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
	AL11969938	A. BUILDING: _____ B. WING _____	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCERRE AT PALM COAST	144 CYPRESS POINT PKWY PALM COAST, FL 32164

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure survey in conjuction with complaint survey (complaints 2025011970 and 2025012625) was conducted at Sancerre at Palm Coast on 02/17/26. There were deficiencies identified at the time of the survey.	A 000		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by:	A 091		

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
	AL11969938	A. BUILDING: _____ B. WING _____	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCERRE AT PALM COAST	144 CYPRESS POINT PKWY PALM COAST, FL 32164

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 091	Continued From page 1 Based on record review and interview, the facility failed to maintain training documentation for three of three employees whose records was reviewed (the Administrator, Employee A, and Employee B). The finding include: During review of the personnel file for the Administrator, hired 8/4/25, Employee A, hired 1/13/26, and Employee B, hired 3/11/25, revealed no training certificates. A phone interview was conducted with the Administrator on 2/17/25 at 3:00 pm. He was notified of the missing training records for the selected employees. He stated that the training and hiring record were stored at the corporate headquarters located in a different state. He provided the contacts for the Human Resources Business Partner that was responsible for the personnel files. A phone interview was conducted on 2/17/25 at 3:35 pm with the Human Resources Business Partner. She stated that the hiring process was conducted virtually the initial hiring paperwork (such as application, background attestation, etc.) was obtained by the recruiter. Once an employee was hired, they were required to complete training through computerized training platform (Relias). When asked how she ensured that the an employee had all the required hours of training, she stated said that she didn't know how the Relias training was assigned. She was also not aware of the training record requirements. She added that she was new to the company the Vice President (VP) of Operation would have more information, but she was not available as she was conducting orientation. She confirmed that she	A 091		

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
	AL11969938	A. BUILDING: _____ B. WING _____	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCERRE AT PALM COAST	144 CYPRESS POINT PKWY PALM COAST, FL 32164

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 091	Continued From page 2 did not have the documentation requested. Class III	A 091		