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 |
|---|---|---|---|
| | AL11969874 | A. BUILDING: _____ B. WING _____ | 03/03/2026 |

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| ZZ830 SS=D | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.<br>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.<br>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.<br>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider | ZZ830 | | |

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| ZZ830 | Continued From page 1<br><br>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:<br>1. Suffered damage to its operation during the state of emergency.<br>2. Is currently licensed.<br>3. Does not have a provisional license.<br>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.<br>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database | ZZ830 | | |

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| ZZ830 | Continued From page 2<br><br>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on facility record review and interview, the facility failed to maintain its comprehensive emergency management plan (CEMP) annually.<br><br>Findings:<br><br>On during the entrance conference the Administrator was asked to provide their current CEMP for review.<br><br>On at 12:44 PM, the Administrator stated they submitted it timely, but their consultant informed them that the emergency management office was behind on processing. Further review revealed an email submission dated to the Orange County Office of Emergency Management. The letter states your comprehensive emergency management plan (CEMP) submission has been received. We will review your submission no later than .<br><br>Review of the facility's current CEMP letter dated revealed it was valid for one year. Further stating, to avoid any delays, please submit your plan for review a minimum of 60 days before its expiration date.<br><br>The Administrator was made aware of the requirements for maintaining annually and submission with a minimum of 60 days before the expiration to remain in compliance.<br><br>On at 5:08 PM, the Administrator and Director of Wellness confirmed the findings. | ZZ830 | | |

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| ZZ830 | Continued From page 3<br><br>(photographic evidence obtained)<br><br>Class III | ZZ830 | | |
| A 000 | Initial Comments<br><br>Four complaint investigations #2025017920, #2025015210, #2026001434, #2026016149, and generator monitoring was conducted at Providence Living at Maitland on - .<br>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<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 4<br><br>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.<br>(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:<br>1. Resident responsibilities;<br>2. and tobacco use;<br>3. Medication storage;<br>4. Resident elopement;<br>5. Reporting resident , neglect, and , ;<br>6. Administrative and housekeeping schedules and requirements;<br>7. control, sanitation, and standard precautions;<br>8. The requirements for coordinating the delivery of services to residents by third party providers;<br>9. Assistive devices; and<br>10. Physical .<br>(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.<br>(f) The facility must provide residents with convenient access to a telephone to facilitate the | A 030 | | |

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| A 030 | Continued From page 5<br><br>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.<br><br>429.28 Resident bill of rights.-<br>(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:<br>(a) Live in a safe and decent living environment, free from and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(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.<br>(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.<br>(e) Freedom to participate in and benefit from | A 030 | | |

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| A 030 | Continued From page 6<br><br>community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.<br>(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.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(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.<br>(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.<br>(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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 7<br>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.<br>(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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 8<br><br>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.<br><br>429.27 Property and personal affairs of residents.-<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to ensure safety for 1 of 2 sampled | A 030 | | |

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| A 030 | Continued From page 9<br><br>residents with the ability to live in a safe living environment free from and (#2).<br><br>Findings:<br><br>Review of resident #2's record revealed a facility admission on . The resident who resides in the memory care unit. The resident's Health assessment form 1823 s dated indicated a medical history of 's/.<br><br>Review of an incident report dated indicated an event reported to law enforcement. On the power of attorney (POA) of the resident reported receiving a bank fraud alert related to resident #2's financial account. The POA identified suspicious activity associated with resident #2's cellular phone and bank account.<br><br>On at 9:41 AM, the POA stated resident #2's iPhone has an apple wallet and saving account which allows you to earn interest. He stated the resident phone had been uncharged and unused since of last year. He stated the phone requires recognition for accessing. Further stating, the recognition and settings were changed. The POA stated the individual went into the residents' apple wallet and added their personal bank account taking $948 from the resident's savings account. Further stating, after receiving an email he went to the facility and retrieved the resident's phone from her room and notified the facility Saturday or Sunday morning. He added, the police were made aware and are actively investigating.<br><br>On at 11:45 AM, the Administrator stated she was made aware by the POA that resident #2 had a phone and no one at the facility knew. | A 030 | | |

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| A 030 | Continued From page 10<br><br>Further stating, the POA also made the facility aware due to the alert from the residents' phone that an account was added. The Administrator stated the POA sent a screenshot of the last four numbers of the bank account. Further stating, the facility does not have bank account information on file and the staff upon hire adds their information into the payroll system. She stated, the account information was sent to the payroll department to determine if they received a ping from the account number provided. On the Tuesday following the event, we received notification from the payroll department that the account was registered to Caregiver C. After our investigation, we determined that Caregiver C worked on the 9th of , and provided care to resident #2. After speaking with Caregiver C, she stated the resident brought the phone to her. After determining it was she used her personal cell phone charger to charge resident #2's phone. Further stated, the phone had a passcode, and she could not get it. The Administrator stated Caregiver C was unaware the POA already informed the facility the resident's phone had recognition and could only be unlocked by using resident #2's . Caregiver C further stated, she had her personal cell phone on her and maybe that's how her information got into resident #2's phone. The Administrator stated Caregiver C was terminated immediately.<br><br>On at 12:19 PM, the Director of Wellness stated after the incident they did a sweep of all residents' rooms to determine who had cell phones. It was determine the residents with cell phones were the jitter bugs which did not have the updated . Further stating there was one other resident with an iPhone, and his family confirmed it had basic access and there was no | A 030 | | |

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| A 030 | Continued From page 11<br><br>need to remove it. The Director of Wellness stated the facility installed a new system which tracks movement and will keep them informed when staff enters the residents' rooms and how long they're in.<br><br>On at 1:44 PM, Caregiver B stated when asked about using your personal phone while at work. She stated we're not supposed to have our personal phones out while providing care to the residents. She explained, we can use it during break or lunch.<br><br>The facility's , Neglect, and , policy states residents, their responsible parties, personnel, health professionals and all relevant stakeholders are encouraged to report in good faith any activity, policy or practice, fraud, , neglect, , , and any other wrongdoing that he/she believes violates professional standards of practice or it's against the law, or poses a substantial risk to the health, safety, welfare of rights of a resident.<br><br>On at 5:08 PM, the Administrator and Director of Wellness confirmed the findings.<br><br>Class III | A 030 | | |
| A 162 SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth, | A 162 | | |

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| A 162 | Continued From page 12<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if | A 162 | | |

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| | AL11969874 | A. BUILDING: _____ B. WING _____ | 03/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PROVIDENCE LIVING AT MAITLAND | 701 N MAITLAND AVE MAITLAND, FL 32751 |

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| A 162 | Continued From page 13 | A 162 | | |

such consent is not included in the resident's contract.
(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.
(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.
(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.
(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is

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| A 162 | Continued From page 14<br><br>a hospice patient as required in Rule 59A-36.006, F.A.C.<br>(o) The resident's , DH Form 1896, if applicable.<br>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement.<br>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to provide upon request copies of records for 1 of 2 sampled residents (#1).<br><br>Findings:<br><br>Review of resident #'1's record revealed a facility admission on .<br><br>A facility note on at 6:40 PM, received communication from power of attorney (POA) that the resident will not be returning to the facility. The POA provided a formal letter stating that the | A 162 | | |

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| A 162 | Continued From page 15<br><br>resident requires a higher level of care.<br><br>On , a notice of termination of residence for resident #1 addressed to Providence Living at Maitland signed by powers of attorney.<br><br>On at 4:36 PM, a resident release of records request submitted by the powers of attorney requested the following medical records for resident #1 with a specific date range of - present.<br><br>On at 4:20 PM, the Administrator stated they received the request from the family for the medical records and during the time of preparing. She stated the family contacted a lawyer therefore preventing the facility from further direct communication. Further stating, she was advised to forward the documents to their corporate legal team. She stated the family requested the unused medications to be sent which was sent via United States Postal Services.<br><br>On at 11:08 AM, the Administrator stated she was told she could no longer communicate with the family and everything had to go through legal. Adding, the facility gathered the documents and sent them to their legal team. The Administrator was asked if there was a policy stating they facility was unable to honor the request of providing the medical records. She stated she will need to follow up with their legal team to determine if there is a policy and if they've forwarded the documents.<br><br>On at 4:40 PM, the Administrator provided a printout with the tracking information from the post office stating the POA picked up the documents and medications on . Further stating, the POA received the documents with the | A 162 | | |

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| A 162 | Continued From page 16<br><br>medications. The Administrator was asked to provide copies of the documents submitted with the tracking number.<br><br>The POA was contacted via phone to determine if she received the medical records along with the medications on from the post office.<br><br>On at 4:48 PM, the POA stated the only package she received on was the unused medications that she requested to be returned.<br><br>The POA further stated there were no daily notes or medical records included, and she is still waiting to receive them.<br><br>On at 5:04 PM, the Administrator stated she spoke with their regional nurse who stated to check with the Administrative Assistant. Adding, she was not present.<br><br>The Administrator was unable to provide a policy stating the records were not sent due to legal matters or any additional documentation that supports the medical records were sent with the unused medications.<br><br>On at 5:08 PM, the Administrator and Director of Wellness confirmed the findings.<br><br>The Administrator was made aware the facility must provide copies of the resident records upon departure from the facility.<br><br>(photographic evidence obtained)<br><br>Class III | A 162 | | |

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| A 170 | Continued From page 17 | A 170 | | |
| A 170 SS=D | 429.24(3)a Resident Refund Policy<br><br>....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to honor the accurate amount of a refund for 2 of 2 sample residents the unused portion of payment beyond the termination date to the responsible party (#1, #10).<br><br>Findings:<br><br>1. Review of resident #1's record revealed a facility admission date on .<br><br>Review of resident #'1's contract agreement and statement of fees and services indicated an on-going monthly fees of $7150 with a daily rate of $235.04 (total monthly rate / days in the month). On , check #3915 was issued for $470.08 to the responsible party with a move out date of .<br><br>The facility owes an additional refund of $6.58. Based on $7150 monthly rate / 30 days ( ) = $238.33. Therefore, $238.33 x 2 days = $476.66 - 470.08 (issued) = $6.58<br><br>2. Review of resident #10's record revealed a | A 170 | | |

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| A 170 | Continued From page 18<br><br>facility admission date on .<br><br>Review of resident #10's contract agreement and statement of fees and services indicated an on-going monthly fee of $7267 with a daily rate of $250.72 (total monthly rate / days in the month). On a check #3922 was issued for $501.45 to the responsible party with a move out date of .<br><br>The facility owes an additional refund of $7.01. Based on $7267 monthly rate / 30 days ( ) = $254.23. Therefore, $254.23 x 2 days = $508.46 - $501.45 (issued) = $7.01.<br><br>On at 3:10 PM, the Administrator stated she would need to speak with marketing to determine how they do the because some months have 31 days. Further stated, they use a point system to determine the monthly rate.<br><br>at 3:20 pm - Administrator and marketing return to conference confirming the facility uses a point system for the . The marketing representative stated they will need to review the way they are completing the .<br><br>On at 5:08 PM, the Administrator and Director of Wellness confirmed the findings.<br><br>(photographic evidence obtained)<br><br>Class III | A 170 | | |