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
	AL11965370	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ALTAMONTE SPRINGS	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 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 1 (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, review of the facility's care provider background screening clearinghouse and interview, the facility failed to report the employment status of 1 of 5 sampled staff (F) within 5 business days. Findings: Review of nurse F's personnel record revealed a hire date of . Review of the facility's care provider background screening clearinghouse on at 8:55 AM revealed nurse F was not on the roster. On at 11:45 AM, the Business Office Manager confirmed nurse F was not added to the roster within 5 business days of her hire date then said she added the nurse to the clearinghouse today.	ZZ814		

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ZZ814	Continued From page 2 Unclassified	ZZ814		
ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ␣ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣ , to the Federal Bureau of Investigation for a national criminal history record check. The ␣ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣ , . The	ZZ816		

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ZZ816	Continued From page 3	ZZ816		

agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for

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ZZ816	Continued From page 4 employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to obtain a signed background screening compliance attestation for 1 of 5 sampled staff (Administrator).	ZZ816		

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ZZ816	Continued From page 5 Findings: Review of the Administrator's record revealed a hire date on . There was no evidence documented of a signed background screening compliance attestation. On at 10:30 AM, the Business Office Manager stated she would check the Administrator's office. On at 11:04 AM, the Business Office Manager stated the Administrator is still looking for the attestation from another community, after asking if she was able to find the document. The Business Office Manager was made aware that an attestation from another community would not be acceptable as the document was facility specific. On at 11:50 AM, the Business Office Manager provided an attestation from another community which was dated . On at 1:25 PM, during the exit conference, the Administrator was made aware the document in question was not transferable between each Brookdale community. (photographic evidence obtained) Unclassified	ZZ816		
ZZ821 SS=D	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission.	ZZ821		

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ZZ821	Continued From page 6 (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day	ZZ821		

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ZZ821	Continued From page 7	ZZ821		

after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.

3. Hospitals:
Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.

4. Ambulatory Surgical Centers:
Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse

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ZZ821	Continued From page 8 incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal 6. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 7. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S.	ZZ821		

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ZZ821	Continued From page 9 b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a preliminary report within 1 business day and a full report within 15 calendar days after a resident experienced a with injuries that resulted in a transfer to a hospital for 3 of 7 sampled residents (#5, #6, #13). Findings: 1. Review of resident #6's record revealed a	ZZ821		

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ZZ821	Continued From page 10 medical history of , , , , , and type 2. A facility note on at 11:22 AM read, the resident occurred on at 10:31 AM, in front entering the dining room. Resident and hit his . The noted further stated there was a physical sign of injury, resident had a knot on his forehead with redness and . The resident's right had a huge with discoloration. Emergency Medical Services were called. A facility note on at 7:01 PM read, resident returned from the emergency room, post , with right injury. A hospital visit summary indicated the resident was seen for a , , in right , and . During an interview on at 2:34 PM, the Administrator said resident #6 was in the dining room on when he , sustained an injury to the forehead, went to the hospital, and returned the same day. The Administrator said the preliminary and full reports were not submitted for the and resulting hospital visit because the resident did not have a . Review of resident #5's record revealed a facility admission date of . Health assessment forms (1823,) dated and indicated the resident was independent with ambulation, transferring, toileting, bathing, , and grooming. The 1823, dated , indicated the resident	ZZ821		

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ZZ821	Continued From page 11 was a risk and needed supervision with ambulation, transferring, toileting, bathing, and . A facility note, dated at 5:30 PM, revealed the resident on a curb in front of the facility and broke her . The note indicated that the resident was sent to a hospital. A facility note, dated at 8 AM, revealed the resident in her room. The resident complained of , from her right , and down her right . The note indicated a family member drove the resident to a hospital. A facility note, dated at 5:50 PM, revealed the resident in the courtyard and sustained a above her left , and on her left and . The note indicated that the resident was sent to a hospital. On at 11:02 AM, the Administrator said preliminary and full reports were not submitted when the resident was sent to a hospital following the because the resident did not sustain injuries. Upon further review of the injuries that occurred, the Administrator said she did not know why the reports were not submitted. The 1823, dated , revealed resident #13 had , difficulty walking, and repeated . The form also indicated the resident needed supervision with ambulation and toileting. A facility note, dated at 10:32 AM, revealed the resident was heard shouting before staff observed the resident on his bathroom floor. The note indicated the resident sustained a on his right cheek and he complained	ZZ821		

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ZZ821	Continued From page 12 of , . The note indicated that the resident was sent to a hospital. On at 11:02 AM, the Administrator said preliminary and full reports were not submitted when the resident and was sent to a hospital. Unclassified	ZZ821		
A 000	Initial Comments A re-licensure survey with Limited Nursing Service (LNS) and generator monitoring were conducted at Brookdale Altamonte Springs on and . 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	A 008		

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A 008	Continued From page 13 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 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	A 008		

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A 008	Continued From page 14 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 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	A 008		

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A 008	Continued From page 15 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 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	A 008		

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A 008	Continued From page 16 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 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	A 008		

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A 008	Continued From page 17 placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure a health assessment form (1823) was complete for 1 of 7 sampled residents (#9). Findings: Review of resident #9's 1823 health assessment revealed it was missing the address of the medical examiner. There was no documentation to indicate the facility contacted a health care provider to obtain the missing information. On at 12:50 PM, the Health and Wellness Director confirmed the 1823 was the current form on file. On at 1:25 PM, the Administrator and Health and Wellness Director confirmed the findings. (photographic evidence obtained) Class III	A 008		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying	A 025		

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A 025	Continued From page 18 physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.	A 025		

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A 025	Continued From page 19 (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for with injuries for 2 of 7 sampled residents (#5, #6.) Findings: Review of resident #5's record revealed a facility admission date of . Health assessment forms (1823,) dated and indicated the resident was independent with ambulation, transferring, toileting, bathing, , and grooming. An 1823, dated , indicated the resident was a risk and needed supervision with ambulation, transferring, toileting, bathing, and . Review of the residents' record revealed the following occurred: On at 5:30 PM, the resident on a curb in front of the facility and broke her . The	A 025		

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A 025	Continued From page 20 note indicated that the resident was sent to a hospital. On at 8 AM, the resident in her room. The resident complained of , from her right , and down her right . The note indicated a family member drove the resident to a hospital. On at 2:30 PM, the resident on the floor near the facility's front entrance. On at 5:50 PM, the resident in the courtyard and sustained a above her left , and on her left and . The note indicated that the resident was sent to a hospital. On at 4:50 PM, the resident in the facility's parking lot. On at 7:45 PM, the resident in her room. On at 4:15 AM, the resident in her room. On at 10:48 AM, the resident in her room. Review of health care provider notes, dated and , revealed the provider documented the resident had and needed assistance with activities of daily living, bed mobility, transferring, and repositioning while in bed. Review of a health care provider's order, dated , revealed physical and , evaluations were ordered.	A 025		

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A 025	Continued From page 21 A facility note, dated at 12:03 PM, revealed the resident left the facility without signing out. The resident said she was going to the store. Facility staff brought her to the facility and told the resident she could go to the store on the facility's bus. A facility note, dated at 1:30 PM, revealed the resident went on the bus trip to a store. While returning to the bus in her wheelchair, the resident hit a , and . The note indicated the resident sustained a scrape on her , forehead, and left . On at 8:35 AM, the resident said her occurred because she had a bad , . The resident said that since her , surgery in , she had no more . On at 11:48 AM, the Health and Wellness Director said the resident's occurred because the resident needed a , replacement. The Health and Wellness Director said that despite this, the resident was considered independent and did not receive assistance. The Health and Wellness Director said interventions included telling the resident to use her walker and emergency pendant to call for help. The Health and Wellness Director did not know the health care provider documented that the resident needed assistance. The facility's policy, last revised on , defined as one where the resident unintentionally came to rest on the ground, floor, or other lower level either witnessed or unwitnessed, with or without injury. The policy indicated that a post evaluation was completed after a resident and individualized interventions were considered.	A 025		

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A 025	Continued From page 22 The residents' record did not have a post evaluation for the that occurred on , , and . The post evaluations done on , , and had no new interventions. On at 12:44 PM, the Administrator confirmed the findings. The facility's management and recovery policy with an effective date of , indicated, amongst other things, a refers to an individual unintentionally coming to rest on the ground, floor, or other lower lever either witnessed or unwitnessed with or without injury. The policy further indicated that residents who sustain a should have a post evaluation completed to consider possible interventions to reduce the potential for future and injury. Service Plan is reviewed for potential interventions and updated as necessary. The facility's interventions clinical guidelines revised , indicated, certain interventions may reduce the risk for , additional interventions should be considered related to the resident's individual medical condition, functional status, and environmental factor for level 3 risk. Review of resident #6's record revealed an admission date of . His medical history of , mobility, , , , , , 1823 indicated he needed supervision with ambulation and he transferred independently.	A 025		

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A 025	Continued From page 23 A hospital visit summary indicated the resident was seen for a , , in right , and . A facility note on at 11:22 AM read, resident occurred on at 10:31 AM, in front entering the dining room. Resident and hit his . The noted further stated there was a physical sign of injury, resident had a knot on his forehead with redness and .. Resident right had a huge with discoloration. Emergency medical services were called. A facility note on at 7:01 PM read, resident returned from the emergency room, after a with right injury. During an interview on at 10:23 AM, caregiver E said, on resident #6 hit the wall near the dining room and with his walker. Caregiver E said Emergency Medical Services were called and he went to the hospital. During an interview on at 2:34 PM, the Administrator said resident #6 was in the dining room on when he , sustained an injury to the forehead and went to the hospital. During an interview on at 9:48 AM, The Health and Wellness Director said on , resident #6 was walking in the dining room with his walker when he lost his balance, on the ground, and was sent to the hospital for evaluation. A facility note on at 8:30 PM read, resident had specialty care, follow up on right knew acquired status .	A 025		

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A 025	Continued From page 24 A facility note on at 8:38 AM read, resident occurred on at 8:19 AM outside of his apartment door. Resident said he was walking and talking to his neighbor when he got tired and started shaking and on the floor. During an interview on at 10:18 AM caregiver H said on the resident was in the hallway talking to another resident when his got caught in the carpet and . The caregiver said the resident had a delay in walking, sometimes it is difficult for him to walk, and he would take his time to walk. A facility note on at 4:12 PM read that the nurse was called by the caregiver who reported the resident was on the floor. Resident was leaning against the wall. His right noticed. He had difficulty performing range of motion to lower extremities. Resident assisted off the floor, and he ambulated with his walker to the dining room for breakfast. During an interview on at 9:56 AM, Licensed Practical Nurse (LPN) I said on , she received a call that the resident was on the floor due to losing his balance. LPN, I said the resident had a on his right and a which reopened. The LPN said the resident had a problem with walking and his balance. The LPN said the resident is not on , anymore. The LPN said there are no interventions in place, other than to monitor the resident, that she is aware of to prevent resident from falling. A facility note on at 9:02 PM, resident in room on his wheelchair post , with injury to right . No complaints voices at this time	A 025		

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A 025	Continued From page 25 related to recent . A facility note on at 12:04 PM, resident stated he is doing fine. No noted, denied A facility note on at 19:48 PM, resident voiced no , or discomfort at this time, related to recent to right skin , treatment provided, no sign or symptom of noted. A facility note on at 1:8 PM read, resident received care. Resident has a right scab . A facility note on at 9:49 PM, resident occurred on at 9:30 PM in his apartment at his bedside near the bed. A facility note on at 10:12 PM, resident was yelling for help and was found lying on the floor on his . The noted continued to that the resident was trying to get into his bed, the wheelchair rolled backward and he . No apparent injury. During an interview on at 10:01 AM, resident #6 said his wheelchair does not lock properly. Resident said last week he while in his room trying to transfer from his wheelchair to the bed. The resident said the wheelchair went and he forwards onto his . During an interview on at 4:00 PM, LPN K said on she heard resident #6 yelling from in the hallway, and she went to his room. LPN K said she found the resident on the floor, he informed her that he had , and no injuries were noted. LPN K said she assisted him to	A 025		

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A 025	Continued From page 26	A 025		

bed. The LPN added that the wheelchair brake was a little bit faulty. The wheelchair break was not applying and that was the reason he . The LPN said the intervention to prevent the resident from falling is that there is a , , eval order placed for the resident. The LPN said there are no other interventions.

A facility note on at 7:57 PM, the resident voiced no , or discomfort at this point related to recent .

During an interview on at 9:48 PM, the Health and Wellness Director was asked what interventions were in place for resident #6 due to his . The Health and Wellness Director reviewed the post assessment for the on , and . After reviewing the assessments, the Health and Wellness Director said there were no interventions put in place for after his on and .

During an interview on at 10:04 AM, the Administrator said the resident is not currently on , .

During an interview on at 10:10 AM, the Health and Wellness Director said resident #6 was not considered a risk because the was more related to , concerns and the was related to his wheelchair not locking.

Review of resident #6's admission risk evaluation, indicated the resident was a level 3 risk.

During an interview on at 12:13 PM, the Health and Wellness Director said the level 3 risk on the admission risk evaluation indicated

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A 025	Continued From page 27 that resident #6 was identified as a high risk for . The Health and Wellness Director reiterated there were no interventions in place for him. (Photographic evidence obtained) Class II	A 025		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide shower assistance to 1 of 7 sample residents (#2). Findings: On at 9:59 AM, resident #2 said he had not been given a shower since he moved in about one month prior. The resident said he was supposed to be showered every Sunday and Wednesday at 10 AM. Review of the resident's record revealed a facility admission date of . A health assessment form, dated , indicated the resident needed assistance with bathing. Review of the software used by the facility to document assistance with care revealed "yes" was chosen to indicate the resident received a	A 028		

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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 028	Continued From page 28 shower on , , and . On , caregiver A documented the resident refused a shower. On at 2:14 PM, caregiver A said that on she gave the resident a sponge bath because he did not want a shower. On at 2:20 PM, caregiver D said that on she gave the resident a sponge bath because he did not want a shower. On at 4:05 PM, the resident said he was not given a sponge bath as caregivers A and D said. On at 9:10 AM, caregiver A said that when a resident refused a shower, a shower refusal form should be completed. The caregiver said she did not complete the form when the resident refused a shower on because she got busy. Review of a blank form revealed the reason for refusal, the caregiver's signature and the nurse's signature were required. The note indicated that a refusal would be documented on a progress note and family would be notified. Class III	A 028		
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	A 056		

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A 056	Continued From page 29 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 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.	A 056		

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A 056	Continued From page 30 (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 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 interview and record review, the facility	A 056		

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A 056	Continued From page 31 failed to make every reasonable effort to ensure that prescriptions for 2 of 7 sampled residents (#2, #9) were refilled in a timely manner. Findings: 1. On at 9:59 AM, resident #2 said the facility ran out of his and . The resident said he did not know why and did not know the last time he received them. Review of the resident's record revealed a medical history of type 2, and . Review of the resident's , medication observation record revealed his , , , Floranex, , and were unavailable starting on until present. The record had no documentation to indicate the facility made efforts to refill the medications before running out. On at 9:30 AM, the Health and Wellness Director confirmed the findings. 2. Review of resident #9's 1823 health assessment revealed she required assistance with self-administration of medications. During an interview with the resident on at 9:58 AM she stated she had been out of 2 her medications for days later stating it maybe days. She added the medication was and the other pill was for water retention due to her for .	A 056		

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A 056	Continued From page 32 Review of the , medication observation record (MORs) revealed Tablet 20 mg, give 1 tablet by one time a day for , indicated "H" on hold by physician on , , , and . The medication Tablet 1mg, give 1 tablet by one time a day for fluid retention, indicated "20" medication/treatment not available pharmacy action on , , and . On at 11:35 AM, Unlicensed Caregiver B confirmed resident #9 was out of 2 of her medications. Adding, one of the pills the resident calls her water pill. She stated she faxed the order twice on Friday, once in the morning and then in the afternoon requesting refills. Further stating, the order was put in prior to Friday she believes by the nurse. On at 2:55 PM, the Health and Wellness Coordinator stated the order was sent last week for resident #9. Adding. They were following up with the pharmacy today and was told they are working on the order for the and . On at 3:14 PM, the Health and Wellness Coordinator provided a copy of the Medication Reorders dated which revealed the medication was submitted to the pharmacy. On at 3:23 PM, the Administrator stated she does not believe the facility does not have a medication refill policy, but they were looking. On at 3:28 PM, the Health and Wellness Coordinator confirmed the facility does not have a refill medication policy. Further stating, the pharmacy would determine the refills. Adding, the residents have medications that may be refilled in	A 056		

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A 056	Continued From page 33 5 days or 7 days but was unable to state which refill method resident #9's medication would under. On at 9:30 AM, the Health and Wellness Director stated the issue is billing with the pharmacy and they will not send it until the 30 days are up due to billing the insurance. She stated the pharmacy will reject the refill if it's before that day. I was made aware of resident #9 running out of her medication as she should have had enough. On at 12:50 PM, the Administrator stated she was told that resident #9 ran out of her medications and she was not aware of any billing issues. Further stating, she knows if it's rejected due to being ordered too soon the facility can do an override and have the pharmacy to charge the facility. Adding, she was not sure if that was case and she only knows the 3 refills were submitted on , only one was received on and the other 2 arrived today. Class III	A 056		
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	A 078		

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A 078	Continued From page 34 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 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	A 078		

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A 078	Continued From page 35 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 personnel record reviews and interviews, the facility failed to obtain documented evidence for 1 of 4 sampled staff (A) obtained an annual exam as required. 59A-36.010(2) FAC Findings: Review of Caregiver A's record revealed a hire date on . Further revealed there was no documented evidence that an annual was obtained, and the one-time communicable statement was dated . On at 9:03 AM, the Business Office Manager stated Caregiver A does not have an annual in her file. Further stating, she has completed the but the facility that conducted the exam failed to provide a copy. Adding, she has reached out to request a copy for review. On at 11:04 AM, the Business Office Manager provided an annual exam for Caregiver A which was dated . On at 1;25 PM, the Administrator and	A 078		

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A 078	Continued From page 36 Health and Wellness Director confirmed the findings. (photographic evidence obtained) 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 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	A 081		

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A 081	Continued From page 37 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, 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	A 081		

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A 081	Continued From page 38 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 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	A 081		

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A 081	Continued From page 39 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 personnel record review and interview, the facility failed to ensure 1 of 3 sampled staff (D) comprehended the training she received on the facility's emergency procedures including chain-of-command and staff roles relating to a power outage, failed to ensure 1 of 5 sampled staff (F) attended a preservice orientation of at least 2 hours in duration that covered, at a minimum, resident's rights and the facility's license type and services offered by the facility, received training on the facility's policies on resident , neglect, and , , using the facility's prevention policies and procedures when offering this training and on the facility emergency procedures. Findings: 1. Review of caregiver D's record revealed a hire date of . The record contained a certificate on emergency procedures.	A 081		

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A 081	Continued From page 40 During an interview on at 12:26 PM, caregiver D said she received training on the facility emergency procedures. When asked what her role was during a power outage, she responded, "I know." However, the caregiver was unable to say what she knew and what her role was during a power outage. During an interview on at 11:30 AM, the Administrator was informed of the findings. During an interview on at 1:33 PM, the Administrator said facility did not have a method as part of its training in place to ensure staff comprehended the training. Review of nurse F's personnel record revealed a hire date of . The record did not have documentation to indicate the nurse received a 2-hour preservice orientation that covered this facility's license type and services offered, training on the facility's policy, and training on the facility's emergency procedures. On at 11:45 AM, the findings were discussed with the Business Office Manager. On at 1 PM, the Administrator provided additional documents, but none was the missing training. Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

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A 090	Continued From page 41 (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 interview and record review, the facility failed to ensure 1 of 5 sampled staff (F) received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment. Findings: Review of nurse F's personnel record revealed a hire date of . There was no documentation to indicate the nurse received at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. On at 11:45 AM, the findings were discussed with the Business Office Manager. On at 1 PM, the Administrator provided additional documents, but none was the missing	A 090		

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A 090	Continued From page 42 training. Class III	A 090		
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: 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	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965370	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ALTAMONTE SPRINGS	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

(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 161	Continued From page 43 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 ⌄ 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 interview and record review, the facility failed to ensure the personnel record for 1 of 5 sampled staff (E) contained a copy of a job description. Findings: Review of nurse F's personnel record revealed a hire date of . The record did not contain a job description. On at 11:45 AM, the findings were discussed with the Business Office Manager. On at 1 PM, the Administrator provided additional documents, but none was a job description.	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965370	A. BUILDING: _____ B. WING _____	04/07/2026

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A 161	Continued From page 44 Class III	A 161		
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure nursing progress notes described the type, amount, duration, scope, and outcome of services that were rendered to 1 of 2 sampled residents (#2) who received a Limited Nursing Service (LNS.) Findings: On at 9:59 AM, resident #2 was seen in his room. He wore an ankle- (AFO)	AN278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965370	A. BUILDING: _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ALTAMONTE SPRINGS	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

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AN278	Continued From page 45 brace on his lower . A health assessment form, dated , indicated the resident had . . On a health care provider ordered to admit the resident to LNS services for daily assisting and documentation of the AFO brace. Review of nursing progress notes revealed they did not describe the type, amount, duration, scope, and outcome of the AFO brace. On at 9:30 AM, the Health and Wellness Director confirmed the findings. Class III	AN278		