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
	AL11942716	A. BUILDING: _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL. 32792

(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 (2026001006) and a generator monitoring were conducted at Westchester of Winter Park on and . Deficiencies were 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 interview and record review, the facility failed to follow a health care provider's order by failing to administer medication to 1 of 18 sampled residents (#1) and failed to document an incident in the record of 1 of 18 sampled residents (#18.) Findings: During an interview on at 10:47 AM, resident #1 said her Ozempic injection pen went missing during either or causing her to miss one weekly dose. The resident said she discussed it with the Director of	A 025		

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A 025	Continued From page 2 Nursing (DON,) who said the pen was thrown away because it had expired. Review of resident #1's 1823 (health assessment form,) dated , indicated the resident had and needed assistance with self-administration of medications. Review of the resident's medication observation record revealed LPN (Licensed Practical Nurse) D charted "9" on for the Ozempic. Continued review revealed there was no documentation to explain the meaning of "9." During an interview on at 10:33 AM, LPN D said she charted "9" on because the Ozempic was not available, not even an empty pen. An incident report dated at 8 PM, reported resident #18 called the local law enforcement agency herself for assistance of having thoughts of harming herself. Resident #18 did not go to the hospital after law enforcement arrived at the facility and thoroughly interviewed her stating that resident #18 did not have an actual plan to harm herself. A record review for resident #18 revealed date of admission on . The 1823 Health Assessment dated listed medical history of acute , failure with , acute , hypertensive , major , , and . She needs assistance with self-administration of medications. A facility note dated documented that	A 025		

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A 025	Continued From page 3 resident #18 was admitted into the hospital for and was unable to interview her. There were no facility notes that documented this incident dated . On at 10:56 AM, the Director of Nursing (DON) confirmed that there were no facility notes documenting this incident. (Photographic Evidence Obtained) Class III	A 025		
A 030 SS=D	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. (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	A 030		

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A 030	Continued From page 4 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; 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	A 030		

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A 030	Continued From page 5 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 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.	A 030		

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A 030	Continued From page 6 (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 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	A 030		

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A 030	Continued From page 7 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 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	A 030		

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A 030	Continued From page 8 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 , 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 record reviews and interviews, the	A 030		

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A 030	Continued From page 9 facility failed to ensure 1 of 18 sampled residents were treated with consideration and respect and with due recognition of personal dignity, individuality and the need for privacy (#8). Findings: Review of resident #8's record revealed an admission date on . A 1823 health assessment indicated a medical history of binocular vision, , legally , ambulates using seeing cane and assistance when needed from staff. Resident #8 also requires assistance with self-administration of medication. On at 10:45 AM, resident #8 stated he has issues with getting to the dining room and he's made the Administrator aware some time ago. Further stating, the Administrator wants him to socialize with other residents in the dining room, and he stated he does not want too. He stated he wants to return to his room with meals and needs help getting . Resident #8 added, "I'm " and he feels like they are not helping me because he won't do what they say. Adding, that's not right and he knows his rights. He stated he has spoken with the DON twice and still nothing has been done. Resident #8 added, he has an order from the doctor to have my meals delivered to my room and they still don't do it. Further stating, he's never had any issues before when the other staff were here. Everyone was willing to help me when he needed it. Review of a physician order dated read resident may remain in private room for all meals. Review resident #8's signed and dated Bill of Rights for assisted living stated the right to	A 030		

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A 030	Continued From page 10 live in safe and decent living environment free from , neglect and , . The right to be treated with consideration and respect with due recognition of personal dignity, individuality and privacy. Review of the facility's Neglect , policy dated read neglect is the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect occurs when facility staff fail to monitor and/or supervise the delivery of patient/resident care and services to ensure care is provided as required. Mental includes, but is not limited to, humiliation, harassment, threats of punishment, or deprivation. On at 9:20 AM, the DON stated resident #8 and the Administrator had a conversation, but she's not spoken with him about it. Adding, she can't fix something that he has not come to her and told her about it. The DON stated that if he presses his pendant once he's downstairs in the dining room the girls will come to assist him. The DON was unable to further explain if resident #8 has received an order from the physician for his meals in room, why does he still have to press his pendant to get help. On at 9:37 AM, the Administrator stated the only concerns resident #8 mentioned to him about the dining room was not about needing help. Adding, resident #8 had an issue with another resident in the dining room. He stated he was not aware he had an issue with getting to and from the dining room. He added, we created a flyer for meal delivery, but we do not have a policy that states the residents have to come to the dining room to eat and eat in their rooms. The Administrator stated resident #8 does not want to	A 030		

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A 030	Continued From page 11 pay for a higher level of care. On at approximately 10:15 AM, the Administrator provided a copy of resident #8's level of care evaluation dated which indicated assistance with medications. There was no mention of meals as he continued to repeat resident #8's refusal to pay for a higher level of care and the facility was doing everything to assist him. Review of a facility flyer stated effective , meal deliveries are approved for the following residents did not include resident #8. Review of the facility's updated meal delivery list dated stated unless on the list or notified by DON or Administrator, no meals are to be delivered. Further review revealed resident #8's name was listed. Review of the facility's updated meal delivery flyer dated stated that anyone not on the list is not approved for meal delivery and needs to go down to the dining room. For a change of condition and approval for meal delivery contact the DON for approval. Further review revealed resident #8's name removed. On at 12:54 PM, the DON was asked why resident #8's name was not on the list for the meal delivery if he has an order from his doctor. She stated she's not sure and was waiting for the Administrator to put orders in to update it. Further stated, if resident #8 can go smoke he can press his pendant to let us know he needs help. On at 2:04 PM, the Administrator was asked to clarify the issue with resident #8, who's	A 030		

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A 030	Continued From page 12 legally getting help. He stated resident #8 is capable of going to the dining room. Adding, because of his level of care he cannot pay so he agreed to go to the dining. The Administrator was unable to further explain when asked if the residents' level of care only applies to medication, how does that affects his meals. No further explanation was provided. Class III	A 030		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph;	A 055		

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A 055	Continued From page 13 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.	A 055		

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	AL11942716	A. BUILDING: _____ B. WING _____	01/27/2026

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A 055	Continued From page 14 (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to properly store medications for 7 of 18 sampled residents (#2, #23, #27, #28, #29, #30, #31) and failed to properly dispose of medications for 2 of 18 sampled residents (#16, #32.) Findings: 1. On at 1:08 PM, multiple resident medications were stored together in the same container inside of the medication storge room. Resident #2's card of , 125 mg was in a container with resident #27's card of , 100 mg, resident #28's card of 10 mg, resident #29's card of 25 mg,	A 055		

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A 055	Continued From page 15 resident #30's card of 2 mg, and resident #31's card of , 125 mg. During an interview on at 1:10 PM, the findings were discussed with the Director of Nursing (DON) who confirmed the findings. The DON said she is waiting on a filing cabinet to store the residents' medications appropriately. 2. Review of resident #16's record revealed a discharge date of . Review of the resident's record did not reveal documentation to indicate what happened to the resident's medications when he was discharged. Review of resident #16's MOR revealed the following fifteen medications. , , D3, , , , (probiotic), patch, , , , , , , , , and . During an interview on at 9:10 AM, the DON said when resident #16 passed some of his medications were sent to the pharmacy and some of them were disposed of. Review of the pharmacy return packing slip dated only revealed the following three medications for resident #16. , , and Probiotic formula. There was no documentation to explain what happened to the remainder twelve medications. During an interview on at 12:24 PM, the findings were discussed with the DON. The DON said those were the only three medications she	A 055		

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A 055	Continued From page 16 found for resident #16 when she went to the medication storage room. The DON added she does not know what happened to the other twelve medications. (photographic evidence obtained) On at 12:13 PM, observation of med cart A revealed 20 milligram (mg) for resident #23 was relabeled by facility staff for resident #20 and located with his medications. Review of resident #23's 1823 health assessment indicated she needs assistance with self-administration of medication. A physician orders stated d/c 20 mg per doctor and begin 40 mg tablet. Review of the facility's Medication Storage and Disposal policy dated stated medication which has been discontinued but which has not expired will be returned to the resident's representative, as appropriate, or will be centrally stored by the facility, for future resident use, by the resident at the order of the health care provider. When the medications are centrally stored, they will be stored separately from medications in current use and the area in which it is stored will be marked "Discontinued Medication." On at 11:40 AM, the DON stated the 20 mg of was discontinued for resident #23 on and increased to 40 mg. Adding,	A 055		

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A 055	Continued From page 17 no one was returning the discontinued meds to the residents, and they were just placed in storage. An incident occurred on at approximately 1 PM, it was documented by the Administrator that the Director of Nursing (DON) violated the facility's policy of letting her fourteen year old daughter (non-employee) that was visiting her in the office and allowed her fourteen year old daughter (non-employee) grab the bubble pack of 325 milligrams (mg) and popped out the medication from the bubble pack of resident #32 that was discharged from the facility. A review of the medication destruction log dated documented that resident #32 had 325mg listed along with other medications: 10mg; 20mg; Iron 150mg; 200mg; 5mg; 10mg; 100mg and 650mg. The DON signed off all these medications listed above. In further review of the medication storage and disposal policy/procedures documented on page 2, number 6, that when a resident has discharged from the facility, the Administrator or the designee will return all medications to the resident, resident's family or resident's guardian unless otherwise prohibited by law. After resident's medication has been considered abandoned after 15 days from discharge, then the medication must be returned to the pharmacy for disposal or may be destroyed by the Administrator or the designee with one witness. A record review for resident #32 revealed date of	A 055		

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A 055	Continued From page 18 admission and was discharged on to a skilled nursing facility. The last 1823 Health Assessment dated listed medical history of , , , lymphedema, , , , , , , wasting and atrophy and , of large . She needed assistance with all activity of daily living (ADLs) and needed assistance with self-administration of medications. On at 2:50 PM, an interview with the DON confirmed that her fourteen year old daughter (non-employee) was visiting her and popped out the , 325 mg belonging to resident #32 and the DON confirmed that she did not properly dispose of resident #32's medication after discharge and did not document after it was asked to the resident's family member if they wanted medications returned and family member answered no. (Photographic Evidence Obtained) Class III	A 055		
A 200 SS=D	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:	A 200		

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A 200	Continued From page 19 (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size;	A 200		

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A 200	Continued From page 20 the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure	A 200		

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A 200	Continued From page 21 that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.	A 200		

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A 200	Continued From page 22 (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the	A 200		

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A 200	Continued From page 23 county emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;	A 200		

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A 200	Continued From page 24 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved	A 200		

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A 200	Continued From page 25 shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure its emergency environmental control plan accurately reflected what the facility had in place. Findings:	A 200		

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A 200	Continued From page 26 Review of the facility's emergency power plan revealed it did not indicate what will be powered by the emergency power source. During an interview on at 2:20 PM, the findings were discussed with the Administrator, who confirmed the findings. The administrator said the lights, life safety, air conditioning, and pendant system will be powered by the emergency power source. (photographic evidence obtained) Class III	A 200		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be	A 056		

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A 056	Continued From page 27 contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or	A 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942716	A. BUILDING: _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 056	Continued From page 28 complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure medications for 2 of 18 sampled residents were properly labeled. (#20, #23) Findings: 1. On at 12:13 PM, observation of med cart A revealed a medication bubble pack with a non-pharmacy labeled for resident #20. On at 12:20 PM, Unlicensed Caregiver A stated she was unaware of the label change. Further stating, that was not the correct process, and she did not make the change adding the new	A 056		

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A 056	Continued From page 29 non-pharmacy label with resident #20's name to resident #23's . Review of resident #20's 1823 health assessment indicated he needs assistance with self-administration of medication. Review of his Medication Observation Record indicated Tab 20 mg for 1700 (5 PM) medication refused. Review of his Medication Observation Record indicated Tab 20 mg for 1700 (5 PM) medication refused. A physician order's stated discontinue (d/c) statin due to improved labs and refusals. 2. Review of resident #23's 1823 health assessment indicated she needs assistance with self-administration of medication. Review of her Medication Observation Record indicated Tab 40 mg start date . Review of her Medication Observation Record indicated Tab 40 mg start date . Review of her Medication Observation Record indicated Tab 40 mg start date . A physician orders stated d/c 20 mg per doctor and begin 40 mg tablet. On at 1:30 PM, during a conversation with the Pharmacy Manager he stated the	A 056		

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A 056	Continued From page 30 pharmacy would not have used a non-pharmacy label to change the name of the resident. Further stating, the pharmacy prints a new label which would include the required information of the resident and direction of the medication when re-shipping unused drugs. Further review during the conversation revealed the medication belonged to resident #23. The Pharmacy Manager added, he will follow up with the facility to determine why the label was changed but did not show any orders for resident #20 on On at 11:13 AM, the Director of Nursing (DON) stated she was made aware on yesterday that the medication was relabeled for resident #20. Further stating, she removed the medication from the cart when Unlicensed Caregiver A told her. She added, the label maker has been removed as well stating it was only to be used to add the residents' name to the dividers in the cart to separate the medications. The DON stated she does know who changed the medication to resident #20 and there were no adverse reactions as the orders were the same for both residents. She stated due to resident #20 refusing the an order was obtained from his doctor to discontinue. On at 2:14 PM, the Administrator stated he was made aware of the medication relabeling and had already started a plan of correction. Review of the facility's Medication Labeling & Ordering policy dated stated only prescription drugs that are properly labeled will be maintained and administered by the facility, including assistance with self-administration. On at 3:17 PM, the Administrator and	A 056		

Agency for Health Care Administration

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A 056	Continued From page 31 DON confirmed the findings. (photographic evidence obtained) Class III	A 056		