

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER VICTORIA LANDING			STREET ADDRESS, CITY, STATE, ZIP CODE 1279 HOUSTON ST MELBOURNE, FL 32935		
(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 re-licensure survey and generator monitoring was conducted at Victoria Landing LLC. Assisted Living Facility and Memory Care with Limited Nursing Services (LNS) on . The facility had deficiencies at the time of the visit.	A 000			
A 008 SS=D	429.26() FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made	A 008			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 008	Continued From page 1 available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further,	A 008			

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A 008	Continued From page 2 Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008			

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A 008	Continued From page 3 in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, _____, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).	A 008			

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A 008	Continued From page 4 (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, . . . , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish . . . to be administered in the case of . . . or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a health assessment form was accurate for 1 of 4 sampled residents (#12.) Findings: Observations made on . . . at 1:08 PM	A 008			

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A 008	Continued From page 5 revealed unlicensed caregiver C assisted resident #12 with medications. Review of a health assessment form, dated _____, revealed the form indicated the resident did not need assistance with medications. During an interview on _____ at 3:58 PM, the Director of Nursing confirmed the findings. Class III	A 008			
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	A 025			

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A 025	Continued From page 6 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, interview, and record review, the facility failed to ensure the correct dose of a medication was given to 1 of 4 sampled residents (#13.) Findings: Observations on at 1:15 PM revealed	A 025			

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A 025	Continued From page 7 unlicensed caregiver C applied cream to her _____ then rubbed it on resident #13's left _____ Review of resident #13's _____ medication observation record revealed the _____ cream order was to apply 4 grams to the left _____ Review of the _____ box revealed a dosing card was enclosed to measure a dose. During an interview on _____ at 1:25 PM, unlicensed caregiver C said she did not know a dosing card was enclosed in the box. Class III	A 025			
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.	A 032			

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A 032	Continued From page 8 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility	A 032		

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A 032	Continued From page 9 must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 1 sampled resident (#6) who eloped from the facility had identification (ID) on their person that included their name and the facility's name, address, and telephone number. Findings: Review of the facility's undated elopement policy revealed elopement occurred when staff determined that a resident was missing or whenever a resident left the premises of the facility without signing in or out with facility associates. The policy indicated the residents would be provided with an ID bracelet to include their name, facility name, address, and phone number. Review of resident #6's record revealed a facility admission date of . Review of a health assessment form, dated , revealed a medical history of moderate late onset with , disturbance and intermediate and short-term memory loss. The form indicated the resident was not an elopement risk. Review of an observation note, dated at 5:33 PM, revealed licensed practical nurse (LPN) D documented that when she returned from lunch, she observed the resident walking in the parking lot from the patio. The note indicated LPN D walked the resident inside.	A 032			

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A 032	Continued From page 10 Review of an observation note, dated _____ at 10:18 AM, revealed LPN D documented she was alerted by another employee that the resident was observed standing at the end of the driveway near a stop sign. The note indicated she wanted to go to church. The note indicated the receptionist, and another employee redirected the resident _____ inside. Review of a note, dated _____, revealed a doctor documented the resident had multiple episodes of walking away from the facility. The note indicated the resident could not remember to sign out and was _____ about where she was going. The note indicated the resident was very _____ and would probably need memory care soon. During an interview on _____ at 3:25 PM, unlicensed caregiver C said that on _____ she was in another resident's room on the fourth floor when she looked out the window and saw the resident standing next to the stop sign at the end of the parking lot. The caregiver said she radioed the front desk and informed them the resident was outside. The caregiver said the resident did seem to improve with learning her way around the facility. During an interview on _____ at 4:12 PM, the resident said no one brought her _____ inside on _____. The resident said she walked around for exercise and went outside to look at the signs out there. The resident said she just wanted to see what was going on around there. The resident did not recall if someone brought her _____ inside on _____. The resident said she could only get _____ inside with the badge on her lanyard, which had her nickname and room number. The	A 032			

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A 032	Continued From page 11 resident said that before leaving the facility she must go by people downstairs and check out. The resident said she had to ask the person where you first come in. The resident said she had to tell them where she was going. The resident said she recently went somewhere and signed something at the front desk. The resident said she did not always do that, but they saw her. The resident said the key on her lanyard opened things downstairs that went in and out. The resident said she's supposed to sign in and out, but she did not always do that. The resident did not have ID that included her name and the facility's name, address, and telephone number. During an interview on _____ at 4:30 PM, the Assistant Director of Nursing (ADON) said an air tag device was in the plastic sleeve on the resident's lanyard. The ADON said the facility instructed the resident's family to purchase it out of concern because the resident likes to walk and was not from around here. ADON said she did not know why the resident did not have an ID. ADON said the resident was kept safe from elopement by including her in activities, keeping her in her room, and checking on her during medication passes and meals. Class III	A 032		
A 040 SS=D	429.55(2) F.S. Resident Education- (V) (2) VTE CONSUMER INFORMATION.- (a) The Legislature finds that many _____ (PEs) are preventable and that information about the prevalence of the _____ could save lives. (b) The term " _____ " means a	A 040		

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A 040	Continued From page 12 condition in which part of the clot breaks off and travels to the _____, possibly causing (c) The term " _____ " means _____, which is a _____ clot located in a deep _____, usually in the _____ or arm. The term can be used to refer to _____ or both. (d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about _____ including risk factors and how residents can recognize the signs and symptoms of _____ This Statute or Rule _____ is not met as evidenced by: Based on interview and record review, the facility failed to provide a consumer information pamphlet about _____ including risk factors and how residents can recognize the signs and symptoms of _____ to 3 of 3 sampled residents upon admission (#5, #6, #7). Findings: During an interview on _____ at 10:33 AM, resident #5 said she was not provided with a pamphlet about _____ upon admission. During an interview on _____ at 10:44 AM, resident #6 said she was not provided with a pamphlet about _____ upon admission. During an interview on _____ at 10:50 AM, resident #7 said she was not provided with a pamphlet about _____ upon admission.	A 040		

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A 040	Continued From page 13 Review of resident #5's record revealed a facility admission date of Review of resident #6's record revealed a facility admission date of Review of resident #7's record revealed a facility admission date of During an interview on at 4 PM, the Move-in and out Coordinator said she gave resident #6 a pamphlet but did document it. She then said she did not give a pamphlet to residents #5 and #7. Class III	A 040		
A 052 SS=D	429.256(): 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of	A 052		

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NAME OF PROVIDER OR SUPPLIER VICTORIA LANDING			STREET ADDRESS, CITY, STATE, ZIP CODE 1279 HOUSTON ST MELBOURNE, FL 32935		
(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 052	Continued From page 14 being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , or preparations. (g) Assisting with medications ordered by the	A 052			

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A 052	Continued From page 15 physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups,	A 052		

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A 052	Continued From page 16 and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's	A 052		

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A 052	Continued From page 17 control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 2 of 2 sampled unlicensed caregivers (A, C) who assisted 4 of 4 sampled residents (#1, #11, #12, #13) with medications followed the correct procedures. Findings: Observations on _____ at 12:20 PM revealed unlicensed caregiver A gave medications to resident #1. Observations on _____ at 12:37 PM revealed unlicensed caregiver A gave medications to resident #11. Unlicensed caregiver A prepared the medication while at the medication cart. The caregiver did not take the medication package to the resident, orally advise the resident of the name and dose of the medication, then prepare it in the resident's presence. During an interview on _____ at 12:54 PM, unlicensed caregiver A said she was trained in giving medication. She said she did say " , . ." She said she did not do it correctly because she felt under pressure and did not do well while being watched. She was unaware if the residents had waiver. Observations on _____ at 1:08 PM revealed unlicensed caregiver C gave medications to resident #12.	A 052			

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A 052	Continued From page 18 Observations on _____ at 1:15 PM revealed unlicensed caregiver C gave medications to resident #13. Unlicensed caregiver C prepared the medication while at the medication cart. The caregiver did not take the medication package to the resident, orally advise the resident of the name and dose of the medication, then prepare it in the resident's presence. During an interview on _____ at 1:25 PM, unlicensed caregiver C said she received training on giving medication. She did not remember having to orally advise the resident of the dosage. She remembered she was supposed to orally advise of the medication name. She said she thought it was okay to prepare them at the cart if the cart was in front of the resident's room. Review of all the residents' records revealed none had a waiver exempting the unlicensed caregivers from orally advising the residents of the name and dose of the medications. Class III	A 052			
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the	A 081			

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A 081	Continued From page 19 needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee 's personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents.	A 081			

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A 081	Continued From page 20 (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	A 081			

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A 081	Continued From page 21 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by:	A 081			

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A 081	Continued From page 22 Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (C) completed in-service training within 30 days of employment as required. Findings: A review of Caregiver C's personnel record revealed date of hire . There was no training completed for policies and procedures for the following below: 1. 1 hour control training 2. 1 hour , neglect and , training 3. 1 hour emergency procedures and evacuation training; and 4. elopement training On at 4 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 081			
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures	A 090			

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A 090	Continued From page 23 regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (C) completed one-hour specific facility-specific in-service training in () within 30 days after employment as required. Findings: A review of Caregiver C's personnel record revealed date of hire . There was no 1-hour training completed that was specific to the facility's policies and procedures in the file. On at 4 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 090			
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.frules.org/Gateway/reference.asp?No=Ref-04003 , and the current table of Dietary Reference Intakes established by the Food and	A 093			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VICTORIA LANDING

**1279 HOUSTON ST
MELBOURNE, FL 32935**

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A 093	Continued From page 24 Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1	A 093		

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A 093	Continued From page 25 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _____ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents.	A 093			

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A 093	Continued From page 26 including adaptive equipment if needed by any resident, must be on (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, a review of the facility's documentation and interview, the facility failed to obtain a water plan for an emergency to be sufficient for drinking and food preparation and to be coordinated and reviewed by the local emergency management agency as required. Findings: An observation on at 1:25 PM, the Food Manager took me to the 2nd floor storage closet where the facility store 90 (5 gallons) collapsible bags for emergency water usage. A review of the Comprehensive Emergency Management Plan (CEMP) written plan and the approval letter dated on (last year). Furthermore, the written plan did not document the sufficient water usage for drinking and cooking food for the residents living in an assisted living facility that is required. On at 3:30 PM, an interview with the Administrator confirmed the findings after given	A 093		

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A 093	Continued From page 27 an opportunity to review the CEMP written plan thoroughly, and she could not find any information documenting specific about the facility's emergency water sufficiency in accordance to the local emergency management agency. (Photographic Evidence Obtained) Class III	A 093			
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . testing materials satisfies the annual examination requirement. An individual with a positive . test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a	A 078			

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A 078	Continued From page 28 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure each employee had an annual	A 078		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER VICTORIA LANDING			STREET ADDRESS, CITY, STATE, ZIP CODE 1279 HOUSTON ST MELBOURNE, FL 32935		
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A 078	Continued From page 29 assessment from a health care provider documenting that the individual does not have any signs or symptoms of for 1 of 4 staff sampled. (Administrator) Findings: A review of the Administrators record revealed she was hired on . Her record contained a assessment dated . On at 4:50 PM, an interview with the Administrator was conducted. She confirmed she did not have an updated annual assessment. Class III	A 078			
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and	AN278			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968567	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/23/2026
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AN278	Continued From page 30 outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure nursing progress notes were maintained for each resident who receives limited nursing services (LNS) from facility staff. The facility failed to ensure a nursing assessment was conducted at least monthly for 1 of 1 resident reviewed. (#9) Findings: During the entrance conference with the Administrator, resident #9 was identified as being under LNS care for use. On at 10:45 AM, resident #9 was observed in bed. She was wearing a canula which was attached to an concentrator. Resident #9 confirmed the facility nurses assist her with the concentrator. A review of resident #9's record revealed an order from her primary care provider of 2 liters per minute via canula. A review of the facility notes did not find nurses documentation of daily care and/or assistance provided to resident #9. The monthly documentation completed by the LNS nurse did not contain a full assessment of resident #9's status. On at 2:20 PM, during an interview with the LNS nurse, she confirmed the findings. (Photo Evidence Obtained) Class III	AN278			

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