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
	AL11932406	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENLEAF ASSISTED LIVING LLC	509 W. VERONA STREET KISSIMMEE, FL 34741

(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
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to electronically submit to the agency a preliminary report within 1 business day and a full report within 15 days of the incident for 2 of 11 sampled residents who were transferred to the hospital after incidents requiring a higher level of care (#4, 5, 11). Findings: A review of resident #4 record revealed she was admitted on . On at 12:10 pm an interview with staff A was conducted. She confirmed resident #4 went to the hospital on Tuesday because she spilled hot water on her , on around 7am but did not tell staff. Resident #4 agreed to go on because of the , . She was transferred to the hospital and diagnosed with on thighs. A review of resident #5 record revealed she was admitted on . A review of the facility note dated revealed resident #5 was transferred to the hospital after being found on the floor and complaining of severe , , . She was diagnosed with a right .	CZ821		

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CZ821	Continued From page 4 On at 1:50pm the administrator confirmed she did not submit an adverse incident report to the agency for residents 4 and 5.	CZ821		
A 000	Initial Comments A survey for complaint #2025005381 and a generator monitoring were conducted on , , and at Greenleaf Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or	A 010		

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A 010	Continued From page 5 a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the	A 010		

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A 010	Continued From page 6 resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that:	A 010		

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A 010	Continued From page 7 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any	A 010		

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A 010	Continued From page 8 nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure residents had an updated Resident Health Assessment form (1823) signed by a health care practitioner for 2 of 6 residents sampled. (#2 and #5) Findings: 1. A review of resident #5 record found she was admitted on . A review of the facility notes found documentation of 5 , , , , and . A review of resident #5 1823 dated found it did not contain documentation of her history of . On at 1:45pm the Administrator confirmed the finding. 2. On at 9:36 am conducted a record review and interview with resident 2 who was admitted on . Review of the Health Assessment form 1823 for resident 2 revealed she has a medical diagnosis of , , , and a History of Aneurysm. Resident #2 had sustained two , the first occurred on and the second occurred on . The facility did not update the residents' 1823 within 30 days of her .	A 010		

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A 010	Continued From page 9 The administrator was asked why resident 2's 1823 was not updated by the primary care physician (PCP), when the resident had sustained which occurred on and . The administrator stated that she did not think the residents 1823 needed to be updated because it was not a recurring issue. The administrator was reminded that when residents have a change in condition the PCP needs to be made aware of the occurrence. The administrator on at 4:15pm confirmed the findings. Class III	A 010		
A 025 SS=G	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	A 025		

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A 025	Continued From page 10 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 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, record reviews and interviews, the facility failed to provide adequate supervision and provide care and services appropriate to meet the needs of residents by	A 025		

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A 025	Continued From page 11 failing to ensure safety through proactive measures to minimize the potential for and injuries and to prevent resident to resident for 3 of 11 sampled residents (#5, #2 & #6). Findings: Resident #5 had 8 documented in her record in the past 10 months. A review of resident #5 record revealed she was admitted on . Her record contained a Resident Health Assessment form (1823) dated . Her diagnoses included , , , , and , . The 1823 documented resident #5 needed assistance with unsteady gait and supervision with all activities of daily living. The1823 did not contain documentation indicating the resident was at risk for . A review of the facility notes found: On documented at 9:30am - heard resident yelling from her room. She was on the floor. She said she was walking to the bathroom and her slipped and she . When she , she hit her , hard. Started to scream as soon as she tried to move. She was experiencing severe , , . The resident was sent out 911 to hospital where she was diagnosed with a of her right . The resident will need surgery to repair. On at 3:34pm. Resident #5 had a around 12:20am. Complained of , . Sent to the hospital. Returned with no new diagnosis. On documented at 10:08am. At	A 025		

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A 025	Continued From page 12 approximately 6:30am resident #5 was found lying on the floor. Helped to bed. Transfer to hospital due to , . On documented at 5:22am. Sending resident #5 out she again. She scraped her left . On documented at 1:28am. Staff found resident on the floor. Called 911. On documented at 10:14pm Resident slipped off of her bed. No injury. On documented at 10:09pm Resident went to the store about 4:30pm. somewhere on the street and ended up in the hospital. On documented at 9:47pm Resident outside near the parking lot on the sidewalk at about 7:30pm. Requested Home Health , , notes for resident #5 after Administrator said, in interview, that is what was put in place after her . None could be provided. No prevention/mitigating strategies were provided or found during record review. A review of the facility's 2 policies provided by the Administrator found the first policy was not dated. Documented under #1- Review residents health assessment (AHCA form 1823) entirely and identify if the resident is at risk for . The second policy was also not dated. Documented under Purpose - Identify patients at risk for , initiate interventions to prevent , and thus reduce the risk of injury due to . On at 1:30 the finding was confirmed by	A 025		

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A 025	Continued From page 13 the administrator. 2. On at 1:10pm an interview with resident #2 was conducted via telephone. She said on resident #3 hit her in the when he tried to grab the cigarette out of her . She said she told him no, and he punched her. She recalled having a jaw. The police were called. Resident #3 was taken to the hospital. She also recalled a previous incident when he first moved in, he threw her walker over the railing and broke it. She said he also touched her bottom. On at 12:10 pm in an interview with staff A, she said resident #3 was on because resident #2 said he hit her when they were outside on the patio around 10pm. Resident #3 had a private companion at that time, but he was not with him and did not witness the event. The companion was apparently in the restroom. A review of resident #2 record revealed she was . She was admitted on . Her record contained a Resident Health Assessment (1823) dated . Her diagnoses included Guillain Barr and the history of aneurism. She required supervision with ambulation, toileting, and transfer and assistance with bathing, , and grooming. A review of resident #3 record revealed he was . He was admitted on . His record contained an1823 dated . His diagnoses included , type. He was independent with	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932406	A. BUILDING: _____ B. WING _____	04/30/2025

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A 025	Continued From page 14 activities of daily living. A review of a hospital evaluation dated documents patient has been aggressive by another resident in the facility. A review of a police report dated at 9:06 pm documented resident #2 was hit twice in the with an open by resident #3. The officer documented resident #3 said in interview, he slapped her when she refused to give him a cigarette. On at 10:45 am a second interview with resident #2 was conducted via telephone. She said when resident#3 first moved in last year he grabbed her bottom. She said she told the administrator. He did not touch her again because she told him to leave her alone. He did seem to be in the same places she was. They both lived on the second floor. They both go to the smoking patio. She said she did feel unsafe at that time. The administrator told her they were trying to stabilize him, and they were working on his medications. Continued record review revealed a doctor's note dated which documented resident #3 was himself with cigarettes and lighter as well as banging his against walls. Showing poor boundaries with other residents including making comments and attempting to touch female residents. On at 2pm an interview with resident #3 was attempted. He was observed sitting up in bed. He answered yes when asked if he was feeling ok and yes to if it was ok to ask him questions. He then asked if he could lie down. He laid down, pulled the cover over his and did not answer any more questions.	A 025		

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A 025	Continued From page 15 A review of the facility grievance policy (undated) documented the Executive Director (administrator) will complete the grievance including an investigation, respond to resident/family within 72 hours, and a resolution or further follow-up will be documented in the complaint log. On at 11:15am an interview with the administrator was conducted. She confirmed the findings. She said now resident #3 has a different private caregiver from 3pm to 7am. The administrator said resident #3 was told to stay away from resident #2 and not talk to her. 3. On at 11:35am, the administrator was asked for the grievance log and the grievance policy. The grievance log revealed that on two occasions resident 6 had reported that she had been assaulted by another resident of the facility. On at 1:21pm spoke with resident 6 who confirmed the two incidents that occurred between herself and another resident (11). When asked to elaborate she stated that the other resident can be very loud and verbally , she stated that he was on his way out of the dining room one afternoon when he used his chair to hit her. Resident 6 went on to say that she spoke with the administrator who stated that she would address the issue with the other resident. Resident 6 stated that the administrator eventually told her to avoid resident 11 as much as possible, which she stated that she is doing that. On at 2:00pm interview with the administrator in reference to the two incidents	A 025		

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A 025	Continued From page 16 that occurred between residents 6 and residents 11. The administrator stated that resident 6 makes resident 11 agitated. Resident 6 will say things to resident #11 and he will get upset and lash out toward the resident. The administrator stated that she spoke with resident 11 and told him that he cannot use walkers nor wheelchairs to other residents because if it continues, she will have to issue him a 45-day notice. The administrator stated that since the two incidents she has not heard anything else from either the residents or staff has not stated that there are any continuing issues. The administrator was asked where the staff were at the time these two incidents occurred. The administrator stated that the staff was not aware of the altercations, but she did allow resident 6 to file a grievance about the incident. The administrator was asked about the results of the grievance, which was filed by resident 6, because the log does not show anything written , the two incidents which happened on and , between resident 6 and resident 11. The administrator stated she figured if she took care of the situation between the two residents then she felt she did not have to write the outcome of how she handled the situation, because she dealt with it. The administrator confirmed the two resident to resident incidents that occurred on and between resident 6 and resident 11. (Photo Evidence Obtained) Class II	A 025		

Agency for Health Care Administration

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