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
	AL11968651	A. BUILDING: _____ B. WING _____	C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCP CRANES LODGE OPCO, LLC	1601 HOOKS ST CLERMONT, FL 34711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2026006006) was conducted at Alto on April 14, 2026. Deficiencies were identified at the time of survey.	A 000		
A 025	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 dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. 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 appointments 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	A 025		

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A 025	Continued From page 1 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. (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 record review and interview, the facility failed to ensure 1 of 2 residents sampled (Resident #1) was assessed for a change of condition. Findings Include: Review of facility records revealed an incident report dated 4/11/26 regarding Resident #1. The incident report read, "A physical altercation occurred in the dining room involving two residents [Resident #1 and Resident #2]. The resident exhibiting aggressive behavior approached the other resident from behind and scratched/gouged the resident's face using	A 025		

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A 025	Continued From page 2 fingernails. Staff reported observing the approach but were unable to intervene in time to prevent the incident." Review of Resident #2's record revealed a progress note dated 4/12/26 that reads, "RSD [Resident Service Director] was notified by a family member on Sunday, April 12 at 9:48 stated that the resident had attacked his father [Resident #1], causing injury. The family member reported that the father sustained facial injuries that appeared to require stitches and was already at the hospital receiving care." During an interview on April 14, 2026 at 11:40 AM, Staff C, Assistant Resident Service Director stated, "Saturday I didn't get the opportunity to make it over there to memory care and assess the area. Sunday, I saw [Resident #1's name] but did not remove the band-aide to assess the area. Review of facility policy and procedure titled "Change in Condition" effective January 16, 2026 read, 1. Assessment and Evaluation-promptly assess the resident to determine whether the change in condition is acute and requires immediate intervention or non-emergent and requires monitoring and observation. Class III	A 025		