

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER VIEW AT WINTER PARK (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 1047 PRINCESS GATE BLVD WINTER PARK, FL 32792		
(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 complaint investigation #2026005324 and generator monitoring were conducted on at The View at Winter Park Assisted Living Facility. There was deficiency identified at the time of the survey.	A 000			
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 interview, the facility failed to ensure direct care staff received at least one hour of training in the facility's policy and procedures regarding its implementation of state laws and rules relative to (). Findings: On at 12:35 PM, in interview caregiver (A) was unable to explain the facility specific policy/procedure for . She was unable to explain where the information was kept for	A 090			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 090	Continued From page 1 each resident. A review of caregiver A's record revealed she was hired on . Her record did not contain signed documentation of participation in training on the facility's policy and procedures regarding its implementation of state laws and rules related to . A review of caregiver B's record revealed she was hired on . Her record did not contain signed documentation of participation in training in the facility's policy and procedures regarding its implementation of state laws and rules relative to . A review of the facility policy related to did not find documentation of the facility specific implementation of state laws and rules related to . On at 1 PM, in an interview with the Administrator he stated he advises staff of the status of each resident. The administrator confirmed the finding. Class III	A 090			