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
	AL11969522	A. BUILDING: _____ B. WING _____	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 relicensure, limited nursing service, emergency power plan monitoring, and health facility reporting system survey was conducted at The Preserve on . Deficiences were identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,	A 010		

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain a new Health Assessment Form (1823) after a significant change for 3 (Residents #8, #10, #11) reviewed for hospice services. The findings included: Record review for Resident #8 revealed an initial Health Assessment Form (1823) completed on . Resident #8' order summary revealed a physician's order for hospice services to begin on . There was no documentation of an updated 1823 completed for Resident #8 for the significant change when admitted to hospice services. Record review for Resident #10 revealed an initial 1823 completed on . Resident #10's order summary revealed a physician's order for hospice services to begin on . There was no documentation of an updated 1823 completed for Resident #10 for the significant change when admitted to hospice services. Record review for Resident #11 revealed a health assessment completed on . Resident #11's order summary revealed a physician's order for hospice services to begin on . There was no documentation of an updated 1823 completed for Resident #11 for the significant change when admitted to hospice services. On at 3:49 p.m., during an interview the AL Clinical services Director said admission to hospice services is a significant change.	A 010		

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A 010	Continued From page 5 On at 4:00 p.m. during an interview the Assisted Living (AL) Clinical Services Director said she is responsible for coordinating hospice services. She said she did not obtain new health assessments for the 3 residents when went to hospice services. Class III	A 010		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's	AN277		

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AN277	Continued From page 6 personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure and obtain documentation of healthcare practitioner orders to provide Limited Nursing Services (LNS) for 2 (Resident #2, #9) of 7 residents reviewed for LNS. The findings included: Policy: Volunteers of America Limited Nursing Services Policy. Date: . Resident Care Standards: (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which will be maintained in the resident's file. Review of documentation provided by the facility titled: Current LNS List ; indicated Resident #2 was receiving LNS for management of (a prescription , commonly known as a " ," used to prevent and treat harmful clots) and International Normalized Ratio (INR) results that affect the doses. Resident #9 was receiving LNS for . On at 11:19 a.m. during an interview, Resident #9's Power of Attorney (POA) said they are billed monthly for nursing services for the , care. She said the family provides the supplies. Review of the Transaction Report (monthly billing)	AN277		

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AN277	Continued From page 7 for resident #9 revealed Skilled Nurse Visits were billed on and 2 each on . Review of Resident #9's order summary revealed there was no order for LNS. There were orders for , care. On at 12:44 p.m., during an interview, Resident #2 said she was told she is on LNS for and INR management. The lab comes at 3:00 a.m. and draws her . Review Resident #2's order summary revealed there was no order for LNS to manage the or the INR. Resident #2's order summary revealed an active lab order dated , started , for /INR one time per week; print out req (requisition) for each individual lab draw every night shift every Sunday for med (medication) monitoring for ( ), , device. There were 2 active orders for . . ( ). The first order was dated and started on for 2 milligrams every Tuesday, Wednesday, Thursday, Saturday, and Sunday. The 2nd order for ( ) was dated and started on for 3 milligrams every Monday and Friday. On at 4:00 p.m. the Assisted Living (AL) Clinical Director said they are managing Resident #2's and INR and Resident #9's , through LNS. She acknowledged that both resident records lacked a physician's order for LNS.	AN277		

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AN277	Continued From page 8 Class III	AN277		
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 record review, and interview, the facility failed to ensure monthly nursing assessments were completed for 2 (Residents #2, #9) of 2 residents reviewed for Limited Nursing Services (LNS). The findings included: Review of Volunteers of America Limited Nursing Services Policy. Date: . Records: (c)A nursing assessment conducted at least	AN278		

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AN278	Continued From page 9 monthly will be maintained on each resident who receives a limited nursing service. Review of documentation titled Current LNS List " provided by the facility indicated: Resident #2 was receiving LNS for management of (a prescription , commonly known as a " ," used to prevent and treat harmful clots) and International Normalized Ratio (INR). The results of the INR affect the doses. Resident #9 was receiving LNS for care. On at 11:19 a.m., during an interview, Resident #9's Power of Attorney (POA) said the facility charges the account monthly for LNS. She said the nurses at the facility give the care. Review of the Transaction Report (monthly billing) for resident #9 revealed Skilled Nurse Visits were billed on and 2 each on . Review of the physician's orders for Resident #9 revealed 2 active orders dated for nursing care. Review of Resident #9's record revealed there were no LNS monthly assessments for or . On at 12:44 p.m., during an interview, Resident #2 said she was told she is on LNS for and INR management. Review of Resident #2's order summary revealed an active lab order dated , started , for /INR one time per week; print out req (requisition) for each individual lab draw every night shift every Sunday for med (medication) monitoring for ( ), , device.	AN278		

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AN278	Continued From page 10 There were 2 active orders for ( ). The first order was dated and started on for 2 milligrams every Tuesday, Wednesday, Thursday, Saturday, and Sunday. The 2nd order for ( ) was dated and started on for 3 milligrams every Monday and Friday. Review of Resident #2's record revealed there were no LNS monthly nursing assessments for Resident #2. On at 4:00 p.m. during an interview the Assisted Living (AL) Clinical Director said both Resident #2 and #9 are receiving LNS. She said they manage Resident #2's and INR. The AL Clinical Director said they manage Resident #9's , care. The AL Clinical Director confirmed there were no monthly LNS assessments for Resident #2, and Resident #9 did not have monthly assessments for and . Class III	AN278		