual completed the required two hours of annual continuing training in assistance with self-administration of medication. Further record review indicated that the Administrator was hired on and the Assistant Administrator was hired on . Staffing schedules for confirmed that both individuals were current employees of the facility. During an interview with the Administrator on , at approximately 2:00 p.m., he was unable to provide the requested documentation of the required annual training. No additional information or documentation was provided during the exit conference. Class III	A 084		
A 165	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality	A 165		

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A 165	Continued From page 20 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. (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	A 165		

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A 165	Continued From page 21 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 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.	A 165		

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A 165	Continued From page 22 (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. This Statute or Rule is not met as evidenced by: Based on interviews, observation, record review, and review of the facility's elopement policy, it was determined that the facility failed to submit required adverse incident reports following multiple elopements involving one of one sampled resident (Resident #1). The findings included: During an interview with Resident #1 on , at approximately 9:50 a.m., the resident disclosed that he had recently eloped from the facility. Resident #1 stated that he left the facility without notifying staff because he felt imprisoned. Follow-up interviews with administrative personnel and staff conducted on , between 9:30 a.m. and 10:00 a.m., confirmed that Resident #1 had eloped from the facility on at least three occasions. Facility administration, however, maintained records documenting only two of the three reported elopement incidents involving Resident #1. Review of the available incident reports revealed that Resident #1 eloped from the facility on , at approximately 8:08 p.m. The report indicated that Resident #1 forced open a	A 165		

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A 165	Continued From page 23 chain-link gate located on the east side of the facility and exited the premises without notifying staff. The incident report failed to document the date and time of the resident's return to the facility. An additional incident report dated , documented that Resident #1 eloped through the same east-side gate at approximately 6:30; however, the report did not specify whether the time was a.m. or p.m. An interview with Staff B on , at 10:16 a.m., revealed that Resident #1 returned to the facility on , at approximately 8:00 a.m., following the elopement that occurred on , at approximately 8:00 p.m. As a result, Resident #1 was absent from the facility for nearly 12 hours without staff awareness of his absence. Review of Resident #1's Health Assessment (AHCA Form 1823) dated , documented diagnoses including , hypertensive , hyponatremia, wasting, , and , . Section A of the assessment indicated that Resident #1 experienced with periods of forgetfulness and was identified as being at risk for but not at risk for elopement. A prior AHCA Form 1823 dated , similarly documented that Resident #1 ambulated with a walker, was at risk for , and was not identified as being at risk for elopement. Although the health assessments were not updated to reflect elopement risk, facility administrative staff and personnel acknowledged awareness that Resident #1 was at risk for elopement. Despite multiple elopements involving Resident #1, the Administrator stated that these incidents were not considered adverse incidents.	A 165		

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A 165	Continued From page 24 No additional information was provided by the Administrator during the exit conference. Class III	A 165		

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ZZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	ZZ815		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

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ZZ815	Continued From page 1	ZZ815		

qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently

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ZZ815	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	ZZ815		

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	AL11967674	A. BUILDING: _____ B. WING _____	01/16/2026

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ZZ815	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	ZZ815		

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ZZ815	Continued From page 4 relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	ZZ815		

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ZZ815	Continued From page 5	ZZ815		

exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,

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ZZ815	Continued From page 6	ZZ815		

terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02 Definitions.-For the purposes of this chapter, the term:
(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

This Statute or Rule is not met as evidenced by:
Based on record review, interview and observation, the facility failed to ensure that required background screening was obtained for 1 of 5 employees (Staff D). It was also determined that 1 of 3 sampled employees (Assistant Administrator) did not have a current background screening on file.

The findings included:

A) At approximately 9:30 a.m., during a tour of the facility, Staff D was observed cleaning and mopping common areas near the main office and residents' rooms. During an interview, Staff D stated that she has been employed at the facility for nearly two years but could not recall the exact date her employment began.

In subsequent interviews, the Assistant Administrator and the Administrator confirmed that Staff D had been employed at the facility for approximately two years. Both individuals stated they were unaware that background screening was required for Staff D and, as a result, no background screening was obtained.

B) On , , , during the facility's

Agency for Health Care Administration

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ZZ815	Continued From page 7 Relicensure survey and review of employee records, the Assistant Administrator's background screening was found to have expired on . The Assistant Administrator's date of hire was . A review of the facility's staffing schedule indicated that the Assistant Administrator was scheduled to work Monday through Friday from 9:00 a.m. to 4:00 p.m. During the survey on , at approximately 10:00 a.m., the Assistant Administrator confirmed that he was employed by the facility and had worked, in accordance, with the staffing schedule. He also acknowledged that he was aware his background screening had expired. During the exit conference held on , at 3:00 p.m., the Administrator provided no additional information.	ZZ815		