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
	AL11970392	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE NONA	10298 SAVANNAH PARK DR ORLANDO, FL 32832

(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 resident record review and interview, the facility failed to electronically submit a one-day report and a 15 day (full report) adverse incident report (AIRS) to the agency for 2 of 4 sampled residents (#2, #3) as required from injuries post being sent out and requiring a higher level of acuity (hospital). Findings: 1. A review of resident #2's record revealed admission date . The last 1823 Health Assessment dated listed the medical history of , ( ) of , , , Overactive , , , , , and . Her physical limits were , and radiculopathy uses a walker for ambulation. She needs supervision for only bathing with activities of daily living. She was a risk as special precautions and she could administer her own medications. A review of facility note dated at 6:04 PM by Unlicensed caregiver A documented resident #2 pushed her call light at 5:05 PM and found resident #2 on the floor. Resident #2 said	CZ821		

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CZ821	Continued From page 4	CZ821		

that she had when she was going to the sink to get a cup of tea. She slipped and on her . 911 was called. Notified her daughter and her physician. The nurse on duty checked her vitals good.

There were no facility notes following up about when the first responders arrived at the facility and was transferred to the hospital.

Resident #2 is still currently in the hospital.

An interview on at 2:25 PM with the Health Wellness Director stated that she had followed up with the physician and the case manager at the hospital. The case manager confirmed that resident #2 had her left injury from the . The Health Wellness Director said that she had forgotten to document in the facility's notes.

An interview on at 2:35 PM with the Health Wellness Director provided an email directly to a risk management liaison that works in the agency and stated that this was the facility's evidence of the incident being reported to the agency.

2. A review of resident #3's record revealed admission date . The last 1823 Health Assessment dated listed the medical history of ( ), , prostatic Hyperplasia ( ) and type 2 (non-). He ambulates with a walker and a risk as a special precaution. He was independent with eating and grooming, supervision with ambulation, toileting and transferring and assistance with bathing and in activities

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CZ821	Continued From page 5 of daily living. He needs assistance with self-administration of medications. A review of facility note dated at 3:32 PM by Unlicensed caregiver C documented resident #3's call light came on and when she got there to his room about 6 minutes later after assisting another resident for help. Resident #3 was found on the floor next to his bed with surrounding his and a deep cut above the right ( ). Immediately called 911. Resident #3 was and responsive until the paramedic's arrival. Resident #3 was transferred to the hospital. Notified family, no response. Left a voicemail message. Notified the physician, HWD and Administrator. A review of facility note dated at 9:30 AM by the Health Wellness Director (HWD) documented she spoke with the case manager at the hospital regarding resident 3's condition post . The case manager stated that labs were drawn and resident #3 had a ( ) that required ( ) . No orders for discharge currently. A review of facility note dated at 5:05 PM by the HWD documented that spoke with the case manager from the hospital to follow up on resident #3. Resident #3 continues to be on and has no discharge orders yet. There was no documented evidence that the facility followed up of the from the right injury. A review of facility note dated at 10:08 AM by the HWD documented she communicated with the family (son), and he stated that his dad (resident #3) was now at skilled nursing	CZ821		

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CZ821	Continued From page 6 rehabilitation from the hospital. There was no documented evidence for the reason why resident #3 was transferred to skilled nursing rehab. A telephone interview on at 5:44 PM with the son, regarding a follow up on his father (resident #3). The son stated that the cut on the right , had only required a few stitches, and it was not a injury. The son said that because his dad's (resident #3) complications with a was hardest to recover. Resident #3 was sent to the rehab after he was released from the hospital and since then, his dad (resident #3) had again at the rehab and now in the hospital. The son also stated that he really did not think his dad (resident #3) would be returning to the assisted living community because he needed a higher level of care to control the and the son stated that his dad (resident #3) was having a rough time right now bouncing . The son further stated that he had no concerns with the ALF, and they contacted him appropriately and immediately when he in his room at the ALF on . (Photographic Evidence Obtained) Unclassified	CZ821		
CZ830 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	CZ830		

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CZ830	Continued From page 7 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 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.	CZ830		

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CZ830	Continued From page 8 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 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 observation, facility's documentation	CZ830		

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CZ830	Continued From page 9 review and interview, the facility failed to submit a new Comprehensive Emergency Management Plan (CEMP) the local emergency management office after 30 days for changing management chain of command employees. Findings: An observation on at 11 AM that the facility had a new interim Administrator and new Maintenance Director that was hired at the facility about two weeks ago. A review of the last CEMP approval dated (last year) approved still listing the original previous Administrator and original previous Maintenance Director from when the facility first opened their doors for business and based on the CEMP written plan dated (last year). Both the previous Administrator and Maintenance Director are no longer at the facility since early . There was no documented evidence of a new CEMP written plan submitted and reviewed by the local emergency management office for the updates of the new management chain of command employees. (Photographic Evidence Obtained) On at 3:30 PM, an interview with the Business Office Director (was in charge) and the support Administrator from the sister facility in Leesburg, FL, confirmed the findings. Class III	CZ830		

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A 000	Continued From page 10	A 000		
A 000	Initial Comments A Complaint Investigation #2025006857 and a generator monitoring was conducted at Hearthstone Nona Assisted Living Facility & Memory Care on . The facility had deficiencies at the time of the survey visit.	A 000		
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 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,	A 025		

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A 025	Continued From page 11 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 resident record review and interview {1} the facility failed to provide adequate supervision with appropriate care and services (interventions) to meet the needs to prevent with injury for 2 of 4 sampled residents (#2, #3) as required; and {2} the facility failed to maintain written documentation for updates for 3 of 4 sampled residents (#1, #2, #3) as required. Findings: 1. A review of resident #2's record revealed	A 025		

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A 025	Continued From page 12 admission date . The last 1823 Health Assessment dated listed the medical history of , ( ) of , , , , Overactive , , , , , , , and . Her physical limits were , and radiculopathy uses a walker for ambulation. She needs supervision for only bathing with activities of daily living. She was a risk as special precautions and she could administer her own medications. A review of facility note dated at 12:36 AM by Caregiver B documented she answered resident #2's call light and resident #2 was found on the floor in her room. Resident #2 stated she did not remember how she but she was not in , and did not hurt herself. Resident #2 said the only thing that hurt her was her pride. There was no documentation that family and physician were notified and there was no documented evidence that a service plan was put in place for future interventions. A review of facility note dated at 6:04 PM by Unlicensed caregiver A documented resident #2 pushed her call light at 5:05 PM and found resident #2 on the floor. Resident #2 said that she had when she was going to the sink to get a cup of tea. She slipped and on her . 911 was called. Notified her daughter and her physician. The nurse on duty checked her vitals good. There were no facility notes following up about when the first responders arrived at the facility and was transferred to the hospital. Resident #2 is currently in the hospital.	A 025		

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A 025	Continued From page 13 An interview on at 2:25 PM with the Health Wellness Director stated that she had followed up with the physician and the case manager at the hospital. The case manager confirmed that resident #2 had her left injury from the . The Health Wellness Director said that she had forgotten to document in the facility's notes. 2. A review of resident #3's record revealed an admission date of . The last 1823 Health Assessment dated listed the medical history of ( ), , , , prostatic Hyperplasia ( ) and type 2 (non-). He ambulates with a walker and a risk as a special precaution. He was independent with eating and grooming, supervision with ambulation, toileting and transferring and assistance with bathing and in activities of daily living. He needs assistance with self-administration of medications. A review of facility note dated at 3:32 PM by Unlicensed caregiver C documented resident #3's call light came on and when she got there to his room about 6 minutes later after assisting another resident for help. Resident #3 was found on the floor next to his bed with surrounding his and a deep cut above the right , (,). Immediately called 911. Resident #3 was and responsive until the paramedic's arrival. Resident #3 was transferred to the hospital. Notified family, no response. Left a voicemail message. Notified the physician, HWD and Administrator. A review of facility note dated at 9:30	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970392	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE NONA	10298 SAVANNAH PARK DR ORLANDO, FL 32832

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A 025	Continued From page 14 AM by the Health Wellness Director (HWD) documented she spoke with the case manager at the hospital regarding resident 3's condition post . The case manager stated that labs were drawn and resident #3 had a ( ) that required ( ) . No orders for discharge currently. A review of facility note dated at 5:05 PM by the HWD documented that spoke with the case manager from the hospital to follow up on resident #3. Resident #3 continues to be on and has no discharge orders yet. There was no documented evidence that the facility followed up of the from the right injury. A review of facility note dated at 10:08 AM by the HWD documented she communicated with the family (son), and he stated that his dad (resident #3) was now at skilled nursing rehabilitation from the hospital. There was no documented evidence for the reason why resident #3 was transferred to skilled nursing rehab. A telephone interview on at 5:44 PM with the son, regarding a follow up on his father (resident #3). The son stated that the cut on the right had only required a few stitches, and it was not a injury. The son said that because his dad's (resident #3) complications with a was hardest to recover. Resident #3 was sent to the rehab after he was released from the hospital and since then, his dad (resident #3) had again at the rehab and now in the hospital. The son also stated that he really did not think his dad (resident #3) would	A 025		

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A 025	Continued From page 15	A 025		

be returning to the assisted living community because he needed a higher level of care to control the and the son stated that his dad (resident #3) was having a rough time right now bouncing . The son further stated that he had no concerns with the ALF, and they contacted him appropriately and immediately when he in his room at the ALF on .

3. A review of resident #1's record revealed admission date . The last 1823 Health Assessment dated listed the medical history of , , , , , , and , , . She's , . She ambulates with a walker with a precaution. She is independent in all her activities of daily living and needs assistance with self-administration of medications.

On , unknown the time, a telephone verbal grievance by her son was made to the Chief Operating Officer that his mother (resident #1) air conditioning had been out of service and not working for a month.

An observation on at 4:43 PM of a portable air conditioner unit in her room. The temperature of her room was checked and registered at 76 degrees.

An interview on at 4:45 PM with resident #1 regarding her air conditioner not working. She stated that she had no problems at all and that she likes her room warm/hot because she lived in hot weather, she was from Hawaii, and it is always hot there. She said that they put a temporary portable air conditioner in her room a few days ago but she did not understand why. Resident #1 is , , but she was still sharp as a tack in the mind. She dresses herself

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A 025	Continued From page 16 and communicates her needs clearly. Resident #1 is still very much involved in all the community activities and goes to eat with her friends in the dining room. Resident #1 told me there was no concern with her air conditioner. Resident #1 further stated that the Maintenance Director and the DOH inspector had been to her room earlier to make sure she was doing okay and check out the air conditioner in her room and said she did not understand why they came. It was explained that it was a concern that she was overheated in her room with her air conditioner not working and everyone must check on her and the other residents too. She was thankful for the explanation. There were no facility notes that a portable air conditioner unit (how long) was put into resident #1's room because the air conditioner compressor went out and the facility had ordered the part and waiting to be received. On at 5:30 PM, an interview with the support Administrator from the sister facility in Leesburg, FL and the Business Office Manager confirmed the findings. (Photographic Evidence Obtained) Class II	A 025		