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 |
|---|---|---|---|
| | AL11942783 | A. BUILDING: _____ B. WING _____ | 06/15/2026 |

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| FELLOWSHIP HOME AT THE FAIRWAY | 5959 SUN N' LAKE BLVD. SEBRING, FL 33872 |

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| ZZ813 | 59A-35.090(3)(c), FAC Results of Screening & Notification In File<br><br>59A-35.090 Background Screening.<br>(3) Results of Screening and Notification.<br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to have a Level II Background Screening on file for two (Staff B and Staff F) of four sampled employees.<br><br>Findings included:<br><br>A record review, conducted on , for Staff B (unlicensed Medication Technician with hire date of ) revealed no evidence of an eligible level II background screening on file.<br><br>A record review, conducted on , for Staff F (unlicensed Medication Technician with hire date of ) revealed no evidence of an eligible level II background screening on file.<br><br>During an interview on at 2:21 p.m. the Administrator stated she was unable to get access to the background screening system to print them and would have to verify Staff B and Staff F were eligible.<br><br>Unclassified | ZZ813 | | |
| ZZ830 SS=D | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.- | ZZ830 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| ZZ830 | Continued From page 1<br><br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.<br>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.<br>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.<br>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the | ZZ830 | | |

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| ZZ830 | Continued From page 2<br><br>provider:<br>1. Suffered damage to its operation during the state of emergency.<br>2. Is currently licensed.<br>3. Does not have a provisional license.<br>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.<br>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency | ZZ830 | | |

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| ZZ830 | Continued From page 3<br><br>status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) within 30 days of a change of ownership (CHOW).<br><br>Finding included:<br><br>A record review of the facility's license revealed a facility provisional license effective date of<br>.<br><br>A record review of the facility's CEMP revealed no CEMP had been submitted since the change of ownership date of and the last CEMP approval on file was dated .<br><br>During an interview on at 11:44 a.m. the Administrator reported she had not yet submitted the CEMP but would do so that week.<br><br>Photographic evidence obtained.<br><br>Class III | ZZ830 | | |
| ZZ875 SS=D | 430.5025(4 & ) / ;<br>Training<br><br>(4) Employees of covered providers must complete the following training for 's and related forms of :<br>(a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of .<br>(b) Within 30 days after beginning employment, | ZZ875 | | |

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| ZZ875 | Continued From page 4 | ZZ875 | | |

each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department.
1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion.
2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies.
3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider.
(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an

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| ZZ875 | Continued From page 5 | ZZ875 | | |

adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an

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| ZZ875 | Continued From page 6<br><br>employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning , chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.<br>(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request.<br>2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.<br>(7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.<br>(8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that | ZZ875 | | |

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| ZZ875 | Continued From page 7<br><br>practitioner's licensing board.<br>(9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure employees who provided personal care to residents received an additional 3 hours of & Related (ADRD) training within seven months of hire for three (Staff B, Staff F and Wellness Director) of five sampled employees.<br><br>Findings included:<br><br>A record review for B (unlicensed Medication Technician with hire date of ) revealed no evidence of an additional 3 hours of ADRD training within 7 months of hire.<br><br>A record review for Wellness Director (Registered Nurse with hire date of ) revealed no evidence of an additional 3 hours of ADRD training within 7 months of hire.<br><br>A record review for Staff F (unlicensed Medication Technician with hire date of ) revealed no evidence of an additional 3 hours of ADRD training within 7 months of hire. | ZZ875 | | |

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| ZZ875 | Continued From page 8<br><br>During an interview on at 12:38p.m.. the Administrator said she would have staff look into the ADRD training for Staff B, Staff F and the Wellness Director.<br><br>Class III | ZZ875 | | |
| A 000 | Initial Comments<br><br>A change of ownership survey with limited nursing services and a complaint investigation (#2026002252 and #2026005700) in conjunction with a generator monitoring visit was conducted at Osprey Manor Fairway on . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 084 SS=D | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right | A 084 | | |

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| A 084 | Continued From page 9 | A 084 | | |

resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;

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| A 084 | Continued From page 10<br>h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with ;<br>j. Use a to perform testing;<br>k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;<br>l. Apply and remove stockings and hosiery;<br>m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,<br>n. Measurement of , rate, temperature, and rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, | A 084 | | |

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| A 084 | Continued From page 11<br><br>before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.<br><br>429.52<br>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure medication technician staff completed the required training prior to assisting with self-administration of medication for one (Staff B) of three sampled employees.<br><br>Findings included:<br><br>A review of the employee file for Staff B (unlicensed Medication Technician with a hire date of ) revealed no evidence of the initial 6-hour training in assistance with self-administration of medication.<br><br>During an interview on at 12:38 p.m. the Administrator said she could not find the 6-hour training certificate but would check with the Business Office Manager.<br><br>Class III | A 084 | | |
| A 093 SS=D | 59A-36.012(2) FAC Food Service - Dietary Standards | A 093 | | |

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| A 093 | Continued From page 12<br><br>(2) DIETARY STANDARDS.<br>(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.<br>(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.<br>(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 | A 093 | | |

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| | AL11942783 | A. BUILDING: _____ B. WING _____ | 06/15/2026 |

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| FELLOWSHIP HOME AT THE FAIRWAY | 5959 SUN N' LAKE BLVD. SEBRING, FL 33872 |

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| A 093 | Continued From page 13<br>the menus or on a separate sheet.<br>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.<br>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.<br>(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.<br>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.<br>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.<br>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.<br>(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 | A 093 | | |

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| A 093 | Continued From page 14<br><br>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.<br>(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 .<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to maintain a 3-day supply of water for drinking and food preparation or a plan to obtain water in an emergency for a census of 64 residents.<br><br>Findings included:<br><br>An attempted observation of the emergency water supply conducted on at 11:25 a.m. revealed there was no emergency water on .<br><br>An attempted record review of the facility's food | A 093 | | |

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| A 093 | Continued From page 15<br><br>contract for emergency water provision requested revealed no contract was provided.<br><br>During an interview on at 11:25 a.m. the Administrator said the facility was ordering water that should arrive that week. Additionally, the Administrator said the facility had ordered emergency supplies that should arrive on Thursday and if an emergency happened before then, the facility would just have to contact the county emergency operations center.<br><br>Class III | A 093 | | |
| A 152 SS=G | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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 to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for | A 152 | | |

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| A 152 | Continued From page 16<br><br>storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(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 .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to ensure all mechanical and electrical structural systems were maintained in good working order for the elevator in the A building which affected 19 of 22 residents who lived in A Building.<br><br>Findings included:<br><br>During an observation of the office provided to the Surveyors for survey, conducted on from 9:30 AM, revealed a dry erase board that noted an elevator had an oil leak.<br><br>An observation on at 9:45 AM revealed the elevator in A building was not functioning as there was a large "caution" sign in front of the elevator's opened doors. The elevator was tagged with a note that showed the elevator was closed. There were no other elevators for the residents to use in A building.<br><br>During an interview on at 10:00 AM | A 152 | | |

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| A 152 | Continued From page 17<br><br>Resident #4 stated the elevator was horribly slow and was now not working. Resident #4 stated having to walk up the stairs now and it was horrible. The elevator had not been working right for about 3 to 4 months.<br><br>During an interview on at 10:01 AM Resident #1 stated the elevator went out yesterday so the staff had to carry all the food up to everyone's rooms for dinner.<br><br>During an interview on at 10:29 AM Resident #7 stated there was always one elevator out at this facility. Resident #7 stated Building B's elevator was out and now it's Building A's elevator. Resident #7 stated she was worried Building C's elevator was next because it made a lot of noises and creaks.<br><br>During an interview on at 10:30 AM Resident #5 stated the elevator had really not been working right since .<br><br>During an interview on at 10:40 AM Resident #6 stated the elevator really hasn't worked for a long time and the facility was limiting the number of persons on the elevator. Resident #6 stated the elevator had not work right since but it completely stopped working last night.<br><br>During an interview on at 10:41 AM Resident #2 stated the elevator had been down for about 4 months but was using it selectively until yesterday.<br><br>During an interview on at 10:20 AM Staff C stated the elevator had problems for about 4 to 5 months but you could hold down the manual button and it worked but yesterday the | A 152 | | |

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| A 152 | Continued From page 18<br>elevator completely stuck.<br><br>During an interview on at 10:25 AM Staff C stated the elevator had not functioned properly for about 4 to 5 months but yesterday it completely stopped.<br><br>During an interview on at 12:32 PM Staff A stated the elevator in A Building was currently down and it had not been working right for a few months.<br><br>During an interview on at 12:43 PM Staff B stated the elevator in A Building was not in use and it had been having problems for about 3 to 4 months now.<br><br>A review of the facility provided list of A Building Residents who used assistive devices revealed there were thirteen residents that used walkers. There were six residents that had manual or electric wheelchairs. There were three residents that were independent with ambulation. There were twenty-two residents that resided in the A Building.<br><br>During an interview on at 10:05 AM, the Administrator stated there was an elevator repair company coming to fix the elevator issues in mid- . The Administrator stated A building's elevator was down and was not functioning but there was a major repair scheduled for A Building's elevator. The Administrator stated there were a number of residents that used the elevator because it was the only elevator for A building.<br><br>During an interveiw on at 2:02 PM, the Administrator stated A Building's elevator had no repair invoices since . The | A 152 | | |

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| A 152 | Continued From page 19<br><br>Administrator stated the facility did not have a plan to remove the residents off the second, third, and fourth floors in the A building. The Administrator stated the facility just limited the use of the elevators since .<br><br>During an interview on at 2:41 PM, the Administrator stated the facility had no plan for the elevator at the present time and the new owner would have to call the elevator company.<br><br>Photographic evidence obtained.<br><br>Class II | A 152 | | |