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
	AL11965661	A. BUILDING: _____ B. WING _____	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS LAKE MARY	3655 W. LAKE MARY BLVD. LAKE MARY, FL 32746

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ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821		

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ZZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	ZZ821		

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ZZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal 6. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 7. For the purposes of this rule, the following applies for submitting adverse incident reports:	ZZ821		

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ZZ821	Continued From page 3 a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility reviews and interviews the facility failed to electronically submit to the agency a preliminary report within 1 business day of incident and a full report within 15 days of the incident for 1 of 4 sampled residents. (#1) Findings:	ZZ821		

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ZZ821	Continued From page 4 Review of resident #1's record revealed a facility admission date . A 1823 health assessment indicated a medical history of , , , forgetful, and easily fixates. A facility note on at 9:18 PM, resident called 911 around 8 PM. The responding officer stated resident called by herself but could not remember what she called for, her name, or date after talking for a few minutes. On PM, the Administrator stated she was unaware of the incident as she was not working at the facility during that time. Adding, the Director of Resident Care may be able to speak on it. On at 3:28 PM, the Director of Resident Care stated the facility did not do an incident report. Further stating, she was not aware that one needed to be done for 911 coming out to the facility. Unclassified	ZZ821		
A 000	Initial Comments A complaint investigation #2026002228 and generator monitoring was conducted at Spring Hills Lake Mary on . The facility had deficiencies at the time of the survey.	A 000		
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	A 030		

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A 030	Continued From page 5 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 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;	A 030		

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A 030	Continued From page 6 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 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.	A 030		

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A 030	Continued From page 7 (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. (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	A 030		

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A 030	Continued From page 8 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 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	A 030		

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A 030	Continued From page 9 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 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;	A 030		

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A 030	Continued From page 10 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 facility failed to ensure 1 of 4 sampled residents (#9) was treated with consideration, respect, with due recognition of personal dignity and the need for privacy allowing unauthorized visitation and issuing a 45-day notice of relocation. Findings: On at approximately 10:15 AM, observation revealed resident #9, who was identified by the Director of Resident Services sitting in her wheelchair drooped over sleeping on the 2nd floor near the elevators and nurses' station. Review of resident #9's record revealed a facility admission on , A 1823 health assessment revealed a medical history of in 's , body	A 030		

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A 030	Continued From page 11	A 030		

, recurrent , , hearing loss, , , , recurrent , , , , , , , primary , , , , , onychomycosis due to , , , and receiving hospice services. The resident's activities of daily living indicates total care.

The Sales and Marketing Rep was asked if at any time she has shown any occupied rooms of current residents during her tours in , or

On at 3:00 PM, the Sales and Marketing Rep stated for the most part she only shows empty rooms or the model # , Further stating, she has not shown any residents' room during her tours. Adding, there is one resident # who allows her to show his room.

On at 4:00 PM, the Administrator stated she has issued a 45 days' notice to resident #9 as she needs a higher level of care. Further stated, they are unable to meet the needs of the resident due to her acuity and not being able to give her the best possible care. Adding, she requires to be in memory care, and we do not have any available rooms. She stated the resident had not been seen by a doctor and had no documentation with indications of the resident needing to be placed in memory care. Further stated, she needs more -on care with ambulation, feeding and will be able to be fed in memory care.

Review of resident #9's Hospice Plan of Care stated facility staff to provide assistance with ADL's, dietary needs, simple treatments, and medication per scope of practice, regulatory requirements, and facility licensure. Plan of care

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A 030	Continued From page 12 dated signed by facility nurse stated facility primary caregiver 24-hour care staff. On at 4:10 PM, the Director of Resident Care stated the facility can no longer care for resident #9 because she is not able to ambulate and now requires to be fed. Adding, she was aware when the resident moved into the facility she was on hospice services. Further stating, she had not reached out to the POA prior to the facility issuing 45 days' notice. Adding, she saw him last month in the facility while he visited the resident but did not speak or have a conversation with him about the residents' care. Review of the issued notice to resident #9's POA states this letter serves as official forty-five (45) day written notice of our intent to terminate the lease agreement, apartment #204B. The premises will be vacated on or before , in accordance with the terms of the lease agreement. Based on assessment of the resident's care and behavioral needs, it has been determined that those needs exceed the scope of services and supervision our facility is authorized to provide, necessitating placement in a higher level of care setting. On at 6:28 PM, the power of attorney (POA) stated he had not received any prior communication before the 45 days' letter arrived and no one had reached out to him. Adding, he was in the building on visiting and no one spoke to him about resident #9's care or possible discharge. Further stating, he received an alert on from the camera in resident 9's room. Upon review, he observed the Sales and Marketing Rep in the residents' room with two gentlemen touring in which the gentlemen went through her personal belongings. The POA stated	A 030		

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A 030	Continued From page 13 no one reached out to him to ask permission. Adding, this violated the residents' rights by bringing a potential resident in to assess the room. On at 6:59 PM, the Administrator stated she was unaware of the POA visiting last month. Adding, she did not reached out to him prior to issuing the 45 days' notice to discuss the care nor had she followed up with the POA after sending the letter. The Administrator stated she was unaware the resident had a camera in her room. On at 7:05 PM, resident #9 was observed still sitting in the hallway in her wheelchair drooped over sleeping on the 2nd floor near the elevators and nurses' station. Several attempts were made to speak with the resident, and she slightly lifted her . On at approximately 7:08 PM, resident #9's apartment door was opened and observation revealed a notice on the upper right- side of the bedroom door camera / recording. Upon entering the room, a camera appeared on the opposite wall near the window and bed. The Administrator stated, "I did not know there was a camera and there's a sign posted recording." I will remind the Sales and Marketing Rep to not show any resident rooms during a tour. On at 7:30 AM, the Administrator confirmed the findings, stating she had not spoken with resident #9's physician, nurse, or hospice care team about the additional care that she now requires nor had she spoken to the POA. Further stating, a representative from corporate stated to her that assisted living's do not feed residents. Therefore, resident #9 was inappropriate and needed to be moved to	A 030		

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	AL11965661	A. BUILDING: _____ B. WING _____	02/19/2026

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A 030	Continued From page 14 memory care but we do not have availability. (photographic evidence obtained) Class III	A 030		
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 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	A 056		

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A 056	Continued From page 15 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 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	A 056		

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A 056	Continued From page 16 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 record reviews and interviews, the facility failed to follow physician orders for 1 of 4 sampled resident (#1) as required. Findings: Review of resident #1's record revealed a facility admission on . A 1823 health assessment indicated needs assistance with self-administration of medications. Review of the Medication Administration Record (MAR) revealed on and indicated "2" drug refusal for pot tab every morning for hypertensive with . Review of the MAR revealed on - , - , - , and - indicated "2" drug refusal for daily for lower . On - indicated "2" drug refusal for sod cap at bedtime for , . On - , - , - , and - indicated "2" drug refusal for	A 056		

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A 056	Continued From page 17 for . On , , and indicated "2" drug refusal for pot tab every morning for hypertensive with . Review of the MAR revealed on and indicated "2" for drug refusal for pow for lower . On indicated "2" drug refusal for sod cap at bedtime for . On indicated "2" drug refusal for tab for . On and indicated "2" drug refusal for pot tab every morning for hypertensive with . On indicated "2" drug refusal for tab for . A facility note on at 7:24 PM, resident refused to be completed on . Several attempts made and education given, resident continues to refuse (meds). A facility note on at 10:22 PM, resident still and refusing to treatment (meds). A facility note on at 7:45 PM, resident was offered evening medication, which she refuses. Resident was offered her prescribed inhaler; however, she stated it was not the correct inhaler and declined use. A facility note on at 10:58 PM, medical doctor orders oral capsule. Patient refusal. A facility note on at 10:51 AM, primary care physician ordered an ultra-sound for BLE due to discoloration and poor circulation and resident refused the test.	A 056		

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A 056	Continued From page 18 A facility note on at 10:15 AM, resident stated, leave me alone, refused scheduled medications. Medications not administered. A facility note on at 10:01 AM, resident stated, leave me alone, refused schedule medications. Medications not administered. A facility note on at 3:11 PM, resident continues to refuse all ordered medications. A facility note on at 9:02 AM, resident refused all medications. Medications not administered due to resident refusal. A facility note on at 3:39 PM, resident refused AM medications. On at 2:50 PM, the Administrator stated the resident has been non complaint since admission. Adding, calling the police, refusing her meds here at the facility and at the hospital. Further stated, the doctor was at the point of discharging her from her care because she was non-compliant. On at 3:28 PM, the Director of Resident Care stated when she visited resident #1 at rehab for admission to the facility, she was made aware that the resident was non-compliant and not taking her medications. Adding, we did not put any interventions in place or discuss with the doctor prior to admission. Further stating, when the facility doctor was made aware she did not want to discontinue any medications until she had an opportunity to get to know resident #1. On a physician's telephone order was obtained for the following medications:	A 056		

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A 056	Continued From page 19 , powder - discontinue due to patient refusal, cap - discontinue due to patient refusal, change , 125 mg 1 capsule every 8 hrs. to 1 capsule daily, change 8.6 - 50 mg to 2 tablets daily as needed, change 50 mg every 8 hrs. to tab daily. The facility's undated Medication Administration Policy stated the person administering records the medication given on the medication administration record. If the resident refuses the medication, he/she indicates the failure to administer on the MAR and in the resident nurse's progress note. On at 7:30 PM, the Administrator and Director of Resident Care confirmed the findings. (photographic evidence obtained) Class III	A 056		