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
	AL11969303	A. BUILDING: _____ B. WING _____	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE HOUSE OF SARASOTA	5851 N HONORE AVE SARASOTA, FL 34231

(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 relicensure, limited nursing service, emergency power plan monitoring, health facility reporting system and complaint investigation for #2026000563 was conducted at Morningside House of Sarasota on through . Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 1 or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , ,. converting, or ,. medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or , preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	A 052		

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A 052	Continued From page 2 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the	A 052		

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A 052	Continued From page 3 resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews the facility failed to ensure staff who assist with self-administration do so appropriately to orally advise of the name and the dose of the	A 052		

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A 052	Continued From page 4 medications being given for 3 Residents (#11, #12 and #13) of 3 residents observed for medication assistance. The findings included: On at 12:30 p.m., observed Medication Technician Staff A assist Resident #11 with . Staff A handed the cup to Resident #11 and said it was . Staff A did not orally advise Resident #11 of the dose given. On at 7:50 a.m. observed Medication Technician Staff E, assist Resident #12 with 5 tablets. Staff E prepared the medications and said "I have your coming." Staff E handed the cup to Resident #12 with 5 tablets. Staff E went onto the next resident. Staff E did not orally advise Resident #12 of the names or the doses of the medications given. On at 7:58 a.m., Staff E assist Resident #13 with morning medication in the hallway near the dining room. Staff E prepared the medications placing them in a cup and handed them to the resident, who was sitting in the wheelchair. Staff E did not orally advise Resident #13 of the name or the dose of the medications given. On at 8:02 a.m., during an interview Staff E said she does not tell the residents the names and doses of the medications because they will tell her they are not on medications. Staff E said at her other job she tells them the name and dose because those residents are not memory care and can tell her if they want the medication or not. She said they cannot do that here. On at 9:45 a.m., during an interview Staff	A 052		

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A 052	Continued From page 5 D said the facility does not have medication waivers excusing staff from orally advising residents of the names and doses of the medication given. Staff D said staff are supposed to orally advise residents of the names and doses for medications when they assist. Staff D said it is not okay to skip that step during assistance on the assumption that the resident will not understand. Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of	A 078		

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A 078	Continued From page 6 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.	A 078		

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A 078	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure employees hired submitted a written statement signed by a healthcare provider indicating freedom from signs and symptoms of communicable ( ) 60 days prior to hire or 30 days within hire, and document freedom from annually thereafter for 3 (Staff B, H and I) of 5 employee records reviewed. The findings Included: Record review for Staff H revealed a hire date of as a Certified Medication Technician. Further review of staff H's record revealed documentation of a questionnaire signed with a 2 step Mantoux test given on and read on . There was no documentation of a statement from the healthcare practitioner indicating Staff H was free from signs and symptoms of communicable including . Record review for Staff B revealed a hire date of as a memory Care Attendant. Further review of staff B's record revealed documentation of a questionnaire signed with a 2 step Mantoux test given on and read on . There was no documentation of a statement from the healthcare practitioner indicating Staff B was free from signs and symptoms of communicable including . Record review for Staff I revealed a hire date of as a Memory care attendant. Further review of staff I's record revealed documentation of a Healthcare Personnel (HCP) Baseline	A 078		

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A 078	Continued From page 8 Individual Risk Assessment signed with a skin test given on . There was no documentation of a statement from the healthcare practitioner indicating Staff I was free from signs and symptoms of communicable including . On at 1:38 p.m., during an interview the Employee Relations and Administration Coordinator (ERAC) reviewed the documentation for Staff B, H and I. The ERAC said she did not know there was supposed to be a statement signed by the healthcare provider indicating the employees were free from signs and symptoms of communicable including . Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living	A 081		

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A 081	Continued From page 9 facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and,	A 081		

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A 081	Continued From page 10 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 11 other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure facility employees complete in-service training required by Florida Administrative Code within 30 days of employment for 4 (Staff B, H, I, J) of 5 employee files reviewed. The findings included:	A 081		

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A 081	Continued From page 12 Record review for Staff B revealed a hire date of as a memory Care Attendant. Further review revealed documentation of certificate of completion of 2 hours of Pre-Service Orientation on through myalftraining.com, an online computer-based training system, where the training being provided was not based on facility polices and services offered. Staff B did not complete the Preservice Orientation training as required in accordance with the regulations. Record review for Staff H revealed a hire date of as a Certified Medication Technician. Further review revealed documentation of a certificate of completion for 2 hours Preservice Orientation dated , through myalftraining.com an online computer-based training system. The training completed was not based on the facility policies and services offered. There was no documentation of certificate of completion for 1 hour of Recognizing/Reporting /Neglect training, 1 hour of Reporting major incidents, Reporting Adverse incidents, Facility Emergency Procedures, Incident reporting training, 3 hours of ADL and Behavioral Needs training, and Elopement response training on the record for staff H. Record review for Staff I revealed a hire date of as a Memory care attendant. Further review revealed documentation of certificate of completion of 2 hours of Preservice Orientation on through my alftraining.com, an online computer-based training system, the training provided was not based on the facility policies and services offered. . There was no documentation of certificate of completion for 1 hour of Recognizing/Reporting /Neglect training, 1 hour of Reporting major incidents, Reporting Adverse incidents, Facility Emergency	A 081		

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A 081	Continued From page 13 Procedures, Incident reporting training, 3 hours of ADL and Behavioral Needs training, and Elopement response training on the record for staff I. Record review for Staff J revealed a hire date of . . . as a Memory care attendant. Further review revealed documentation of certificate of completion of 2 hours of Pre-Service Orientation on through myalftraining.com, an online computer-based training system, where the training being provided was not based on facility polices and services offered. Staff B did not complete the Preservice Orientation training as required in accordance with the regulations. On at 2:00 p.m., During an interview, the Employee Relations and Administration Coordinator (ERAC) confirmed the training for Staff B, H, I and J was not done on the facility policies and services offered for the Preservice Orientation. The ERAC confirmed the records reviewed had training not completed and not in the files. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment.	A 082		

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(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 082	Continued From page 14 Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review, and interviews, the facility failed to ensure staff complete 1 hour of / training within 30 days of hire and maintain completed documentation on file for 4 (Staff B, H, I, J) of 5 employee records reviewed. The findings included: Record review for Staff B revealed a hire date of as a memory Care Attendant. Further review revealed no documentation for completion of 1 hour of / on file for Staff B. Record review for Staff H revealed a hire date of as a Certified Medication Further review revealed no documentation for completion of 1 hour of / on file for Staff H. Record review for Staff I revealed a hire date of as a Memory care attendant. Further review revealed no documentation for completion of 1 hour of / on file for Staff I. Record review for Staff J revealed a hire date of as a Memory care attendant. Further review revealed no documentation for completion of 1 hour of / on file for Staff J. On at 1:48 p.m., During an interview, the Employee Relations and Administration Coordinator (ERAC) reviewed the records for the employees and confirmed the missing training for the / not in the employee records. Class III	A 082		

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
	AL11969303	A. BUILDING: _____ B. WING _____	03/03/2026

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A 090 SS=D	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 interviews the facility failed to ensure staff complete 1 hour of ( ) training within 30 days of hire based on the facility policies and procedures for 4 (Staff B, H, I, J) of 5 employee records reviewed. The findings included: Record review for Staff B revealed a hire date of as a memory Care Attendant. Further review revealed no documentation for completion of 1 hour of ( ) on file for Staff B. Record review for Staff H revealed a hire date of as a Certified Medication. Further review revealed no documentation for completion of 1 hour of ( ) on file for Staff H.	A 090		

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A 090	Continued From page 16 Record review for Staff I revealed a hire date of as a Memory care attendant. Further review revealed no documentation for completion of 1 hour of ( ) on file for Staff I. Record review for Staff J revealed a hire date of as a Memory care attendant. Further review revealed no documentation for completion of 1 hour of ( ) on file for Staff J. On at 1:48 p.m., During an interview, the Employee Relations and Administration Coordinator (ERAC) reviewed the records for the employees and confirmed the missing trainings for the not in the employee records. Class III	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature	A 091		

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A 091	Continued From page 17 and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to appropriately document the required training for 2 (Staff B, J) of 5 records reviewed. The findings included: Record review for Staff B revealed a hire date of as a memory Care Attendant. Further review revealed documentation of certificates of completion for 1 hour of Control, Recognizing and Reporting resident , Neglect, and , , Facility emergency procedures, Elopement response policies and procedures, Reporting major Incidents, Residents Rights in Assisted Living and 3 hours of Resident Behavior and Needs all completed on . The certificates did not contain the training providers dated signature and the training program agendas. Record review for Staff J revealed a hire date of as a Memory care attendant. Further review revealed documentation of certificates of completion for 1 hour of Control,	A 091		

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A 091	Continued From page 18 Recognizing and Reporting resident , Neglect, and , , Facility emergency procedures, Elopement response policies and procedures, Reporting major Incidents, Residents Rights in Assisted Living and 3 hours of Resident Behavior and Needs all completed on . The certificates did not contain the training providers dated signature and the training program agendas. On at 1:58 p.m., during an interview the Employee Relations and Administration Coordinator (ERAC) said no one told her the agendas had to be with the certificates. HR reviewed the certificates provided and said she will have to get the staff and Executive Director (ED) who gave the training to sign the certificates. The ERAC confirmed the training certificates were missing the agendas and signatures. Class III	A 091		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_	A 093		

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A 093	Continued From page 19 Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as	A 093		

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A 093	Continued From page 20 served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on	A 093		

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A 093	Continued From page 21 at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have menus conspicuously posted and easily available for residents residing in the memory care unit. This has the potential to affect residents in this unit by limiting awareness of planned meals and choices. The Findings Included: On at 11:00 a.m., observation of lunch service for 100-200 (bayfront dining room) hallway no menus were posted in the dining room. On at 11:04 a.m., during an interview Staff F (server) said the meal being served consisted of rice, chicken with marinara sauce, mix salad, chicken noodle soup and coconut cake. On at 11:55 a.m., observation of lunch service in the dining room for the (orange blossom dining room) hallway, no menus were posted. On at 12:05 p.m., during an interview Staff G (server) said they are serving yellow rice, chicken, salad and chicken noodle soup. Staff G confirmed no menus were posted.	A 093		

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A 093	Continued From page 22 Record review of menus provided, menus not dated for the week, menu being used for this week is the week 2 menu, lunch meals consist of chicken noodle, chicken cacciatore, roasted vegetables, rice, frosted white cake. On at 8:00 a.m., Observation of Orange Blossom dining room, no menus were posted for meals. On at 8:13 a.m., during an interview Staff B (caregiver) said for breakfast they are having eggs, potatoes, oatmeal, and sausage and beverage of choice. On at 11:02 a.m., observation of lunch service in Bayfront dining, no menus were posted. On at 11:03 a.m., during an interview Staff L (server) said for lunch they are having Mashed potatoes, meatballs, green beans, chocolate cake and tomato soup. Staff L acknowledged there were no menus posted. On at 11:13 a.m., during an interview with Staff K (Wellness nurse) stated "they don't post menus in this (bayfront)dining room, they usually do in the other (orange blossom) dining room on the television." On at 11:15 a.m., during an interview Staff H (caregiver) said she has been at the facility going on 90 days now, she confirmed no menus were posted in the bayfront dining room. Staff H stated, "there are no menus posted, none that I've can see." On at 12:05 p.m., observation of lunch service in the orange blossom dining room, no	A 093		

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A 093	Continued From page 23 menus were posted. On at 12:10 p.m., during an interview Staff B said there is usually supposed to be a menu on the wall. Staff B acknowledged no menus were posted in the orange blossom dining room. On at 12:30 p.m., during an interview, the Dining Director (DD) said she is responsible for the dining rooms and the servers, and the menus are supposed to be running on the Televisions (TV) in the dining rooms. Observation of the orange blossom dining room with the DD, she confirmed no menus were posted or running on TVs. Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable	A 152		

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A 152	Continued From page 24 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a safe, clean, home-like environment ensuring facility structure were in good repair ensuring carpets were free from rips, gashes and tears. The tears in the hallway carpet created unnecessary safety hazards where residents could trip and . The findings included: On at 9:04 a.m., email communication from the local ombudsman office revealed: "on the local ombudsman was at the facility for a visit. The hallway carpeting had holes/tears. This is a hazard as walkers and residents may get caught up and . The carpeting issue was there during Ombudsman's visit and the Executive Director said they were having a difficult time getting it taken care of."	A 152		

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A 152	Continued From page 25 On at 4:25 p.m., during an interview Staff D said they have needed new carpet for 2 years. On at 10:23 a.m., during a tour of the facility, observed multiple tears and staining in the 100, 200, 300, and 400 hallways of the facility. All residents were required to travel in the hallways to get to the dining rooms and the activity rooms. The One hundred (100) hall carpet contained an 18-inch perpendicular tear across the carpeting near the safety firsthand sanitizer sign between ; there was a 6-inch tear in the carpeting near . On at 10:31 a.m., observed an 18-inch carpet tear across from in the 200 hallway. On at 10:32 a.m., observed on the carpet a 6-inch tear between . On at 10:34 a.m., observed 2 carpet tears and fraying between . On at 10:35 a.m., observed 2 tears in the hallway carpet near . On at 10:36 a.m., observed a 12- inch tear in the carpet at the care station door near the Dickinson Place picture. On at 10:37 a.m., observed frayed carpet at the drain cover near . On at 10:38 a.m., observed an 18-inch carpet tear and gap between . On at 11:52 a.m., during a tour of the 100,	A 152		

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A 152	Continued From page 26 200, 300, and 400 hallways with the Maintenance Director, he said the carpeting is old, and acknowledged the rips and tears in the carpeting in the hallways. On at 11:53 a.m., during an interview the Executive Director said the carpet was installed in 2017. She said this year is the first time the replacement of the carpet was requested. She said the corporate representatives toured the assisted living facility in 2025 and made notes they wanted to replace the carpeting. She said tears were created by the mechanical robot they use for vacuuming, the carpet fibers got caught in the vacuum creating the tears. ***Photographic evidence obtained ***. Class III	A 152		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file.	AN277		

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AN277	Continued From page 27 (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that their employed nursing staff met the needs of 1 (Resident #10) of 2 residents reviewed for nursing services. Resident #10 was billed by the facility for care under limited nursing services (LNS), at the same time the home health agency billed the insurance for nursing services. The findings included: The facility Policy No. 242 FL Limited Nursing Services (LNS) Policy 1 "Purpose: The purpose of this policy is to define the scope, responsibilities, and operational procedures for providing Limited Nursing Services (LNS) at Morningside House of Sarasota in accordance with Rule 59A-36.022, Florida Administrative Code and all applicable Florida Statutes related to assisted living facilities." 3. Scope of Limited Nursing Services (LNS) . . . Services provided under LNS may include (consistent with practitioner's orders): . . .	AN277		

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AN277	Continued From page 28 care within LNS scope (First Aid, Bandage Replacement if under HHC or Hospice Services for temporary coverage contacting the service provider for follow-up services) . . . " 5. Staffing Requirements: Morningside House must: Employ or contract with licensed nurses (RN or LPN) [Registered Nurses or Licensed Practical Nurses] who are available to provide LNS as needed; Maintain sufficient and qualified staff to meet resident needs based on number and , , of LNS residents, per Rule 59A-36.010 FAC..." Record review for Resident #10 revealed a physician order sheet dated with an order for LNS to left lower monitor. Record review of the facility LNS Service Log revealed Resident #10 began LNS on . There was no stop date. Review of the resident agreement signed by Resident #10's legal representative and the facility on revealed a Schedule of Resident Fees; no additional LNS fees were applicable to Resident #10. On , the Schedule of Resident Fees listed an LNS fee for care of $250.00 per month but lacked any signatures of the resident or responsible party. Record review of Resident #10's invoice period to revealed an LNS charge on and for $250.00. Record review of Resident #10's progress notes revealed the following: at 12:00 p.m., - LNS to follow for , monitoring. New order to discontinue to left post . improved significantly	AN277		

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	AL11969303	A. BUILDING: _____ B. WING _____	03/03/2026

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AN277	Continued From page 29 to left . Resident able to move . Skin intact. . . at 3:45 p.m., - New order to discontinue LNS. Resident had follow up at orthopedic and is no longer required to wear brace to left , LNS will discontinue services at this time. . . at 10:00 a.m., - New order for LNS to follow for care monitoring. to left lower . Two scattered areas, 0.2 centimeters (cm) x 0.2 cm x 0.1 cm and 2.4 cm x 2 cm x 0.1 cm. No s/s [signs/symptoms] of at this time. [name of agency] HH [home health] ordered to provide routine care. Cleanse with normal , , dry, Kerlix, coban. . . [name of agency] HH will continue to provide routine care. LNS will continue to follow for care monitoring. at 10:00 p.m., - Resident pulled off left . leg was cleaned and rewrapped. at 11:15 a.m., - per HH and [, , ,] resident only has enough visits allotted from insurance for nursing needs at this time. at 10:15 a.m., - LNS to follow for care monitoring. to left lower . nearly healed. No s/s of at this time. [name of agency] HH ordered to provide routine care. Cleanse with normal , , dry, Kerlix, Coban. Resident alert and pleasant. . . [name of agency] HH to continue to provide routine care. LNS will continue to follow for care monitoring. at 7:30 p.m., - Resident #10 picked off dry skin on and caused a . Area cleaned and covered. Record review of the Home Health Forms revealed the home health company documented nursing services performed on the following dates:	AN277		

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AN277	Continued From page 30 - No , ; no ; left upper extremity and ; non-pitting. clear. - care performed to left . Scabs are present and covered for protection. Vital signs stable. - to left lower scab present. Vital signs stable with no complaint of... (illegible). - care performed to right ... (illegible). - care performed to right . Vital signs stable... (illegible). - care performed to right . Healing well without signs of . Vital signs stable. - care performed to right . New noted to mid . Vital signs stable. - care performed to right ... (illegible). - care performed to right . Left open to air. Scabs noted. Vital signs stable. - to done. to left , see below for care... cleaned with normal , Xeroform, , dry sterile , netting. - care performed to new to left ... (illegible). - care performed to left . Vital signs stable with no apparent... (illegible). 2//13/26 - to left continues to heal well without signs or symptoms of . Vital signs stable. Record review of Resident #10's Service Plan dated revealed on page 11, "LNS to follow due to care monitoring." On at 2:32 p.m., during a telephone interview, Resident #10's legal representative	AN277		

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AN277	Continued From page 31	AN277		

said the home health agency is billing the insurance for their nurse to come to the facility and bandage Resident #10's , and she also received two itemized charges for LNS of $250 on and from the Assisted Living Facility, she thinks this is double billing for the same service. Resident #10's legal representative said she asked the Executive Director (ED) why the home health agency must come to the facility to do the care, and the ED told her that technically, the facility is not a medical facility. She said originally the was approximately 2 inches long, but it got worse because the facility would not dress the resident in long slacks as she requested. She said Resident #10 was able to scratch the and make it worse, prolonging the need for care.

On at 2:57 p.m., during an interview, the Director of Nursing (DON) said the LNS license allows the facility nurses to oversee what the home health company is doing and hold them accountable. The DON said the facility nurses are overseeing the home health nursing care for . She said the facility nurses perform the initial first aid care on a newly acquired . The facility nurse then calls the physician to request an order for the home health agency to routinely treat the after that. The facility nurses will replace a soiled bandage or one that has off.

On at 9:23 a.m., during a telephone interview, Resident 10's legal representative said the facility staff did not offer her a choice between facility LNS or home health agency nursing services providing care. She said Resident #10 got a cut on her _ in the facility in . She said around she

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AN277	Continued From page 32 spoke with the ED and the DON and asked both "point blank" who was going to pay for this care for the injury obtained at the facility. Resident #10's legal representative said the ED and DON told her that the contract agreement states if they need outside care services, they will be obtained. She said from that point, they got the home health agency nurses to perform care. The legal representative said LPN Staff K called her and told her it was a cut and she was going to get outside care. There was no choice. She said she would prefer facility nurses to do the care because then she could monitor the and ask them questions. She said much of the time the home health nurse is not at the ALF or not available. She said it has always mattered to her that the insurance was being billed by the home health agency. The facility progress notes dated at 3:15 p.m., new order received for home health for treatment to left lower extremity. Order faxed and power of attorney (POA) notified. On at 9:58 a.m., during an interview, LPN Staff K said the facility nurses are to perform the emergency care for newly acquired then send the picture to the provider. The provider sends the ALF nurse an order for the home health agency nurse to treat it. She said she does that for and other types of . She said if a bandage comes off, she replaces it. She said she was trained by the ALF that the home health agency comes to the facility for routine care. Staff K said she talked to Resident #10's legal representative about the and she did not give her a choice between the facility LNS and the home health agency because the facility nurses do not perform routine	AN277		

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AN277	Continued From page 33 changes or care unless it is emergency first aid or replacing a bandage that off. On at 12:00 p.m., during an interview, the ED said they are not allowed to do the care and only do first aid. On at 1:46 p.m., during an interview, the ED said the facility provides management for residents who get care from the home health agency nurse. The ED said Resident #10's daughter came to her and said she did not think it was necessary to pay for LNS at the facility and the home health company. The ED said she called the state and they told her it was okay. She said she does not know who she spoke to. On at 2:16 p.m., during an interview, the Third Party Provider Billing said Resident #10 had 7 skilled nursing visits totaling 1750.01 from through . The diagnoses was skilled nursing for care. The Billing said for through there have been no bills sent to Medicare yet, but there will be. She said the bill for through is for skilled nursing and there is a diagnosis in there for a . It will be billed to the benefit. The Billing said from through the diagnoses was and the home health billed the benefit for skilled nursing for care along with . Class III	AN277		