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
	AL11965368	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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
ZZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on facility record review and interview, the facility failed to provide the letter of approval from the office of emergency management on annual basis as required. Findings: During an interview on at 10:03 AM, the Administrator was asked to provide the current Comprehensive Emergency Management Plan (CEMP). The Administrator said he submitted the plan to the county department on Friday, . The Administrator added the last approval date was . Review of the letter revealed a date of , which was valid for one year, and resubmission required within 60 days before its expiration date. During an interview on at 11:55 AM, the Administrator said he submitted the CEMP to the county department on and the Emergency Power Plan (EPP) on . The Administrator said it should have been submitted 60 days prior to the expiration of the last approval letter, which was approved . (photographic evidence obtained) Class III	ZZ830		
A 000	Initial Comments	A 000		

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A 000	Continued From page 3 A complaint investigation (2026002452) and a generator monitoring was conducted at Madison at Ocoee on and . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 4 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow a health care provider's order when 1 of 5 sampled residents (#1) was not given a medication as prescribed. Findings: Review of resident #1's record revealed an admission date of . Her medical history included , , , , , . On health care provider order , 300 MG, 1 tablet by every day at bedtime. Review of the , Medication Observation	A 025		

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A 025	Continued From page 5 Record (MOR), revealed on the 19th the , 300 MG was last given. Further review of the MOR revealed an end date of . The record did not have documentation to indicate a health care provider discontinued the , . During an interview on at 12:42 PM, the findings were discussed with the Wellness Director (WD), who said the resident's primary health care provider was closed when she returned from the hospital and the facility could not get in contact with them. The WD said the resident's secondary health care provider wrote the new medication prescriptions to be picked up at the local pharmacy. The WD said that the facility's pharmacy does the MOR. During an interview on at 12:45 PM, the WD was asked for the discontinuation order for the , . During an interview on at 1:56 PM, with the WD, an update was requested for the , discontinuation order. During an interview on at 2:03 PM, the resident secondary Health Care Provider said the resident should be on , . The Health Care Provider added that she sent orders directly to the pharmacy. The Health Care Provider said the medications were ordered until she the resident is seen by the primary health care provider. During an interview on at 2:10 PM, Licensed Practical Nurse (LPN) D said that the Wellness Director discontinued the .	A 025		

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A 025	Continued From page 6 because it was profiled on the MOR as discontinued and the medication list that was sent to pharmacy to update the MOR was not the correct medication list. During an interview on at 2:14 PM, a pharmacy technician said a behavioral hospital medication list was sent to them from the facility on and . The pharmacy tech said the , was discontinued because they went with the updated medication list which did not have . on it. During an interview on 4:04 PM the Wellness Director said she guesses the correct medication list was not sent to the pharmacy to update the MOR. (photographic evidence obtained) Class III	A 025		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the	A 056		

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A 056	Continued From page 7 container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or	A 056		

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A 056	Continued From page 8 electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to make every reasonable effort to ensure that prescriptions for 1 of 5 sampled residents (#1) were refilled in a timely manner. Findings:	A 056		

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A 056	Continued From page 9 Review of resident #1's record revealed an admission date of . Her medical history included and . Review of MOR revealed , 100 milligram (mg), 1 tablet, 8 AM dose had 9's documented on the 24th, 25th, and 26th. , 100 mg 1.5 tablet, 5 PM dose had 9's documented on the 23rd, 24th, and 25th. , 50 mg, 1 tablet every day, 8 AM dose had 9's documented on the 19th, 20th, 21st, and 22nd. A facility note on at 10:28 AM read, nurse phoned the health care provider to request a refill for , A facility note on at 7:17 AM read, , 50 mg, medication pending delivery. A facility note on at 7:14 AM read, , 50 mg, pending pharmacy delivery. A facility note on at 7:21 AM read, , 50 mg, medication pending delivery. A facility note on at 7:21 AM read, , 50 mg, waiting for medication to be delivered. A facility note on at 9:32 AM read, phone call placed to the health care provider to report , has not been received at the community and the resident will be out of medication. A facility note on at 5:39 PM read, , 100 mg, pending delivery. A facility note on at 7:08 AM read,	A 056		

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A 056	Continued From page 10 , 100 mg, medication was not given, waiting on delivery. A facility note on at 4:19 PM read, , 100 mg, pending delivery. A facility note on at 5:30 PM read, , 100 mg, no available on cart prescription refill needed. A facility note on at 1:07 PM read , 100 mg, awaiting delivery. There was no documentation to indicate the facility made any effort to obtain refills before they ran out. During an interview on 9:21 AM, the findings were discussed with Licensed Practical Nurse (LPN) D. LPN D said there was trouble getting in touch with the health care provider. The LPN said it takes approximately weeks to obtain the medication from Resident #1's pharmacy. The LPN said there was no documentation of when Resident #1's health care was contacted initially to obtain the medication refills. During an interview on at 10:20 AM, the findings were discussed with the Wellness Director. The Wellness Director confirmed the findings, and the said Resident #1 missed those doses of the medications in , . The Wellness Director said it is standard practice to request medication refills from the Resident's health care provider 2 weeks in advance because the medication is mailed. The Wellness Director confirmed there is no documentation to indicate the facility ordered the medications timely.	A 056		

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A 056	Continued From page 11 (photographic evidence obtained) Class III	A 056		