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
	AL11964677	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHID TERRACE	111 MOORINGS PARK DRIVE NAPLES, FL 34105

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A 000	Initial Comments A Relicensure, Extended Congregate Care, Emergency Power Plan Monitoring and Health Facility Reporting System was conducted at Orchid Terrace on through . Deficiencies were identified at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is	A 008		

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A 008	Continued From page 1 performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident	A 008		

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A 008	Continued From page 2 which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , or any other communicable , which are likely to be	A 008		

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A 008	Continued From page 3 transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30	A 008		

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A 008	Continued From page 4 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or , (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the health assessments were completed correctly, accurately and reflect the needs and services of the residents for 3 (Residents #4, #5, #9) of 3 reviewed for accuracy of records.	A 008		

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A 008	Continued From page 5 The findings included: Record review of the Resident Health Assessment Form (1823) for Resident #4 was completed and dated by the provider on . On page 3 the provider checked one box indicating the resident required assistance with (medication) self-administration. Assistance with (medication) self-administration means unlicensed staff (Medication Technicians) can assist with medications. The provider checked the 2nd box indicating the resident required medication administration. Medication administration can only be performed by a licensed nurse. The instructions clearly stated to place a checkmark in front of the appropriate box (1). Record review of the Resident Health Assessment Form (1823) for Resident #5 was completed and dated by the provider on . On page 3 the provider checked one box indicating the resident required assistance with (medication) self-administration. Assistance with (medication) self-administration means unlicensed staff (Medication Technicians) can assist with medications. The provider checked the 2nd box indicating the resident required medication administration. Medication administration can only be performed by a licensed nurse. The instructions clearly stated to place a checkmark in front of the appropriate box (1). On at 12:59 p.m., Licensed Practical Nurse (LPN) Staff B said Resident #4 was in memory care and all memory care residents require medication administration.	A 008		

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A 008	Continued From page 6 On at 2:15 p.m., LPN Staff F said she is in charge of reviewing the 1823 when from the hospital or skilled nursing unit. She said the prior staff responsible reviewed these and did not catch the error. She said page 3 of the Health Assessments for Medications was incorrect and there should not be check marks in front of both "needs assistance with self-administration" and "needs medication administration." On at 2:20 p.m., the Administrator said the Health Assessments for Residents #4 and #5 were incorrect. Record review for Resident #9 showed an admission date of . Further review revealed a Resident Health Assessment Form (1823) signed . Section 2. Self-care and General Oversight Assessment - medications indicated Resident #9 needs Assistance with self-administration of medications, needs Medication Assistance and Able to self-administer medications, all the boxes were checked, with an additional comment indicating," patient would like med assistance." There was no definite clarification of what the facility staff were expected to provide for Resident #9 pertaining to her medications. On at 1:42 p.m., during an interview licensed practical Nurse (LPN) Staff F Resident #9 receives medication administration, the facility staff does hr medications for her. Staff F	A 008		

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A 008	Continued From page 7 reviewed Resident #9's 182. Staff F said she was not in the position when Resident #9's 1823 was completed that would have been the ECC supervisor. Staff F confirmed all the boxes on the 1823 for medications were checked and staff would not know what they needed to do for medications for Resident #9, Staff F confirmed the 1823 was not accurate. Class III	A 008		
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 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	A 081		

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A 081	Continued From page 8 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, 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,	A 081		

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A 081	Continued From page 9	A 081		

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, 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

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A 081	Continued From page 10 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 employees complete in-service training required by Florida Administrative Code within 30 days of employment for 3 (Staff I, J, K) of 5 employee files reviewed. The facility failed to ensure the required training was completed based on the facility policies and procedures. The findings included: Record review for Staff I revealed a hire date of as a Resident Care Assistant. Further review revealed documentation of certificate of completion for 45 minutes on , Neglect and , Self-Paced on , 30 minutes for Preventing, Recognizing and Reporting	A 081		

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A 081	Continued From page 11 on , 30 minutes for : Recognizing and Reporting on 3//3/26, 15 minutes for Fire Prevention and Response: The Basics Self-Paced on , using Relias an online computer based training system, the training completed was not based on the facility policies and procedures. Staff I's file contained no documentation of certificate of completion for elopement response training. Record review for Staff J revealed a hire date of as a licensed Practical Nurse (LPN). Further review revealed documentation of certificate of completion for 45 minutes on , Neglect and , Self-Paced on , 30 minutes for Preventing, Recognizing and Reporting on , 15 minutes for Fire Prevention and Response: The Basics Self-Paced on , using Relias an online computer based training system, the training completed was not based on the facility policies and procedures. Staff J's file contained no documentation of certificate of completion for elopement response training. Record review for Staff K revealed a hire date of as a Resident Care Assistant. Further review revealed documentation of certificate of completion 30 minutes for Preventing, Recognizing and Reporting on , 30 minutes for : Recognizing and Reporting on , 15 minutes for Fire Prevention and Response: The Basics Self- Paced on , 30 minutes for Fire safety: the Basics on , using Relias an online computer based training system, the training completed was not based on the facility policies and procedures. Staff K's file contained no documentation of certificate of completion for elopement response training.	A 081		

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A 081	Continued From page 12 On at 2:18 p.m., during an interview the Director of Nursing/Administrator confirmed there was no documentation of certificates of completion for Staff I, J, and K for Elopement Response Training. On at 3:41 during an interview the Human Resource Generalist (HRG) said she is the person responsible for the employee records, and she sets the new employees up for the training using the learning management system through Relias. The HRG said the training is specific to Florida assisted living facilities. The HRG acknowledged the training completed was not based on the facility policies and procedures. Class III	A 081		
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:	A 090		

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A 090	Continued From page 13 Based on record review, and interviews, the facility failed to ensure staff complete 1 hour training of ( ) within 30 days of hire based on the facility policies and procedures for 3 (Staff I, J, K) of 5 employee records reviewed. The findings included: Record review for Staff I revealed a hire date of as a Resident Care Assistant. Further review revealed documentation for completion of 30 minutes for About Advanced Directives on , using Relias, an online computer-based training system. The training completed was not based on the facility policies. There was no completion of Training on file for Staff I. Record review for Staff J revealed a hire date of as a licensed Practical Nurse (LPN). Further review revealed documentation for completion of 30 minutes for About Advanced Directives on , using Relias, an online computer-based training system. The training completed was not based on the facility policies. There was no completion of Training on file for Staff J. Record review for Staff K revealed a hire date of as a Resident Care Assistant. Further review revealed documentation for completion of 30 minutes for About Advanced Directives on , using Relias, an online computer-based training system. The training completed was not based on the facility policies. There was no completion of Training on file for Staff K. On at 3:41 during an interview the Human Resource Generalist (HRG) said she is the person responsible for the employee records,	A 090		

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A 090	Continued From page 14 and she sets the new employees up for the training using the learning management system through Relias. The HRG said the training is specific to Florida assisted living facilities. The HRG acknowledged the training completed was not based on the facility policies and procedures. 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 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	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964677	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHID TERRACE	111 MOORINGS PARK DRIVE NAPLES, FL 34105

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A 091	Continued From page 15 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 3 (Staff I, J, K) of 5 records reviewed. The findings included: Record review for Staff I revealed a hire date of as a Resident Care Assistant. Further review revealed documentation of certificate of completion for 45 minutes on , Neglect and , Self-Paced on , 30 minutes for : Recognizing and Reporting on 3//3/26, 15 minutes for Fire Prevention and Response: The Basics Self- Paced on , 30 minutes for About Advanced Directives on , the training certificates contained no location of the training program, and no training program agendas Record review for Staff J revealed a hire date of as a licensed Practical Nurse (LPN). Further review revealed documentation of certificate of completion for 45 minutes on , Neglect and , Self-Paced on , 15 minutes for Fire Prevention and Response: The Basics Self-Paced on , 30 minutes for About Advanced Directives on , the training certificates contained no location of the training program, and no training program agendas Record review for Staff K revealed a hire date of as a Resident Care Assistant. Further review revealed documentation of certificate of completion 30 minutes for Preventing, Recognizing and Reporting on , 30 minutes for : Recognizing and Reporting on	A 091		

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
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A 091	Continued From page 16 , 15 minutes for Fire Prevention and Response: The Basics Self- Paced on , 30 minutes for Fire safety: the Basics on , 30 minutes for About Advanced Directives on , 1 hour for About Control and Prevention on , 1 hour for Florida Congregate Care part 1, Florida Congregate Care part 2 on , 1 hour for Handling Food Safely part 2 on and , the training certificates contained no location of the training program, and no program training agendas. On at 4:25 p.m., during an interview, the Director of Nursing/Administrator acknowledged the trainings documentation did not contain the location of the training no program agendas. Class III	A 091		