

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968157</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/12/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENADES BY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>425 S RONALD REAGAN BLVD<br/>LONGWOOD, FL 32750</b>                          |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 000                                                   | Initial Comments<br><br>A re-licensure survey, complaint investigation #2025016070, and generator monitoring was conducted at Serenades by on .<br>The facility had deficiencies at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 000                                                                          |                                                                                                                          |                          |                                                        |
| A 010<br>SS=D                                           | 429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency<br><br>429.26 Appropriateness of placements; examinations of residents.-<br>(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:<br>(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.<br>(b) A facility may admit or retain a resident who requires the use of assistive devices.<br>(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                                                                          |                                                                                                                          |                          |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| A 010                                                   | <p>Continued From page 1</p> <p>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.</p> <p>(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:</p> <ul style="list-style-type: none"> <li>a. Move, turn, or reposition without total physical assistance;</li> <li>b. Transfer to a chair or wheelchair without total physical assistance; or</li> <li>c. Sit safely in a chair or wheelchair without personal assistance or a physical</li> </ul> <p>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.</p> <p>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.</p> <p>(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.</p> | A 010                                                                          |                                                                                                                          |                          |                                                        |

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| A 010                                                   | <p>Continued From page 2</p> <p>(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.</p> <p>59A-36.006</p> <p>(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:</p> <p>(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.</p> <p>(b) A resident requiring care of a _____ may be retained provided that:</p> <ol style="list-style-type: none"> <li>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,</li> <li>2. The condition is documented in the resident's record; and,</li> </ol> | A 010                                                                          |                                                                                                                          |                          |                                                        |

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| A 010                                                   | <p>Continued From page 3</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;</li> <li>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,</li> <li>4. Documentation of the requirements of this paragraph is maintained in the resident's file.</li> </ol> <p>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.</p> <p>(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.</p> <p>(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.</p> <p>(g) Continued residency criteria for facilities holding an extended congregate care license are</p> | A 010                                                                          |                                                                                                                          |                          |                                                        |

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| A 010                                                   | <p>Continued From page 4</p> <p>described in Rule 59A-36.021, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on interview and record review, the facility failed to ensure 1 of 2 sampled residents (#9) who received hospice services had an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility and failed to ensure 1 of 5 sampled residents had a -to- medical examination by a health care practitioner upon a significant change (#9.)</p> <p>Findings:</p> <p>Observations on at 11:27 AM revealed resident #9 was sitting in a wheelchair in the common area. A gauze wrap was seen on both . The resident was alert and .</p> <p>Review of resident #9's record revealed a facility and hospice admission date of .</p> <p>The record did not contain an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility.</p> <p>Review of 1823s (health assessment forms,) dated and , revealed they both indicated the resident did not have a , .</p> <p>Review of a hospice comprehensive assessment, dated , revealed the presence of a deep tissue pressure injury on the left heel that started on .</p> <p>Review of a hospice note, dated , revealed the presence of a deep tissue pressure</p> | A 010                                                                          |                                                                                                                          |                          |                                                        |

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| A 010                                                   | Continued From page 5<br><br>injury on both the left and right heels.<br><br>The record did not contain documentation to indicate the resident had a -to- medical examination by a health care provider upon development of pressure injuries.<br><br>During an interview on _____ at 4 PM, the Wellness Director said there was no care plan.<br><br>During an interview on _____ at 3:45 PM, the Wellness Director said there were no documented -to- medical examinations related to the pressure injuries.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                          | A 010                                                                                           |                                                                                                                          |                                                        |
| A 032<br>SS=D                                           | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(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.<br>1. As part of its resident elopement response | A 032                                                                                           |                                                                                                                          |                                                        |

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| A 032                                                   | <p>Continued From page 6</p> <p>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.</p> <p>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.</p> <p>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:</p> <ol style="list-style-type: none"> <li>1. An immediate search of the facility and premises,</li> <li>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,</li> <li>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,</li> <li>4. The continued care of all residents within the facility in the event of an elopement.</li> </ol> <p>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement</p> | A 032                                                                          |                                                                                                                          |                          |                                                        |

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| A 032                                                   | Continued From page 7<br><br>drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on review of the facility's documented<br>elopement drills, personnel record review and<br>interview, the facility failed to have documentation<br>that 1 of 5 sampled staff participated in a<br>minimum of two resident elopement drills each<br>year (C).<br><br>Findings:<br><br>Review of Caregiver C's personnel record<br>revealed a hire date on .<br><br>Review of the , and<br>elopement drills provided did not indicate<br>Caregiver C participated in any drills.<br><br>On at 5:03 PM, the Administrator stated<br>she does not have any drills for Caregiver C.<br><br>Class III | A 032                                                                          |                                                                                                                          |  |                                                        |
| A 078<br>SS=D                                           | 59A-36.010(2) FAC Staffing Standards - Staff<br>(2) STAFF.<br>(a) Within 30 days after beginning employment,<br>newly hired staff must submit a written statement<br>from a health care provider documenting that the<br>individual does not have any signs or symptoms<br>of communicable . The examination<br>performed by the health care provider must have<br>been conducted no earlier than 6 months before<br>submission of the statement. Newly hired staff<br>does not include an employee transferring without<br>a break in service from one facility to another<br>when the facility is under the same management                                                                                                               | A 078                                                                          |                                                                                                                          |  |                                                        |



Agency for Health Care Administration

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| A 078                                                   | <p>Continued From page 8</p> <p>or ownership.</p> <p>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 individual does not constitute a risk of</p> <p>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</p> <p>(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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(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</p> | A 078                                                                                           |                                                                                                                          |                                                        |

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| A 078                                                   | <p>Continued From page 9</p> <p>specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience when an unlicensed caregiver (A) administered medications to 2 of 2 sampled residents (#13, #15.)</p> <p>Findings:</p> <p>Observations during a medication pass on at 12:05 PM revealed unlicensed caregiver A crushed the medication, mixed it in chocolate pudding, then fed it to resident #13.</p> <p>Observations during a medication pass on at 12:30 PM revealed unlicensed caregiver A emptied the contents of a medication capsule into chocolate pudding then fed it to resident #15.</p> <p>During an interview on at 12:45 PM, unlicensed caregiver A said she previously tried to get both residents to take the medications themselves by putting the spoon in their but they both only waved the spoon around.</p> | A 078                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| A 078                                                   | Continued From page 10<br><br>Class III                                                                                      | A 078                                                                                           |                                                                                                                          |  |                                                        |