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
	AL11968024	A. BUILDING: _____ B. WING _____	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES SENIOR LIVING	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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
ZZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees received training regarding 's or related forms of (ADRD) for one employee (Staff E) of four sampled employees. Findings included: An employee record review for Staff E (an unlicensed Medication Technician) revealed no evidence that Staff E received three hours of ADRD training within three months of employment, four hours of ADRD training within six months of employment, and four hours of ADRD training yearly.	ZZ875		

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ZZ875	Continued From page 4 During an interview on at 4:45 p.m. the Administrator agreed the ADRD trainings were missing for Staff E. Class III	ZZ875		

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A 000	Initial Comments A complaint investigation (#2026006801) was conducted at The Villages Senior Living on - . Deficiencies were identified at the time of the survey. A Class I deficiency was found at Tag A0152. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. The Villages Senior Living failed to ensure air conditioning systems, which included the halls and three resident rooms were maintained in good working order for three residents resulting in unsafe inside temperatures at no greater than 81 degrees Fahrenheit. Furthermore, the facility failed to provide an environment free from pests (roaches) and environmental hazards by failing to maintain the building's architectural and structural systems in good working order. The Class I noncompliance began on , , . The facility's Administrator was notified of the Class I noncompliance on at 5:00 p.m. The census at the start of the survey was 64. The following is a description of the deficiencies found at the time of the visit.	A 000		

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A 052	Continued From page 1	A 052		
A 052 SS=D	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. (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	A 052		

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A 052	Continued From page 2 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 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.	A 052		

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A 052	Continued From page 3 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 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,	A 052		

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A 052	Continued From page 4 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 observation and interview, the facility failed to provide proper assistance with self-administration of medications for three Resident (#13, #14, #15) of three sampled residents. Findings included: An observation of the medication pass, conducted on from 7:00 p.m. to 7:03 p.m. with Staff G (an unlicensed Medication Technician) for Residents #13, #14 and #15. Staff G popped pills from medication cards at the	A 052		

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A 052	Continued From page 5 nursing station into a medication cup while residents were not observing then gave Residents #13, #14, and #15 medication cups and did not orally advise the residents of the names and doses of their medications based on the Medication Observation Record (MOR). A record review of the facilities undated Medication Policy and procedure revealed the following: "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." During an interview on at 7:05 p.m., Staff G stated she did not need to orally advise Residents #13, #14, and #15 of the names and doses of their medications because they are memory care residents and "they don't know." During an interview on at 3:00 p.m. the Resident Care Coordinator stated it was the expectation for unlicensed Medication Technicians to pop the pills from the medication card in front of the residents and then orally advised the resident of the names and doses of their medications. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription	A 054		

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A 054	Continued From page 6 number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Medication Observation Records (MORs) immediately each time medications were offered to four Residents (Resident #5, #7, #8 and #9) of four sampled residents. Findings included: A review of Residents #5, #7, #8 and #9s MORs for the month of , revealed Resident #5, #7,	A 054		

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A	Continued From page 7 #8 and #9's MORs had holes and many refusals for the medications prescribed. Further review revealed no exceptions were documented in the MORs for the holes and no evidence of the facility notifying the medical provider after a refusal. During an interview on at 3:00 p.m. the Resident Care Coordinator confirmed the MORs for Residents #5, #7, #8 and #9s had a hole and should be updated immediately after a medication pass. The Resident Care Coordinator also could not provide evidence the medical provider was notified after Residents #5, #7, #8 and #9's many medication refusals. Photographic evidence obtained. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The	A 055		

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A 055	Continued From page 8 facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate,	A 055		

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A 055	Continued From page 9 or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure medication was kept in a locked cart for one of four medication carts. Findings included: During an observation of the medication cart on the first floor conducted on at 2:28 p.m. the medication cart appeared to be	A 055		

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A 055	Continued From page 10 unlocked, and the drawers opened when pulled on. There were no staff present around the medication cart. A record review of the facilities undated medication policy revealed "All medications centrally stored shall be kept in locked cabinet and/or safe place. During an interview on at 9:41 p.m. the Resident Care Coordinator agreed the medication carts were expected to be locked when unattended. Photographic evidence obtained. Class III	A 055		
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	A 081		

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A 081	Continued From page 11 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 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	A 081		

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A 081	Continued From page 12 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 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	A 081		

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A 081	Continued From page 13 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 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 record review and interview, the facility failed to provide direct care staff with the required in-service training within thirty days of employment for one employee (Staff F) of five sampled employees. Findings included: An employee record review for Staff F revealed Staff F's employee record did not contain	A 081		

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A 081	Continued From page 14 evidence that Staff F obtained training regarding activities of daily living and behavioral needs. Staff F was hired on . During an interview on at 4:45 p.m. the Administrator agreed the training was missing for Staff F. Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall	A 084		

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A 084	Continued From page 15 include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;	A 084		

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A 084	Continued From page 16 i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a	A 084		

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A 084	Continued From page 17	A 084		

minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure employees assisting with medications had the six-hour and two-hour trainings regarding assistance with self-administration of medications for three employees (Staff D, Staff E, and Staff F) of five sampled employees.

Findings included:

An employee record review for Staff D, conducted on , revealed Staff D had training regarding assistance with self-administration of medications dated . The hours documented revealed four hours completed with a number six written over top of the number four. Staff D was hired on .

An employee record review for Staff E, conducted on , revealed that Staff E was missing the initial six-hour training regarding assistance with self-administration of medications. Staff E was hired on .

An employee record review for Staff F, conducted on , revealed that Staff F was missing the initial six-hour training regarding assistance with self-administration of medications. Staff F was hired on .

During an interview on at 4:45 p.m.

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A 084	Continued From page 18 the Administrator agreed the staff were missing the training regarding assistance with self-administration of medications. Class III	A 084		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed	A 093		

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A 093	Continued From page 19 nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide	A 093		

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A 093	Continued From page 20 notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow their approved menu plan. Findings included:	A 093		

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A 093	Continued From page 21 During a tour of the facility on at 11:35 a.m. there were menus posted in the hallway near the kitchen that were dated . During an observation of lunch on at 12:45 p.m., the residents were served meatloaf, mashed potatoes and corn. During a record review of the outdated 2024 menus, the meal for lunch was meatloaf, mashed potatoes, green beans, and a roll. During an interview on at 1:20 p.m. the Cook stated the Owners instructed him to use the old 2024 menu since the newer menu had meals that include pork. The Cook agreed the menu that had been used was outdated. Photographic evidence obtained. Class III	A 093		
A 152 SS=J	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following	A 152		

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A 152	Continued From page 22 furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [redacted]. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a safe and decent living environment by ensuring all existing electrical systems for cooling were safely maintained and in good working order, and failed to maintain safe inside temperatures at no greater than 81 degrees Fahrenheit for three residents (Residents #1, #2 and #3) of sixty-four residents residing at the facility. Furthermore, the facility failed to provide an environment free from pests (roaches) and environmental hazards by failing to maintain the building's architectural and structural systems in good working order. This non-compliance puts all residents at risk for immediate harm or danger.	A 152		

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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 152	Continued From page 23 Findings included: During an interview on at 11:58 a.m. the Maintenance Director stated a couple of air conditioners were broken but he just bought new ones and said, "They are going to be here today." The Maintenance Director stated that Resident #3's room did not have a working air conditioning unit. The Maintenance Director also stated the power was out for maybe two hours over the weekend, but an electrician was called, and it was fixed. The Maintenance Director was unable to provide any dates the electrician was at the facility, could not provide any invoices for electrical services that were provided, and did not know what services were conducted. During an interview on at 12:00 p.m. Resident #3 stated the air conditioner in their room had been broken and not working for a long time. Resident #3 stated it was hot. During an observation of Resident #3's room conducted on at 12:00 p.m., the room felt hot. During an interview on at 12:28 p.m. Resident #2 stated the air conditioner was broken. Resident #2 also stated there was water dripping from the ceiling with water damage. During an observation of Resident #2's room on at 12:30 p.m., the air conditioner in the room was not working and the room felt hot. There was also water damage observed on the ceiling by the window, near the air conditioner. Observations conducted on revealed the following temperatures:	A 152		

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	AL11968024	A. BUILDING: _____ B. WING _____	05/05/2026

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A 152	Continued From page 24 " At 2:05 p.m., Resident #3's room was 81.3 degrees Fahrenheit. " At 2:19 p.m., Resident #2's room was 81.5 degrees Fahrenheit. " At 2:21 p.m., the Nurse's Station West Hall was 81.1 degrees Fahrenheit. " At 2:22 p.m., the Nurse's Station East Hall was 81.5 degrees Fahrenheit. " At 2:32 p.m., Resident #1's room was 82.9 degrees Fahrenheit. " At 6:20 p.m., Resident #3's room was 81.6 degrees Fahrenheit. " At 6:26 p.m., Resident #2's room was 81.1 degrees Fahrenheit. " At 6:30 p.m., Resident #1's room was 85.4 degrees Fahrenheit. During an interview on at 2:38 p.m. Staff A stated they don't know if the air conditioner was broken, but the west wing feels very hot. During a record review of the facility's undated policy titled "Emergency Policy and Procedure - Utility Loss" it stated the following, "Villages Senior Living will ensure the health, safety and well-being of its residents, staff and quests in case of utility loss. When there is a loss of utility service, staff will monitor the internal temperature of the building for resident comfort." During an observation of the facility on between the hours of 11:30 a.m. and 7:00 p.m., the air conditioners were not fixed or being worked on, and no staff were observed monitoring internal temperatures of Resident #1, Resident #2, and Resident #3's rooms. During an interview on at 11:42 a.m. the Maintenance Director stated the Resident Care Coordinator made him aware of the broken	A 152		

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A 152	Continued From page 25 air conditioner in Resident #3's room on when he came into work at approximately 6:30 a.m. because he does not work on the weekends. During an interview on at 3:00 p.m. the Resident Care Coordinator stated Staff C reported the broken air conditioner in Resident #3's room at 12:00 p.m. on . The Resident Care Coordinator then showed a text message between the Resident Care Coordinator and the Maintenance Director. After further review of the text message , the Resident Care Coordinator sent a message to the Maintenance Director at 9:32 a.m. on notifying that Resident #3's room had no air conditioning and was "very hot". During an interview on at 3:30 p.m. Staff C stated he told the Resident Care Coordinator four days ago on that Resident #3's air conditioner in room was not working after Resident #3 complained of the room being hot. A review of Resident #1's Agency for Health Care form 1823 dated , revealed a past medical history of A review of Resident #2's Agency for Health Care form 1823 dated , revealed a past medical history of legally and uses a wheelchair for ambulation. A review of Resident #3's Agency for Health Care form 1823 dated , revealed a past medical history of secondary	A 152		

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A 152	Continued From page 26 , major , recurrent moderate , and forgetfulness. During a tour of the facility on between the hours of 11:45 a.m. and 7:00 p.m., the following physical plant issues were found: - A hole in the floor on the first floor of the east wing hall with a caution sign on top of it. - Extension , tools, a bed and a recliner in the first-floor east wing hallway with the recliner blocking the exit door. - Evidence of water damage observed on ceiling of Resident #2's room by the window, near the air conditioner.A puddle of water was observed on the floor dripping from the ceiling. - A roach was observed crawling on the wall of the first-floor east wing common bathroom. - A broken soap dispenser on the first-floor east wing common bathroom. There was also a hole observed on the inside of the door in the common bathroom. - In the kitchen, three steam tables were observed to be uncleaned. There was also exposed wiring behind the stove. The gas stove appeared to be on with a blue flame present. - A broken ceiling tile observed next to a light fixture on the second floor. - Large flies observed throughout the entire facility. - A hole in the ceiling tile with exposed wires and a missing toilet lid in the second-floor east wing common bathroom. - Paint peeled off the walls in the hallways of the second-floor memory care unit. - A closet door in the memory care hallway was open with wires hanging from the ceiling, a box full of cable wiring on the floor next to the opened door, and wires on the hallway floor. Upon entering the closet, there was an opened breaker	A 152		

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A 152	Continued From page 27 box. During a tour of the facility on between the hours of 9:00 a.m. and 4:15 p.m., the following physical plant issues were found: - A roach was observed on the window ledge in Resident #18's room. There was also water leaking from the bottom of the toilet in Resident #18's bathroom. - Water dripping from the ceiling in the second-floor memory care dining room. A trash can and towel were observed beneath the ceiling, and water actively dripped from two holes in the ceiling. During an interview on at 1:20 p.m. the Cook stated he sometimes saw some bugs in the facility. During an interview on at 12:14 p.m. Resident #4 stated there are roaches and there have been rats in the ceiling. During an interview on at 12:17 p.m. Resident #5 stated there is an infestation of roaches and rats in the ceiling. During an interview on at 3:10 p.m. Resident #9 stated there was a problem with roaches and Resident #9 had to buy their own bug spray since there was no pest control. During an interview on at 1:45 p.m. Resident #10 stated there are roaches and observed a roach crawling in his room the night prior. During an interview on at 1:25 p.m. Resident #11 stated there are roaches and rats that run up and down on the roof.	A 152		

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A 152	Continued From page 28 During an interview on at 10:54 a.m. Resident #17 stated there are roaches in the facility. During an interview on at 11:19 a.m. Resident #18 stated there are roaches occasionally. During an interview on at 11:46 a.m. Resident #19 stated there are roaches in the facility and had seen a couple of rats run across her window ledge. During an interview on at 11:40 a.m. the Administrator stated there was no pest control log due to the former pest control company moving. During an interview on at 4:45 p.m. the Administrator agreed there were a lot of problems regarding physical plant in the facility. The Administrator stated he told the Owners that these problems are going to take a year to fix. Photographic evidence obtained. Class I	A 152		