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
	AL11910496	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIVA AT CANTERBURY, LLC	10 7TH STREET BONITA SPRINGS, FL 34134

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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 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	A 078		

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A 078	Continued From page 1	A 078		

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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable for 1 (Administrator) of 3 records reviewed. This has the potential to put a population at risk of developing communicable .

The findings included:

Review of the Administrator's employee file on did not contain a written statement from a

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A 078	Continued From page 2 health care provider documenting the individual is free from signs/symptoms of communicable During an interview on at 1:02 p.m., the Administrator acknowledged there was no documentation of a statement from a healthcare provider indicating free from signs and symptoms of communicable in his employee file. The Administrator stated that he could provide it at that time. No further documentation was provided or received. Class III	A 078		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable:	A 161		

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A 161	Continued From page 3 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ˬ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, facility failed to ensure and maintain documentation of a job description for 1 (Administrator) of 3 records reviewed. The findings included:	A 161		

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A 161	Continued From page 4 Review of the Administrator's employee file on showed no documentation of a job description. During an interview on at 1:02 p.m., the Administrator acknowledged there was no documentation of a job description within his employee file. Class III	A 161		
A 000	Initial Comments A Change of Ownership, extended congregate care, emergency power plan monitoring and health facility reporting system survey was conducted at Kiva at Canterbury on through . Deficiencies were identified at the time of the survey.	A 000		
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group	A 026		

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A 026	Continued From page 5 discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to provide scheduled activities for social, recreational, educational and other activities within the facility for 2 (Resident #3 and #9) of 10 residents as required. The findings included: On at 9:30 a.m., observed the facility TV room near the lobby. No residents or staff in the room. No program playing, no movie, no staff, no residents. Observed 2 rooms at opposite ends of the facility. One room had a large table with puzzles and games on top. There were no residents and no staff in the room. At the opposite end of the facility there was a large room open to	A 026		

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A 026	Continued From page 6 a courtyard. There were no residents and no organized group activity. Several residents were sleeping in their rooms. On at 10:00 a.m., observed the facility from one end to the other. Most residents were in their rooms. Staff were congregated in the kitchen or in the dining area. The room with the TV near the lobby had no residents, no staff, and no activity programming being conducted. On at 4:26 p.m., during an interview Resident #3 family member said she visits Resident #3 at least weekly, and she has concerns about the lack of activities for the residents since the new owner took over. She said the previous owner and the administrator had a full activity program for the residents, there used to have background music playing, and residents were encouraged to attend and participate outside of their rooms. Now it is and there is no stimulation for the residents. She said Resident #3 is calling her all the time now because there is nothing to do at the facility. On at 8:46 a.m., during an interview Resident #9 said there is nothing going on. No activities and now the TV has not been on for over 2 weeks. He said the only activities available are solitary activities in your own room. He said there used to be visiting entertainment, someone from the outside would come and sing and play an instrument for the residents. They have not been here in a while. On at 11:22 a.m., during an interview Medication Technician Staff C said they do not have anyone conducting activities now. Staff C said she became a medication technician last year and that is when she stopped conducting the	A 026		

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A 026	Continued From page 7 activities. Staff C said when prior administrator was here, she would arrange and conduct group activities for the residents, there is no one here to do it now. On at 2:08 p.m., during an interview the Administrator said since he has not had an activity program. Class III	A 026		
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.	A 052		

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A 052	Continued From page 8	A 052		

(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.
(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

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A 052	Continued From page 9	A 052		

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.
(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

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A 052	Continued From page 10 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 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	A 052		

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A 052	Continued From page 11	A 052		

interviews, the facility failed to ensure unlicensed staff who provide assistance with self-administration of medications do so appropriately to orally advise of the names and doses of the medications for 3 (Residents #3, #8, #10,) of 3 residents observed.

The findings included

On at 1:08 p.m., Medication Technician (MT) Staff A was observed preparing Resident #10's medications. Staff A entered the resident's room and stated, "I have your water and pills. I have your , and , . Two." Staff A failed to orally advise Resident #10 of the dosage of the medications given, when asked if the resident needed medication administration or assistance? Staff A stated, "you have to put the meds in her or she'll throw it all over. I don't tell them the dosage because she will be like yada, yada, yada. There are no waiver forms."

On at 1:09 p.m., Staff A was observed preparing Resident #3's medications. She entered the resident's room and stated, "I have your , for you and your cream for your left . I have your , 650 mg ...you ready to sit up?...what about your , ?" Staff A then applied the , only to resident #3's left . The Medication Order was verified as being for both and lower . When asked who is responsible for updating medication orders, she said, "Vitas is ...they will be here tomorrow".

On at 1:20 p.m., Staff A was observed preparing Resident #8's medications. Staff A entered the room and stated, ""I have your , for your (,)

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A 052	Continued From page 12 and your 2 pills for you ...ready?" Staff A failed to orally advise the resident of the dosage of the medications given. .During an interview on at 1:02 p.m., the Administrator acknowledged MT Staff A failed to orally advise Resident #10 and 8 of the dosage of their medication and failed to follow the order indicated on the medication observation record when assisting Resident #3 with her , medication. Class III	A 052		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised	A 056		

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A 056	Continued From page 13 instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are	A 056		

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	AL11910496	A. BUILDING: _____ B. WING _____	03/31/2026

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A 056	Continued From page 14 dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff who assist with self- administration of medications follow physician orders for 1 (Resident #3) of 3 residents observed. The findings included: On at 1:09 p.m., MT Staff A prepared Resident #3's oral and medication. Staff A entered the resident's room and stated, "I have your for you and your cream for your left , I have your 650 mg ...you ready to sit up?...what about your ?" The MT was observed having applied the only to Resident #3's left .	A 056		

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A 056	Continued From page 15 Record review of the Medication Observation Record (MOR) for Resident #3 showed an order for , 4% cream, to be applied to both and lower three times daily. During an interview on at 1:17 p.m., Staff A said Resident #3 does not want the , applied anywhere else because she said it did not hurt anymore. When asked who is responsible for updating orders, Staff A stated, "Vitas is ...they will be here tomorrow". During an interview on at 1:02 p.m., the Administrator said that the Medication Technician has been clarifying orders since he started. The Administrator said he has other providers who come in during the week as well, he acknowledged the medication order on the MOR and the assistance provided by Staff A with self-administration of medication did not match,. Class III	A 056		

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ZZ803 SS=D	408.804 FS License Required; Display 408.804 License required; display.- (1) It is unlawful to provide services that require licensure, or operate or maintain a provider that offers or provides services that require licensure, without first obtaining from the agency a license authorizing the provision of such services or the operation or maintenance of such provider. (2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that appears on the license and is valid only in the of the licensee to whom it is issued and may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. The license is valid only for the licensee, provider, and location for which the license is issued. (3) Any person who knowingly alters, defaces, or falsifies a license certificate issued by the agency, or causes or procures any person to commit such an offense, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any licensee or provider who displays an altered, defaced, or falsified license certificate is subject to the penalties set forth in s. 408.815 and an administrative fine of $1,000 for each day of illegal display. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to display in a conspicuous place readily visible to clients who enter the address, the updated current provisional license issued on . The findings included: On at 9:30 a.m., review of facility documentation revealed a letter dated indicating a provisional license was issued due to	ZZ803		

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ZZ803	Continued From page 1 the facility having a change of ownership. The letter explained that hard copies are not provided, and the provider is required to print a copy of the provisional license and post this in a prominent area. On at 10:45 a.m., during a tour of the facility, observed the outdated license issued on displayed in the main lobby across from the front door. Observation of the bulletin board near the dining room was made. There was no evidence of the current provisional license displayed on the bulletin board. On at 10:39 a.m., during an interview, the Administrator/owner confirmed the old license was still being displayed in the main lobby. The Administrator said he put the new license issued on on the bulletin board near the dining room. On at 10:40 a.m., Observation of the bulletin board with the Administrator. The Administrator confirmed the bulletin board did not contain the provisional license issued on . The Administrator located the new license dated (provisional) on the shelf in his office. On at 10:42 a.m., during an interview Medication Technician Staff C, said the provisional license was in the Administrator's office and was not on the bulletin board. Class III	ZZ803		
ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse	ZZ814		

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

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ZZ814	Continued From page 3 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ˘ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employee status was updated within 5 business to Agency's Background Screening Clearinghouse (Clearinghouse) website for 1 (Administrator) of 3 staff records reviewed . The findings included: Review of facility records indicate the Administrator/owner took the position on . Record review on of the Clearinghouse Employee Roster indicated that the Administrator was not added to the facility roster. During an interview on at 1:02 p.m., the Administrator verified they are responsible for adding employees to the Clearinghouse website. The Administrator said the previous Administrator deleted the account, rather than transferring it,	ZZ814		

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ZZ814	Continued From page 4 and he would have to start over with a whole new account. The Adminsitrator acknowledged not being added to the clearinghouse website for the facility. ***photographic evidence obtained.*** Unclassified	ZZ814		