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
	AL11965814	A. BUILDING: _____ B. WING _____	R 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTPLACE- CLEARWATER, LLC	2155 MONTCLAIR ROAD CLEARWATER, FL 33763

(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
{ZZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	{ZZ814}		

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{ZZ814}	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ˙ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees were added to the Agency for Healthcare Administration (AHCA) Background Screening (BGS) Roster within five business days of hire date, for six employees (Staff C, Staff P, Staff Q, Staff R, Staff S, and Staff T) of six sampled employees. Findings included: During a record review of the facility's staff, list conducted on , Staff C was hired on , Staff P was hired on , Staff Q was hired on , Staff R was hired on , Staff S was hired on , and Staff T was hired on . A review of the facility's AHCA background screening roster, conducted on , revealed Staff C, Staff P, Staff Q, Staff R, Staff S, and Staff T were not listed on the facility's AHCA	{ZZ814}		

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{ZZ814}	Continued From page 2 Background Screening Roster. During an interview on at 2:45 p.m., the Administrator agreed the employees were not listed on the BGS Roster. (Photographic evidence obtained) Unclassified	{ZZ814}		

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{A 000}	Initial Comments A revisit survey to a complaint (#2025018500, #2025017272, #2026002375) survey from was conducted at Pruittplace-Clearwater on . The deficiencies were not found to be corrected at the time of survey.	{A 000}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing	{A 054}		

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{A 054}	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate and updated Medication Observation Records (MORs) for three residents (Resident #5, Resident #6, and Resident #7) of five sampled residents who required assistance with self-administration of medication. Findings included: A record review of MORs for Resident #5, Resident #6, and Resident #7, conducted on , revealed there were blanks on multiple days for prescribed medications, with no exceptions noted. During an interview on at 2:45 p.m., the Administrator agreed there should be no blanks on the MOR. (Photographic evidence obtained.) Class III	{A 054}		
{A 076} SS=I	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must	{A 076}		

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{A 076}	Continued From page 2	{A 076}		

provide the following to each resident, or resident's representative, at the time of admission:
1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and,
2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005.
(b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy.
(c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency.
(2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an

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{A 076}	Continued From page 3 individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , , staff trained in , , ( ) or a health care provider present in the facility, may withhold , , (and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review, observations, and interviews, the facility failed to honor Resident #1's right to refuse resuscitative measures when , , ( ) was initiated despite the presence of a valid Florida Department of Health Form 1896 { }. The facility's failure to implement and follow established policies and procedures regarding resulted in the disregard of a legally executed . The facility's non-compliance placed all residents in the facility at risk for potential danger or harm. Findings included: A review of Resident #1's records revealed Resident #1 was admitted to the facility on . The record contained a valid Florida Department of Health Form 1896 (Do Not	{A 076}		

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{A 076}	Continued From page 4 Order) dated . Resident #1 had diagnoses that included high , , , , , and . Resident #1 required assistance with self-administration of medications, ambulated with a walker, and wore a . A record review of the facility's Policy dated revealed the following: "It is the intent of the Organization to recognize a patient's desire and right to withhold , , and other life-prolonging measures through the use of a ( )." A review of Resident #1's clinical notes revealed on at approximately 6:07 p.m., the Director of Health Services was notified Resident #1 backward while attempting to exit the elevator. Staff A reported Resident #1 paused when asked three times if Resident #1 was okay, did not respond, and then backward. Staff A called for assistance and notified local emergency medical services ( ) and the residents' family. Upon arrival at the facility, took over and Resident #1 "was pronounced". During an interview on at 1:00 p.m. Staff A (an unlicensed Medication Technician) stated on at approximately 5:50 p.m., Staff A was attempting to assist Resident #1 to their room on the third floor. On the way to Resident #1's room, Staff A held the elevator door open to allow Resident #1 to exit. Resident #1 backward. Staff A called for assistance. The Activity Director responded within seconds and sat behind Resident #1's . Staff A instructed the Activity Director not to move Resident #1 due to impact. Staff A called for assistance via	{A 076}		

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{A 076}	Continued From page 5 walkie-talkie, received no response, and called 911 approximately one minute after the . The Activity Director instructed Staff A to retrieve a pillow. Staff A left briefly and returned in less than one minute. Upon return, the Activity Director reported Resident #1 was not breathing. The Activity Director directed Staff A to perform , , ( ). Staff A declined, stating uncertainty regarding the presence of a ( ). Approximately three to four minutes after the , the Activity Director initiated , and continued for four to five minutes until emergency medical services ( ) arrived, personnel assumed care, continued , and connected Resident #1 to monitoring equipment. Staff B (an unlicensed Medication Technician) arrived at approximately the same time as and presented the Florida Department of Health Form 1896 ( ). After verifying the , discontinued resuscitative efforts. Staff A stated staff can determine the presence of a by checking the of the resident's door or reviewing a binder located in the medication room. Staff A confirmed that neither location was checked at the time of the incident. Staff A also stated the facility did not provide training regarding . During an interview on at 1:08 p.m., the Activity Director stated the Activity office was located near the area of the incident. At approximately 5:45 p.m. on , the Activity Director heard a staff member call for assistance. The Activity Director exited the office and arrived within seconds of the . Staff A was yelling out that Resident #1 had . The Activity Director instructed Staff A to call for assistance. The Activity Director positioned	{A 076}		

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{A 076}	Continued From page 6 Resident #1 on the floor as Resident #1 attempted to get up. An assessment of Resident #1's revealed no visible . The Activity Director attempted verbal reassurance. Resident #1's , rolled backward and failed to focus when name was called. Staff A contacted 911 and attempted to obtain assistance via walkie-talkie. The Activity Director instructed Staff A to retrieve a pillow. Staff A left briefly and returned in less than one minute. Upon return, Resident #1's , rolled backward again, and Resident #1 became unresponsive. The Activity Director assessed for , and , and detected none. The Activity Director instructed Staff A to initiate , , ( ). Staff A declined. The Activity Director initiated and continued for approximately one minute until emergency medical services ( ) arrived. removed Resident #1 out of elevator and continued . Staff B provided Resident #1's ( ) to staff and staff discontinued resuscitative efforts. The Activity Director stated no prior training regarding procedures had been provided by the facility. The Activity Director stated, "I could not tell you" how to identify which residents had active and could only state that are printed on yellow paper. The Activity Director said, "I felt bad I couldn't save her. I knew I had to try to save her." During an interview on at 11:24 a.m., Staff B (an unlicensed Medication Technician) stated that on at around 6:00 p.m. Staff H told Staff B that Staff A was calling for assistance regarding a . Upon arriving at the third floor, Staff B observed Staff A and the Activity Director near the elevator with Resident #1. The Activity Director was holding Resident #1. Staff B ran to the second-floor nurse's station to	{A 076}		

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{A 076}	Continued From page 7 retrieve the resident's chart and sheet to verify the presence of a ( ). Staff B located the resident record and returned within approximately two to three minutes. Upon return, emergency medical technicians (EMTs) had removed Resident #1 from the elevator and placed Resident #1 on the floor. EMTs were performing , and connecting Resident #1 to monitoring equipment. Staff B reviewed the record, identified a valid , and informed personnel. personnel discontinued resuscitative efforts. Staff B notified the resident's family member. Staff B stated staff can determine whether a resident had a by checking the of the resident's room door or reviewing the chart binder. Staff B did not recall participating in any training. During an interview on at 4:12 p.m., the Resident Care Coordinator stated that ( ) are maintained in resident charts located in the second floor medication room. Stickers placed on the charts indicate status. The Resident Care Coordinator stated that reviewing the chart binder is the only method to determine status, as residents do not wear wristbands or other visible identifiers. The Resident Care Coordinator stated staff had no immediate way to determine whether Resident #1 had an active during the elevator incident. During an interview on at 4:20 p.m., Staff E (an unlicensed Medication Technician) stated staff determine whether a resident had a ( ) by checking the of the resident's room door for the document.	{A 076}		

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{A 076}	Continued From page 8 During an interview on at 4:38 p.m., Staff C (caregiver) stated staff must check the computer system to determine whether a resident had a . Staff C further stated that no direct access to a computer was available and that a medication technician would need to access the computer to verify status. During an interview on at 4:37 p.m., Staff D (caregiver) stated staff must review the computer system and resident file to determine status. Staff D confirmed certain staff members do not have computer access and must request assistance from a medication technician to verify status. During an interview on at 4:34 p.m., Staff H (an unlicensed Medication Technician) stated status can be verified through the computer system or tablet. During a phone interview on at 4:43 p.m., Staff G (an unlicensed Medication Technician) stated staff determine status by checking the of the resident's room door and reviewing documentation posted in the medication technician room. During an interview on at 9:10 a.m., Staff F (an unlicensed Medication Technician) stated staff determine status by reviewing the resident chart or the computer system. During an interview on at 2:43 p.m. Resident #1's family member stated that the facility was aware Resident #1 had a ( ); however, facility staff initiated , , ( ) anyways.	{A 076}		

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{A 076}	Continued From page 9 A review of the facility's ( ) binder revealed the binder was not current. The binder listed 31 residents as having status, but there were 34 residents with a status. The binder had residents that were not currently admitted to the facility and were missing from current residents. During an observation on at 4:45 p.m., the Administrator retrieved the facility binder from a cabinet located behind the front desk. A separate binder was observed in the second floor medication room. Both binders were not up to date. A record review of Resident #9's record revealed a sticker affixed to the outside of Resident #9's record binder. Resident #9's record was located in the second-floor nurse's station. Further review of Resident #9's record revealed no DH Form 1896 ( ) and indicated full code status on the demographic page. A record review of Resident #16's record revealed no sticker affixed to the outside of Resident #16's record binder. Further review of Resident #16's record revealed a valid in the resident chart. A record review of the facility's Advance Directives and Code Status Report dated revealed 34 residents with active . Residents #5, #17, #18, #19, and #20 were sampled from the list of 34 residents to observe for door postings. During an observation on from 4:15 p.m. to 4:45 p.m., revealed Residents #5, #17, #18, #19, and #20 had no documentation posted on the of the residents' doors.	{A 076}		

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{A 076}	Continued From page 10 During an interview on at 12:15 p.m., the Director of Health Services stated repeated requests had been made to the Administrator for binders to organize and maintain for placement on each medication cart. The Director of Health Services further stated the Administrator did not fulfill the request. During an interview on at 2:15 p.m., the Administrator agreed was performed on Resident #1 with an active order in place. The Administrator acknowledged by nodding yes the facility did not have a procedure in place to ensure staff could identify residents with a . A record review, conducted on , of the facility's in-service training named " Policy" revealed the staff involved in the incident (Staff A and Activity Director) did not participate in the in-service training completed after the survey on . During an interview on at 2:45 p.m., the Administrator agreed the Activity Director and Staff A did not participate in the in-service training. (Photographic evidence obtained) Class II	{A 076}		
{A 077} SS=I	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10	{A 077}		

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{A 077}	Continued From page 11	{A 077}		

days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.

429.52
(4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule.
(5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.

59A-36.010
(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.
(a) An administrator must:
1. Be at least ;
2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background

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{A 077}	Continued From page 12	{A 077}		

screening requirements pursuant to sections 408.809 and 429.174, F.S.;
4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and,
5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C.
Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.
(b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three

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{A 077}	Continued From page 13 assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on record reviews, and interviews, the Administrator failed to ensure residents acquire appropriate care by not honoring resident code status for a ( ) and failed to provide appropriate training to staff. Findings Include:	{A 077}		

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{A 077}	Continued From page 14 A record review of the undated Administrators job description revealed the following: "Job Purpose: Directs the day to day functions of the assisted living center in accordance with federal, state, and local regulations that govern personal care homes and as may be directed by the vice president, to provide appropriate care for our residents. Key Responsibilities: 1. Current knowledge of state and federal laws governing the operation of personal care homes. 2. Knowledge of licensing and payment programs, general business practices, ADL care practice, , , , of resident care, social services, and environmental health and safety relevant to personal care home operations. 3. Practical training in daily facility operations, departmental organization and management, community resources and interrelationships. Able to represent the interests of the facility to community advocacy groups, government agencies and the public. 9. Ability to develop and implement administrative policy and procedure that reflect the facilities philosophy and mission in compliance with federal and state laws and regulations. 13. Demonstrates knowledge of and respect for the rights, dignity and individuality of each patient/resident in all interactions. Demonstrates competency in the protection and promotion of resident rights." A record review of the facility's Policy dated revealed the following: "It is the intent of the Organization to recognize a patient's desire and right to withhold , , and other	{A 077}		

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{A 077}	Continued From page 15 life-prolonging measures through the use of a ( )." A review of Resident #1's records revealed that Resident #1 was admitted to the facility on . The record contained a valid Florida Department of Health Form 1896 ( ) dated . During an interview on at 1:00 p.m. Staff A (an unlicensed Medication Technician) stated on at approximately 5:50 p.m., Staff A was assisting Resident #1 to their room when Resident #1 backward. Staff A called for assistance. The Activity Director responded within seconds and sat behind Resident #1's . The Activity Director reported Resident #1 was not breathing. The Activity Director directed Staff A to perform , , ( ). Staff A declined, stating uncertainty regarding the presence of a ( ). The Activity Director then initiated , , , , , and continued for four to five minutes until emergency medical services ( ) arrived. personnel assumed care, continued , and connected Resident #1 to monitoring equipment. Staff B (an unlicensed Medication Technician) arrived at approximately the same time as and presented the Florida Department of Health Form 1896 ( ). After verifying the , discontinued resuscitative efforts. During an interview on at 1:08 p.m., the Activity Director stated the Activity office was located near the area of the incident. At approximately 5:45 p.m., the Activity Director heard a staff member call for assistance. The Activity Director exited the office and arrived within seconds of the . Staff A was yelling out	{A 077}		

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{A 077}	Continued From page 16 that Resident #1 had . Resident #1's rolled backward and Resident #1 became unresponsive. The Activity Director assessed for and and detected none. The Activity Director instructed Staff A to initiate ( ). Staff A declined. The Activity Director initiated and continued for approximately one minute until emergency medical services ( ) arrived. removed Resident #1 out of elevator and continued . Staff B provided Resident #1's ( ) to staff and staff discontinued resuscitative efforts. The Activity Director said, "I felt bad I couldn't save her. I knew I had to try to save her." During an interview on at 2:43 p.m. Resident #1's family member stated the facility was aware Resident #1 had a ( ); however, facility staff initiated ( ) anyways. A record review for the Activity Director, Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F, Staff G, Staff H, Staff I, and Staff J's employee records did not contain evidence the employees received training regarding within thirty days of employment. During an interview on at 2:15 p.m., the Administrator agreed was performed on Resident #1 with an active order in place. During an interview on at 10:56 a.m., the Administrator agreed there was still no training for Activity Director, Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F, Staff G, Staff H, Staff I, and Staff J. (Photographic evidence obtained)	{A 077}		

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{A 077}	Continued From page 17 Class III	{A 077}		
{A 090} SS=I	59A-36.011(11) FAC Training - (11) . . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees received training regarding ( ) within thirty days of employment for nine employees (Activity Director, Staff A, Staff B, Staff D, Staff E, and Staff F, Staff J, Staff K, Staff N) of twelve sampled employees. The facility's non-compliance placed all residents in the facility at risk for immediate danger or harm. Findings included: A record review for the Activity Director, Staff A, Staff B, Staff D, Staff E, and Staff F, Staff J, Staff K, and Staff N, revealed the Activity Director, Staff A, Staff B, Staff D, Staff E, Staff F, Staff G, Staff	{A 090}		

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{A 090}	Continued From page 18 J, Staff K, and Staff N's employee records did not contain evidence that the employees received training regarding within thirty days of employment. The Activity Director was hired on . Staff A was hired on 11/25/2025. Staff B was hired . Staff D was hired on . Staff E was hired on 11/25/2025. Staff F was hired on . Staff J was hired on . Staff K was hired on . Staff N was hired on . During an interview on at 1:00 p.m. Staff A (an unlicensed Medication Technician) stated on at approximately 5:50 p.m., Staff A was attempting to assist Resident #1 to their room on the third floor. On the way to Resident #1's room, Staff A held the elevator door open to allow Resident #1 to exit. Resident #1 backward. Staff A called for assistance. The Activity Director responded within seconds and sat behind Resident #1's . Staff A instructed the Activity Director not to move Resident #1 due to impact. Staff A called for assistance via walkie-talkie, received no response, and called 911 approximately one minute after the . The Activity Director instructed Staff A to retrieve a pillow. Staff A left briefly and returned in less than one minute. Upon return, the Activity Director reported Resident #1 was not breathing. The Activity Director directed Staff A to perform , , ( ). Staff A declined, stating uncertainty regarding the presence of a ( ). Approximately three to four minutes after the , the Activity Director initiated , , and continued for four to five minutes until emergency medical services ( ) arrived, personnel assumed care, continued , and connected Resident #1 to monitoring equipment. Staff B (an unlicensed Medication Technician)	{A 090}		

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{A 090}	Continued From page 19 arrived at approximately the same time as and presented the Florida Department of Health Form 1896 ( ). After verifying the , discontinued resuscitative efforts. Staff A stated staff can determine the presence of a by checking the of the resident's door or reviewing a binder located in the medication room. Staff A confirmed that neither location was checked at the time of the incident. Staff A also stated the facility did not provide training regarding . During an interview on at 1:08 p.m., the Activity Director stated the Activity office was located near the area of the incident. At approximately 5:45 p.m., the Activity Director heard a staff member call for assistance. The Activity Director exited the office and arrived within seconds of the . Staff A was yelling out that Resident #1 had . The Activity Director instructed Staff A to call for assistance. The Activity Director positioned Resident #1 on the floor as Resident #1 attempted to get up. An assessment of Resident #1's revealed no visible . The Activity Director attempted verbal reassurance. Resident #1's rolled backward and failed to focus when name was called. Staff A contacted 911 and attempted to obtain assistance via walkie-talkie. The Activity Director instructed Staff A to retrieve a pillow. Staff A left briefly and returned in less than one minute. Upon return, Resident #1's rolled backward again, and Resident #1 became unresponsive. The Activity Director assessed for , and , and detected none. The Activity Director instructed Staff A to initiate ( ). Staff A declined. The Activity Director initiated and continued for approximately one minute until	{A 090}		

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{A 090}	Continued From page 20	{A 090}		

emergency medical services ( ) arrived. removed Resident #1 out of elevator and continued . identified the presence of a ( ) and discontinued resuscitative efforts. The Activity Director also stated an inability to identify which residents had active and could only state that are printed on yellow paper. The Activity Director said, "I felt bad I couldn't save her. I knew I had to try to save her". The Activity Director stated no prior training regarding procedures had been provided by the facility.

During an interview on at 11:24 a.m., Staff B (an unlicensed Medication Technician) stated that on at around 6:00 p.m. Staff H told Staff B that Staff A was calling for assistance regarding a . Upon arriving at the third floor, Staff B observed Staff A and the Activity Director near the elevator with Resident #1. The Activity Director was holding Resident #1. Staff B ran to the second-floor nurse's station to retrieve the resident's chart and sheet to verify the presence of a ( ). Staff B located the resident record and returned within approximately two to three minutes. Upon return, emergency medical technicians (EMTs) had removed Resident #1 from the elevator and placed Resident #1 on the floor. EMTs were performing , and connecting Resident #1 to monitoring equipment. Staff B reviewed the record, identified a valid , and informed personnel. personnel discontinued resuscitative efforts. Staff B notified the resident's family member. Staff B stated staff can determine whether a resident had a by checking the of the resident's room door or reviewing the chart binder. Staff B did not recall participating in any training.

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{A 090}	Continued From page 21 An attempted record review of the facility's in-services revealed there were no in-services or retraining completed with any staff after the incident with Resident #1 on . A record review of the facility's Advance Directives and Code Status Report dated revealed 34 residents out of the facility census of 85 residents had an active . During an interview on at 2:15 p.m., the Administrator acknowledged by nodding yes the employees did not have the required training regarding ( ) within thirty days of employment. During an interview on at 10:57 a.m., the Administrator agreed the staff still had not completed the required training. Class II	{A 090}		
{A 160} SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must	{A 160}		

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{A 160}	Continued From page 22 include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or	{A 160}		

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{A 160}	Continued From page 23	{A 160}		

related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.
(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.
(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.
(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(n) The facility's resident elopement response policies and procedures.
(o) The facility's documented resident elopement response drills.
(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;
(q) The facility's prevention policies and procedures;
(r) The facility's medication practices;
(s) The facility's policy on physical ;
(t) The facility's policy on assistive devices;
(u) The facility's policy on third-party providers;

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{A 160}	Continued From page 24 (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log that included the discharge location and dates of discharge for multiple entries on the log. Findings included: A record review of the facility's Admission and Discharge Log, conducted on , revealed the Admission and Discharge Log was missing documentation of where residents were discharged to, and the date of discharge for multiple residents. During an interview on at 2:45 p.m., the Administrator agreed the facility's Admission and Discharge Log was missing documentation. (Photographic evidence obtained) Class III	{A 160}		
{A 165} SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily	{A 165}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965814	A. BUILDING: _____ B. WING _____	R 03/11/2026

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{A 165}	Continued From page 25 establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's	{A 165}		

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{A 165}	Continued From page 26 investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or	{A 165}		

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{A 165}	Continued From page 27 administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file an Adverse Incident Report (AIRS) after failure to honor advanced directives to the Agency for Healthcare Administration (AHCA) within one business day for one resident (#1) out of one sampled resident. Findings included: A review of Resident #1's records revealed Resident #1 was admitted to the facility on . The record contained a valid Florida Department of Health Form 1896 ( ) dated . During an interview on at 1:00 p.m. Staff A (an unlicensed Medication Technician) stated on at approximately 5:50 p.m., Staff A was assisting Resident #1 to their room on the third floor. On the way to Resident #1's room, Staff A held the elevator door open to allow Resident #1 to exit. Resident #1 backward. Staff A called for assistance. The Activity Director responded within seconds and sat behind Resident #1's . The Activity Director reported Resident #1 was not breathing. The Activity Director directed Staff A to perform . ( ). Staff A declined, stating uncertainty regarding the presence of a ( ). The Activity Director then initiated and continued for four to five	{A 165}		

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{A 165}	Continued From page 28 minutes until emergency medical services ( ) arrived. personnel assumed care, continued , and connected Resident #1 to monitoring equipment. Staff B (an unlicensed Medication Technician) arrived at approximately the same time as and presented the Florida Department of Health Form 1896 ( ). After verifying the , discontinued resuscitative efforts. During an interview on at 1:08 p.m., the Activity Director stated the Activity office was located near the area of the incident. At approximately 5:45 p.m. on , the Activity Director heard a staff member call for assistance. The Activity Director exited the office and arrived within seconds of the . Staff A was yelling out that Resident #1 had . Resident #1's , rolled backward and Resident #1 became unresponsive. The Activity Director assessed for , and , and detected none. The Activity Director instructed Staff A to initiate , , , ( ). Staff A declined. The Activity Director initiated and continued for approximately one minute until emergency medical services ( ) arrived. removed Resident #1 out of elevator and continued . Staff B provided Resident #1's ( ) to staff and staff discontinued resuscitative efforts. The Activity Director said, "I felt bad I couldn't save her. I knew I had to try to save her." During an interview on at 2:43 p.m. Resident #1's family member stated that the facility was aware Resident #1 had a ( ); however, facility staff initiated , , ( ) anyways.	{A 165}		

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{A 165}	Continued From page 29 An attempted record review of the facility AIRS report for the incident on for Resident #1. There was no evidence found that facility submitted an AIRS to AHCA. During a interview on at 4:35.p.m., the Administrator agreed the facility did not have any evidence an adverse incident report had been completed for Resident #1 incident on . During a interview on at 2:20 p.m., the Administrator agreed the facility still did not have any evidence an adverse incident report had been completed for Resident #1 incident on . Class III	{A 165}		