

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911223</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/30/2026</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BEST CARE SENIOR LIVING AT PORT CHARL**

**BEST CARE SENIOR LIVING AT PORT CHARLOTTE, LLC  
PORT CHARLOTTE, FL 33980**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A change of ownership, bed capacity increase, limited mental health, emergency power plan monitoring, health facility reporting system survey and complaint investigation for #2025018227 and 202607030 was conducted at Best Care Senior Living at Port Charlotte, Llc on _____ through _____<br><br>Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 000               |                                                                                                                          |                          |
| A 081<br>SS=D            | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(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.<br>(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).<br>(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 081               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911223</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                      |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/30/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEST CARE SENIOR LIVING AT PORT CHARL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>BEST CARE SENIOR LIVING AT PORT CHARLOTTE, LLC<br/>PORT CHARLOTTE, FL 33980</b> |                          |                                                        |
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| A 081                                                                            | <p>Continued From page 1</p> <p>(a).</p> <p>(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.</p> <p>59A-36.011</p> <p>(2) STAFF PRESERVICE ORIENTATION.</p> <p>(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).</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(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.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> <li>1. Resident's rights; and,</li> <li>2. The facility's license type and services offered by the facility.</li> </ol> <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or</p> | A 081                                                                          |                                                                                                                             |                          |                                                        |

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| A 081                    | <p>Continued From page 2</p> <p>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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident neglect, and _____. The facility must use its _____ prevention policies and procedures when offering this training. <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> </li></ol> | A 081               |                                                                                                                          |                          |

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| A 081                    | <p>Continued From page 3</p> <p>(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.</p> <p>(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.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a minimum of 1 hour of Neglect, and based on the facility policies and procedures, and a minimum of 3 hours of Activities of Daily Living (ADL) training within 30 days of employment for 1 (Staff E) of 3 records reviewed.</p> <p>The findings included:</p> <p>Record review revealed Medication Technician (MT) Staff E had a hire date of . Further review revealed documentation of 1 hour of Neglect and training completed on through myALFtraining.com, an on-line computer based training platform. The training completed was not</p> | A 081               |                                                                                                                          |                          |

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| A 081                    | Continued From page 4<br><br>based on the facility specific policies and procedures, the training completed was not within 30 days of date of hire. Documentation of 3 hours of Assistance with Activities of Daily Living and Resident Behavior training was completed on , 62 days after hire date. MT Staff E failed to complete the training within 30 days of hire.<br><br>On at 11:45 a.m., during an interview, The Executive Director said she is the one in charge of all of the employee training. The ED said during the latter part of the year, a few folks through the cracks during the ownership transition and the trainings that were conducted for Staff E were late. the ED acknowledged the trainings through myALFtraining.com were not based on the facility policies and procedures.<br><br>** Photographic Evidence Obtained**<br><br>Class III | A 081               |                                                                                                                          |                          |
| A 082<br>SS=D            | 59A-36.011(4) FAC Training - /<br><br>(4)<br><br>( / ). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.                                                                                                                                                                                                                                                                                                                                                                    | A 082               |                                                                                                                          |                          |

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| A 082                    | <p>Continued From page 5</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to provide a one-time education course on _____ and _____ within 30 days of employment for 1 (Staff E) of 3 staff records reviewed.</p> <p>The findings included:</p> <p>Record review revealed Medication Technician (MT) Staff E had a hire date of _____. Further review revealed documentation of 1 hour of training completed on _____, 62 days after hire date. MT Staff E failed to complete the training within 30 days of hire.</p> <p>On _____ at 11:45 a.m., during an interview, the Executive Director said during the latter part of the year, a few folks _____ through the cracks during the ownership transition and the trainings conducted for Staff E were late.</p> <p><b>** Photographic Evidence Obtained**</b></p> <p>Class III</p> | A 082               |                                                                                                                          |                          |
| A 090<br>SS=D            | <p>59A-36.011(11) FAC Training -</p> <p>(11)<br/>TRAINING.</p> <p>(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</p> <p>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 090               |                                                                                                                          |                          |

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| A 090                    | <p>Continued From page 6</p> <p>admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.</p> <p>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide one hour of ( ) training based on the facility policies and procedures within 30 days of employment for 1 (Staff E) of 3 staff records reviewed.</p> <p>The findings included:</p> <p>Record review revealed Medication Technician (MT) Staff E had a hire date of . Further review revealed documentation of 1 hour of training completed on through myALFtraining.com, an on-line computer based training platform. The training completed was not based on the facility specific policies and procedures and was not completed within 30 days of date of hire.</p> <p>On at 11:45 a.m., during an interview, The Executive Director (ED) said she is the person in charge of all of the employee training. The ED said during the latter part of the year, a few folks through the cracks during the ownership transition and trainings conducted for Staff E were late. The ED acknowledged that the trainings completed through myALFtraining.com were not based on the facility policies and procedures as required.</p> | A 090               |                                                                                                                          |                          |

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| A 090                    | Continued From page 7<br><br>**Photographic Evidence Obtained**<br><br>Class III                                             | A 090               |                                                                                                                          |                          |



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| ZZ875<br>SS=D            | <p>430.5025(4 &amp; ) / ;</p> <p>Training</p> <p>(4) Employees of covered providers must complete the following training for and related forms of :</p> <p>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have or related forms of .</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each</p> | ZZ875               |                                                                                                                          |                          |

AHCA Form 3020-0001

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911223</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                      |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/30/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEST CARE SENIOR LIVING AT PORT CHARL</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>BEST CARE SENIOR LIVING AT PORT CHARLOTTE, LLC<br/>PORT CHARLOTTE, FL 33980</b> |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)    | (X5)<br>COMPLETE<br>DATE |                                                        |
| ZZ875                                                                            | Continued From page 1<br><br>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 _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:<br>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).<br>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 _____, communication strategies, medical information, | ZZ875                                                                          |                                                                                                                             |                          |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL1911223</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/30/2026</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BEST CARE SENIOR LIVING AT PORT CHARL**

**BEST CARE SENIOR LIVING AT PORT CHARLOTTE, LLC  
PORT CHARLOTTE, FL 33980**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| ZZ875                    | Continued From page 2<br><br>and stress management.<br>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 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.<br>(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.<br>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                    | <p>Continued From page 3</p> <p>(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.</p> <p>(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.</p> <p>(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).</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to satisfy 430.5205 F.A.C. " _____ and Related Forms of Education and Training Act" ensuring all staff completed the one hour training video from the Department of Elder Affairs (DOEA) for 1 (Staff D) out of 3 records reviewed.</p> <p>The findings included:</p> <p>Record review revealed Medication Technician Staff D had a hire date of _____. MT Staff D's employee file contained no documentation of having completed the required 1-hour DOEA training video.</p> | ZZ875               |                                                                                                                          |                          |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                  |                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911223</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                      |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/30/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEST CARE SENIOR LIVING AT PORT CHARLOTTE</b> |                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>BEST CARE SENIOR LIVING AT PORT CHARLOTTE, LLC<br/>PORT CHARLOTTE, FL 33980</b> |                          |                                                        |
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| ZZ875                                                                                | Continued From page 4<br><br>On _____ at 11:45 a.m., during an interview, the<br>Executive Director acknowledged that MT Staff D<br>did not complete the DOEA training. The ED said<br>she thought that other training platforms would<br>satisfy the regulation requirement.<br><br>Class III | ZZ875                                                                          |                                                                                                                             |                          |                                                        |