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
	AL11922369	A. BUILDING: _____ B. WING _____	C 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT TAVARES, INC. (THE)	900 EAST ALFRED STREET TAVARES, FL 32778

(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 An unannounced re-licensure and complaint investigation (complaint 2026004689 and 2026002908) with Emergency Power Plan monitoring was conducted at The Gardens at Tavares on May 11, 2026 through May 12, 2026. Deficiencies were identified at the time of survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

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A 026	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure a minimum of 12 hours of activities weekly were provided and failed to ensure an activities calendar was posted in common areas for all 19 residents. Findings Include: During a tour of the facility on 05/11/26 at 9:45 AM there was no activities calander posted in the common area. During an interview on 05/12/26 at 11:50 AM Resident #3 stated, "I don't have a activities calander, they tell us when its time." During and interview on 05/12/26 at 10:45 AM Staff B stated, "I'm not sure about the activities we didn't do anything yesterday." During an interview on 05/12/26 at 3:00 PM the Manager stated, "We hadn't posted the activities calendar because I wanted them to look pretty." A review of facilities records revealed a binder of activities calanders dated March, April and May of 2026. The activities calendar for the month of March had no documentation evidence of activities scheduled. The activities calendars for April and May had activities listed with no times.	A 026		

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A 026	Continued From page 2 Class III	A 026		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.	A 055		

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A 055	Continued From page 3 (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).	A 055		

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A 055	Continued From page 4 (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to keep centrally stored medications in a locked cart at all times and dispose of medications that have been abandoned within 30 days of being determined abandoned for 3 of 5 residents sampled for discharge (Resident #12, #13, and #14). Findings include: 1.) During an observation on 05/11/26 at 12:00 PM, Staff B, Medication Technician (Med Tech), was observed removing a stack of medications from one cart to an unsecured pocket on another cart. Staff B walked away from the second cart leaving the bottom drawer unsecured in the dining room. During an interview on 05/11/26 at 12:30 PM Staff B, Med Tech stated, "I accidentally left the med [medication] cart unlocked after I removed the meds from one cart and placed them in another cart. The meds left exposed on the side of the cart was left unprotected by me I just got nervous."	A 055		

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A 055	Continued From page 5 During an interview on 05/11/26 at 2:00 PM the Manager stated, "The med cart should be locked at all times." 2.) During an observation on 05/12/26 at 12:32 PM, a secured medication cart was observed in a storage room connected to the Manager's office. In the top drawer of the medication cart, medications belonging to 3 discharged residents were observed. Review of the facility's admission and discharge log revealed Resident #12 with an admission date of 02/18/25 and discharge date of 02/01/26. Review of the facility's admission and discharge log revealed Resident #13 with an admission date of 03/03/22 and discharge date of 03/30/26. Review of the facility's admission and discharge log revealed Resident #14 with an admission date of 11/02/21 and discharge date of 11/24/25. During an interview on 05/12/26 at 12:35 PM, the Manager stated, "When residents are discharged, the staff move their medications from the active medication cart to the one in the storage room. I am not responsible for disposing of abandoned medications, the Administrator is, and she has not come to the facility to do so for a few months." During an interview via telephone on 05/12/26 at 12:56 PM, the Administrator stated, "I dispose of all the medications myself. I know there are some non-narcotic medications there [in the facility] for me to dispose of. I don't know if I did any in March, I got sidetracked. I wouldn't doubt that there are some late medications still stored there. We try to get rid of them in the 30-day period."	A 055		

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A 055	Continued From page 6 Review of the facility's policy and procedure titled "Medication Storage and Disposal Policy" not dated reads, "Active Medications - Locked Med Cart; All medications for current residents are stored in the locked medication cart at all times. The med cart remains locked when not in active use - no exceptions." "Keys are never left unattended, shared with unauthorized staff, or taken off premises." "Discontinued Medications: Step 1 - Remove from Active Med Cart The medication is immediately removed from the resident's active medication supply in the locked med cart. Step 2 - Move to Locked Overflow Storage Discontinued medications are transferred to the facility's locked overflow medication storage area. They are labeled with ... 30-day review date. Step 3 - 30-Day Review Discontinued medications are held in locked overflow storage for up to 30 days." "If the medication is not needed after 30 days, it is flagged for disposal by the Administrator." "Medications Belonging to Deceased or Discharged Residents: Medications are offered to the family/responsible party or legal representative within a reasonable timeframe. If family declines or is unavailable, medications are disposed of by the Administrator following standard disposal procedure. Controlled substances belonging to deceased residents are disposed of per DEA guidelines - family may not take controlled substances home." Class III	A 055		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS.	A 093		

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A 093	Continued From page 7 (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.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and 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	A 093		

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A 093	Continued From page 8 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 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	A 093		

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A 093	Continued From page 9 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 calculating 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, including adaptive equipment if needed by any resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand 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, interview and record review, the facility failed to ensure a 3-day supply of nonperishable food be on hand at all times and are not expired for a total census of 19 residents. Findings Include: During an observation on 05/11/26 at 10:45 AM of the facilities 3-day emergency food supply, there was a plastic bin located in the kitchen storage room with a variety of canned foods, boxed pasta's, powdered milk and bags of beans. There was not an adequate amount of food for the current census. In addition, foods were found to be expired. [photographic evidence obtained]	A 093		

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A 093	Continued From page 10 During an interview on 05/11/26 at 10:55 AM, the Cook stated, "I thought it was enough [Manager's name] takes care of that." During an interview on 05/11/26 at 11:00 AM, the Manager stated, "I didn't know there was expired food in the 3-day supply. We do not have an agreement for food." Class III	A 093		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, chest or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,	A 152		

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A 152	Continued From page 11 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be threadbare. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a safe living environment free of hazards and ensure all existing structural systems are maintained in good working order. Findings include: During an observation on 05/11/26 at 10:36 AM, an exit door was observed at the end of the residential hallway leading to the right of the facility's entrance. The door appeared to be made of wood and dry-rotted at the bottom, leaving a gap between the door and the threshold. During an observation on 05/11/26 at 11:03 AM, a broken handrail was observed near Room 22. The handrail was split into two pieces and was not secure when pressed on. During an interview on 05/11/26 at 03:27 PM, the Manager explained that she was aware that the two exit doors were damaged and needs to remind the Maintenance Director to fix them. She was not aware that the handrail was broken and that she would notify the Maintenance Director as	A 152		

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A 152	Continued From page 12 soon as possible. She stated that the handrail is a hazard to residents until it is fixed. During an observation on 05/12/26 at 03:28 PM, an exit door was observed inside the kitchen. The door appeared to be made of wood and dry-rotted at the bottom right corner, leaving a gap between the door and the threshold. Review of the facility's maintenance log revealed a maintenance request dated 05/11/26 which read, "Handrail outside of printer room is broken." Maintenance requests for both exit doors were not included in the log. During an observation on 05/12/26 at 12:00 PM, the broken handrail observed near Room 22 was unchanged, with no signage posted to indicate that it was broken. During an interview on 05/12/26 at 12:02 PM, the Manager explained that the Maintenance Director was aware of the handrail and both exit doors. She said, "I just started the log so I didn't add outstanding jobs. The handrail is an emergency job that should be completed in 24 to 48 hours because it could be dangerous for a resident if they were to fall and use the handrail." When asked if she had considered putting a warning sign near the broken handrail until it is fixed, she said, "no, I guess I could do that." During an interview via telephone on 05/12/26 at 01:02 PM, the Maintenance Director said, "My projects right now are repairing the room that had the fire and painting the halls. I haven't gotten to the door in the kitchen. I have a piece ordered for the back door in the hallway. I was not made aware of any broken handrails. I will be coming in tomorrow to see what I need to do. A broken	A 152		

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GARDENS AT TAVARES, INC. (THE)	900 EAST ALFRED STREET TAVARES, FL 32778

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A 152	Continued From page 13 handrail is more emergent, oh yes, I was made aware of the handrail last night. Emergency jobs are supposed to be completed in 24-48 hours. I honestly don't have any suggestions on what to do until it is fixed, maybe red tape or a sign." Review of the facility's policy and procedure titled "Maintenance" reads, "All maintenance requests and resolutions must be logged in the Maintenance Log including: date and time reported; nature of the issue; who was notified; action taken; date resolved." Urgency Levels: Emergency: Examples include "gas smell, flooding, electrical hazard, broken lock, fall hazard;" Response Time "immediately - call Manager AND Administrator right away." Urgent: Examples include "no hot water, HVAC not working, broken toilet, door not closing properly;" Response Time "Same day - resolve within hours." Safety Rules for Staff: "Never ignore a safety hazard - if it could harm a resident, it is always and emergency." "If an area is unsafe, restrict access immediately and notify the Manager on Duty." Class III	A 152		