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
	AL11942878	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE PALMS	2674 WINKLER AVENUE FORT MYERS, FL 33901

(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 Change of Ownership, emergency power plan monitoring, health facility reporting system and complaint investigation for #2025017013 was conducted at American House The Palms on through . Deficiences were identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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

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

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

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a -to- medical examination by a health care practitioner at lease every 3 years after the initial assessment, or after a significant change, whichever comes first was completed for 2 (Residents #5, #12) of 3 residents reviewed receiving hospice services. The findings included: Policy Titled: Change of Condition-Reporting. Effective Date: . Revision Date . Procedure; 7. The Wellness Director shall contact the resident's physician...at any change of condition...to arrange for an assessment of the resident's nursing care needs or medical needs..." Record review for Resident #12 showed an admission date of . Resident #12 was admitted to hospice services on . (The start of hospice services is a significant change from curative to comfort-focused care for illness). Resident #12's Health Assessment Form (1823) was signed and dated by the health care provider on . There was no documentation of an updated Health Assessment Form for Resident #12 after the significant change and being admitted to Hospice services. Record review for Resident #5 showed an admission date of . Resident #5 was admitted to hospice services on . Resident #5's Health Assessment For was signed	A 010		

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A 010	Continued From page 5 and dated by the health care provider on . There was no documentation of an updated Health Assessment Form for Resident #5 after the significant change and being admitted to Hospice services. On at 3:55 p.m., during an interview the Director of Nursing (DON) said if there is no 1823 at the time of the Hospice order, then she does not have an updated Health Assessment Form for the significant change. The DON said the Assistant Director of Nursing (ADON) is responsible for memory care records, and there should have been a new Health Assessment Form completed by the provider for the admission to hospice services. Class III	A 010		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement	A 032		

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A 032	Continued From page 6 for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement.	A 032		

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A 032	Continued From page 7 (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to make at a minimum a daily effort to determine that residents at risk for elopement had identification on their person that included their name and the facility's name, address, and telephone number for one (Resident #17) of 2 residents reviewed for elopement. The findings included: Policy: Elopement. Effective date: . Revision date . Procedure: Prevention: Environment: The community's environment will support safe walking and , socialization and interaction: 10: "For Florida Only - Each resident identified as an elopement risk will maintain on their person an identification that includes their name and the facility's name, address and telephone number." Record review for Resident #17 showed an admission date of . Review of the Resident Health Assessment Form (1823) dated indicated Resident #17 was an elopement risk. Review of Resident #17's level of care service plan dated indicated the following: the need for supervision was moderate and the resident required some supervision in the home and needs attendance when outside the home, and/or tends to . Further review indicated Resident #17 as had severe or am non-verbal requiring constant redirection and	A 032		

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A 032	Continued From page 8 monitoring. Resident #17 inside the community and may enter other resident's rooms, requiring supervision and redirection; has and or elopement behaviors; is not safe to leave the community unescorted; inside the community...my triggers for are when I'm looking for my dog and my car. On at 10:46 a.m., during an interview Staff G licensed practical urse (LPN) said everyone in memory care requires a secure environment because they are not safe to be outside of the community without supervision. Staff G said sometimes a resident is not exit seeking but could be looking for something. On at 11:09 a.m., observation of Resident #17 in the common area near the door. Resident #17 was not wearing any identification on his person, either or ankles that included his name, the facility name, address and telephone. On at 12:42 p.m., during an interview Staff G said there is no process to check memory care residents for identification . On at 11:26 a.m., the Memory Care Supervisor verified Resident #17's 1823 indicated the resident is an elopement risk. The memory Care Supervisor said Resident #17 is not wearing an identification tag, but the resident should be. The memory care supervisor checked the resident's room and could not locate an identification tag. On at 11:43 a.m., during an interview the Director Of Nursing (DON) said technically everyone in memory care is an elopement risk, but memory care is a locked unit, and the residents cannot get out without someone seeing	A 032		

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A 032	Continued From page 9 it. The DON said Resident #17 should be wearing an identification bracelet. Class III	A 032		
A 052 SS=E	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 or her (d) Applying , medications. (e) Returning the medication container to proper storage.	A 052		

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A 052	Continued From page 10 (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 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.	A 052		

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A 052	Continued From page 11 (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 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	A 052		

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A 052	Continued From page 12 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 observations, record review, and interviews, the facility failed to ensure that unlicensed staff who provided assistance with self-administration of medication do so appropriately to orally advise the residents of the names and dosages of the medications being given for 5 (Residents #12, 13, 14, 15, 16) of 5 residents observed.	A 052		

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A 052	Continued From page 13 The findings included: Policy titled: Medication Administration effective date . Revision date . Procedure: Before the Medication Pass: 3. Wash your before beginning and before contact with each resident. Sanitizing wipes or gel may be used. See " Washing" policy. Medication Administration: 2. Always use the "6 Right's" when preparing medications for administration: f. right documentation On at 11:57 a.m., Medication Technician (MT) Staff A was observed preparing oral and medications for Resident #14. Staff A then entered the resident's room and said, "got your midday pills. I have your , , , 1 tablet" and then gave to the resident to take. Staff A then said, "I have your , ," and handed the resident a tissue, and instilled one drop into each of the resident's . Staff A did not inform Resident #14 of the name or dosage of the medication or the dosage of the oral medication given On at 12:03 p.m., MT Staff A was observed preparing oral and medications for Resident #15. Staff A entered the room and said, "I have your midday pills; your , B3, and your , ,". She then gave the oral medications in the cup to the resident to take. Staff A grabbed the , , and said to the resident, "look up for me please", and administered the , , into her . Staff A did not inform Resident #15 of the dosages of the oral medications given, or the name and dosage of the , medication given On at 12:09 p.m., MT Staff A was	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942878	A. BUILDING: _____ B. WING _____	03/17/2026

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A 052	Continued From page 14 observed preparing an oral medication for Resident #16 without performing hygiene techniques. Staff A entered the room and said, "I have your ...so it's one pill." She then gave the resident her medication cup to take the pills. Staff A said, "thank you, [name]" and left the room. Staff A did not perform hygiene prior to assisting with the medications, and did not inform Resident #16 of the dosage of the medication given On at 12:18 p.m., MT Staff D was observed preparing oral medications for Resident #12 without performing hygiene techniques. Staff D walked into the room where the resident was being wheeled out to lunch and was sitting in her doorway. Staff D said, "I have your , med (medication) and your probiotic". Staff A placed the probiotic capsule into the resident's and told her, "flush it down". Resident #12 could not swallow the pill and removed it out of her . She attempted again to try to swallow it and took it out and handed it to Staff D and said, "I can't swallow it". Staff D took a glove out of her pocket and put the capsule into the glove. She then placed the other tablet into Resident #12's and she was able to swallow it with water. Staff D returned to the cart. On at 12:20 p.m., During an interview when asked what she was going to do with the pill? Staff D said, "I have to mark it as 'not given'. Anytime the resident's do not take it, we mark it as 'not given'". Staff D then threw the pill and glove into the trash can on her med cart. Staff D then proceeded to open Resident #12's electronic medication administration record (EMAR) and pulled up the resident's tablet and marked it as 'not given'. She was then asked if she was sure that was the correct	A 052		

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A 052	Continued From page 15 medication that she was marking as 'not given' and she replied, "yes, because she only had 2 medications". Review of Resident #12's eMAR (electronic medication administration record) showed the 10mg (milligram) oral tablet scheduled for 12:00 p.m., was marked with the abbreviation 'DNG', (drug not given), and was electronically signed with Staff D's initials. On at 12:25 p.m., MT Staff D was observed preparing oral medications for Resident #13 without performing hygiene techniques. Staff D walked her medication cup and water into the common area where the resident was seated. Staff D said to Resident #13, "I have 2 pills for you: your and your probiotic". Staff D did not inform Resident #13 of the dosage of the medications given. During an interview on at 3:50 p.m., the Health and Wellness Director (HWD) said the proper procedures for med pass; staff are to wash prior to med pass, have the right resident, right medication and tell the resident what medication they are giving them - the name of the medication and the dosage. If it is in memory care, you can do over assist them and watch them. Make sure the med cart is locked and the cart is secured. Wash after each med pass. If the medication is not given staff would document it was not given and notify whoever is on call or let her know that the resident is having troubles swallowing. The medication disposal procedure is to use the drug buster that they keep, and then document with the pharmacy on the spit form. The HWD said she will have to go in and do a progress note on the medication that was entered wrong, she	A 052		

Agency for Health Care Administration

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A 052	Continued From page 16 stated, "I can't change it." Class III	A 052		