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
	AL11968539	A. BUILDING: _____ B. WING _____	R 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARTRAM LAKES ASSISTED LIVING	6209 BROOKS BARTRAM DR BLDG 200 JACKSONVILLE, FL 32258

(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 revisit to the relicensure survey at Batram Lakes Assisted Living was conducted on 2/19/26. Deficiencies were found uncorrected at the time of the survey.	{A 000}		
{A 010}	429.26(1-3) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	{A 010}		

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{A 010}	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical restraint. 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	{A 010}		

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{A 010}	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a stage 2 pressure sore may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	{A 010}		

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{A 010}	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A terminally ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	{A 010}		

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{A 010}	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure two of two sampled residents (Resident #10 and #11) who required total assistance with activities of daily living (ADLs) using a mechanical lift received such assistance within the scope of the facility's licensure. The findings include: On 2/19/26 at 10:47 am, Resident #10 was observed in his room on the Green House unit, seated in chair in reclined position. His private caregiver was seated on the couch beside the resident. Resident #10 had a blue Hoyer (mechanical lift) pad underneath him. The private caregiver mentioned that Resident #10 required 2-3 people for transfer with a Hoyer lift. A black Hoyer lift was observed in the resident's bathroom. (Photographic evidence obtained) Record review revealed that Resident #10 was admitted to the facility on 9/18/2023 and diagnosed with apraxia, following non-traumatic inter-cranial hemorrhage, Alzheimer's Disease, secondary hypertension, emphysema, and peripheral vascular disease (PVD). Resident #10's service plan initiated on 9/21/23 indicated he had ADL self-care performance deficit related to cognitive impairment, cardiovascular accident (CVA), and an inability to sequence task/step. Interventions included that Resident #10 will be "properly transferred in a Hoyer lift provided by hospice." (Photographic evidence obtained) Review of the Resident Health Assessment for	{A 010}		

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{A 010}	Continued From page 5 Assisted Living Facilities,(form 1823) dated 8/17/23 indicated that he required assistance with ambulation and transfer and could ambulate up to 200 feet with a rolling walker with minimum assist of one person. The assessment indicated that Resident #10's needs could be met in the facility. Further review of another 1823 assessment dated 12/26/25 indicated that Resident #10 required assistance with ADL's, he needed a Hoyer lift to transfer, and was under hospice services. The assessment noted that Resident #10 required total assistance with ambulation, toileting. (Photographic evidence obtained) During tour to the Green House unit on 2/19/26 at 11:21 am, Resident #11 was observed in the living area seated in a high back chair that was in reclined position. He had a blue Hoyer pad underneath him. Tour to Resident #11's bathroom revealed the presence of a Hoyer lift. (Photographic evidence obtained) In an interview with Employee C, Caregiver, on 2/19/26 at 11:23 am, she stated that Resident #11 required 2-3 people for assistance with transferring using a Hoyer lift. She confirmed that the Hoyer lift in the bathroom was used for Resident #11's transferring. Record review revealed that Resident #11 was admitted to the facility on 01/10/25 with the following diagnoses: aphasia, muscle weakness, Alzheimer's Disease, anxiety disorder, bipolar disorder, dementia without behavioral disturbance, insomnia, and seizures. Review of the assessment form 1823 dated 01/01/25 indicted that Resident #11 was independent with ambulation and transfers and	{A 010}		

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{A 010}	Continued From page 6 that the needs could be met in the facility. Another form 1823 (no date) indicated Resident #11 required assistance will all ADL's, and was unable to transfer to the wheelchair without a Hoyer lift. The assessment noted that Resident #11 required total assistance with ambulation, toileting and that he was on hospice services. Page 2 of 3 included a handwritten comment stating he required a Hoyer lift. (Photographic evidence obtained). Review of the service plan revised 12/24/25 revealed that Resident #11 had an ADL self-care performance deficit related to balance issues, cognitive impairment, limited mobility, inability to sequence task /steps,Parkinson disease, and poor coordination. The goal noted he would be able to transfer safely using a Hoyer lift provided by hospice. (Photographic evidence obtained) During joint interview with the Administrator and Employee B (the former Administrator) on 02/19/2026 at 2:15 pm, Employee B stated they trained all of their staff working in the Green House unit on how to use a Hoyer lift. He explained it was his understanding that the care provided to the resident needed to be clearly documented in the plan of care. He confirmed staff were using Hoyer lifts for Residents #10 and #11. Class III	{A 010}		