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
	AL11969128	A. BUILDING: _____ B. WING _____	R 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELCARE WITH A VISION LLC	108 WAGNER ROAD BONIFAY, FL 32425

(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
{ZZ000}	Initial Comments An unannounced fourth revisit survey was performed at Angelcare with a Vision, an Assisted Living Facility in Bonifay, FL, on 2/17/2026 through 2/18/2026. This was a follow up for revisits that occured on 3/4/25, 5/22/25, and 7/31/25. A new complaint survey was performed concurrent to this revisit. The facility remains in noncompliance.	{ZZ000}		
{CZ814} SS=D	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the	{CZ814}		

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{CZ814}	Continued From page 1 clearinghouse. 1. Before January 1, 2024, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective January 1, 2024, initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; sex; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure new background screenings were completed for staff who had a break in employment greater than 90 days for 2 of 4 staff sampled. (Staff A and Staff C) This citation is also applicable to ASPEN ID KIGJ11 The findings include:	{CZ814}		

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{CZ814}	Continued From page 2 On 2/17/26, Staff A's (Supervisor and Direct Care Staff member) personnel file was reviewed. She was hired on 9/2/24. A review of the Background Clearinghouse showed Staff A had a break in service from 9/28/23 to 9/2/24. The record reflected that the last Clearinghouse eligibility date was 4/18/23. On 2/17/26, Staff C's (Direct care staff member) personnel file was reviewed. She was hired on 7/1/25. A review of the Background Clearinghouse showed Staff C had a break in service from 8/23/23 to 7/1/25. The record reflected that the last Clearinghouse eligibility date was 5/23/22. On 2/18/26 at approximately 12:00 PM a telephone interview was conducted with the Administrator. She was asked why Staff A and Staff C did not receive a new background screening upon hire after having a break in service greater than 90 days. The Administrator stated that she did to know they required new screenings after a break greater than 90 days but stated that she would schedule them as soon as possible. Unclassified	{CZ814}		
{A 000}	Initial Comments An unannounced fourth revisit survey was performed at Angelcare with a Vision, an Assisted Living Facility in Bonifay, FL, on 2/17/2026 through 2/18/2026. This was a follow up for revisits that occured on 3/4/25, 5/22/25, and 7/31/25. A new complaint survey was performed concurrent to this revisit. The facility remains in	{A 000}		

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{A 000}	Continued From page 3 noncompliance.	{A 000}		
{A 083} SS=I	59A-36.011(5) FAC Training - First Aid and CPR (5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain first aid and cardiopulmonary resuscitation (CPR) training that was facilitated by an approved provider, which included an in-person demonstration of skills, for 2 of 4 employees sampled. (Staff C and D) This was a continued issue from the previous survey on 7/31/25.	{A 083}		

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{A 083}	Continued From page 4 The findings include: On 2/17/26, a review of Staff C's (Direct Care Staff, with a hire date of 7/16/25) personnel file was conducted. The CPR training present was provided by the National CPR Foundation and was completed on 5/10/25. This training does not include an in person demonstration of skills. Staff C did not have first aid training. On 2/17/26, a review of Staff D's (Direct Care Staff with a hire date of 9/23/24)personnel file was conducted. Staff D did not have first aid or CPR training. (Photographic Evidence Obtained) A telephone interview was conducted on 2/18/26 at approximately 12:00 PM with the Administrator. She was asked the reason Staff C did not have first aid training. She stated Staff C's training did not include first aid and she would get her scheduled immediately. She was also asked why Staff D did not have first aid or CPR training. She stated she forgot but would also get her scheduled immediately. Class II	{A 083}		
{A 120} SS=I	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial	{A 120}		

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{A 120}	Continued From page 5 stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on record review and interview with the Administrator, the facility continued to fail to maintain accurate business account record that identify, summarize, and classify funds received and expenses disbursed. The lack of accurate business account records affected all 14 residents currently residing at the facility. (Resident #1-14) This issue was present during the visits to the facility on 12/10/24, 3/4/25, 5/22/25 and 7/31/25. The findings include: On 2/17/25 at 10:45 AM a telephone interview was conducted with the Administrator, who stated she was still working with the bank to get everything separated between her personal use and the facility use of the bank account. A review of the January 2026 bank statement for the business account revealed the business	{A 120}		

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{A 120}	Continued From page 6 expenses, personal expenses, residents' payments, and staff payroll was still combined into the same account. (Photographic evidence obtained) Class II	{A 120}		
{A 123} SS=I	429.27(3-5) FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds 429.27 (3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of $500 and funds of the resident not in excess of $500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of $500. (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident.	{A 123}		

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{A 123}	Continued From page 7	{A 123}		

Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident.
(5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies.

59A-36.013
(2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include

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{A 123}	Continued From page 8 income and expense records of the trust fund, including the source and disposition of the funds. This Statute or Rule is not met as evidenced by: Based on record review and interview with the Administrator, the facility continued to fail to maintain separate bank accounts to prevent co-mingling of facility funds with the resident funds and the Administrator's personal expenses for 14 of 14 residents. (Resident #1-14) This issue was previously cited during visits on 12/10/24, 3/4/25, 5/22/25 and 7/31/25. The findings include: On 2/17/26 at approximately 10:45 AM, a telephone interview was conducted with the Administrator, who stated she has separate accounts for personal and business finances. She sent an email indicating she was going back and forth with the bank to seperate all expenses but was still an issue. A review of the January 2026 bank statement for the business account revealed the business expenses, personal expenses, and staff payroll were still combined into the same account. (Photographic Evidence Obtained) Class II	{A 123}		