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
	AL11968349	A. BUILDING: _____ B. WING _____	C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCP OSPREY LODGE OPCO, LLC	1761 NIGHTINGALE LN TAVARES, FL 32778

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A 000	Initial Comments A change of ownership and complaint investigation (complaint number 2026004294) was conducted at Alto Tavares on June 1, 2026 through June 2,2026. Deficiencies were identified at the time of survey.	A 000		
A 025	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 dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. 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 appointments 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 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	A 025		

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A 025	Continued From page 1 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 provide appropriate care and services by ensuring implementation of a physician ordered fall prevention intervention (floor mat) was in place for Resident #3. Findings Include: Review of Resident #3's record revealed a physician order dated 06/02/26 that reads, "Bedside floor mat". During a tour conducted on 06/01/26 at 1:00 PM, Resident #3 was observed in his room lying in	A 025		

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A 025	Continued From page 2 bed. There was a gray floor mat next to the head of the bed. The floor mat was folded up and not lying flat. (Photographic evidence obtained) During an interview conducted on 06/01/26 at 1:04 PM, Staff E, Medication Technician (Med-Tech) stated, "The mat should be placed flat beside the resident's bed. Probably the previous staff taking care of her forgot to place it back down." During an interview conducted on 06/01/26 at 3:00 PM, Staff A, Med-Tech stated, "The fall prevention mat should be positioned beside the resident's bed when the resident is in bed and should only be rolled up and stored underneath the bed when the resident is not in bed." During an interview conducted on 06/02/26 at 3:38 PM, the Resident Service Director stated, [Resident #3's name] has an order for the floor mat." She also stated, "The floor mat should be placed flat beside the resident's [Resident #3] bed while the resident is in bed." Class III	A 025		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal	A 056		

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A 056	Continued From page 3 drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly	A 056		

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A 056	Continued From page 4 documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain a revised label from the pharmacist or place an "alert" label on	A 056		

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A 056	Continued From page 5 the medication container in the medication observation record for 1 of 3 residents sampled (Resident #12). Findings include: During a medication observation on 06/01/26 at 12:18 PM, Staff A, Medication Technician (Med Tech), was observed comparing Resident #12's medication observation record (MOR) order to the medication label order. The MOR order read, "Sucralfate 1 GM tablet; Take 1 tablet by mouth three times daily before meals (ulcers)." The medication label on the bubble pack read, "Sucralfate 1 GM tablet; Take one tablet by mouth four times daily (ulcers)." Staff A placed the medication into a cup and handed it to Resident #12. During an interview on 06/01/26 at 12:31 PM, Staff A, Med Tech, stated, "The order in the computer and on the bubble pack are different. It's supposed to have an updated sticker on it. Whoever received the new order must not have put the sticker on it. When the new stickers are missing or haven't yet arrived, I dispense the medication according to the order in the MOR computer system, which is more accurate." Review of resident Resident #12's record revealed an admission date of 07/02/25. Resident #12's record had documentation of a faxed prescription written on 04/30/25 and received on 05/01/26 that read, "Drug: Sucralfate 1 g tablet. Directions: Take 1 tablet (1 g total) by mouth in the morning and 1 tablet (1 g total) at noon and 1 tablet (1 g total) in the evening. Take before meals." Review of Resident #12's physician orders	A 056		

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A 056	Continued From page 6 revealed an order dated 05/08/26 that read, "Sucralfate 1 GM tablet - Take 1 tablet by mouth twice daily before meals (ulcers) - 9:00 AM, 1:00 PM, 5:00 PM." During an interview on 06/01/26 at 01:11 PM, the Resident Services Director explained that when the facility receives revised directions for a medication, the nurse will tell the Med Tech that the orders changed, and the nurse or the Med Tech will change the sticker. She stated that if the Med Tech notices a discrepancy, they should notify the nurse to verify which order is correct. She stated, "The roll of stickers are already in the medication cart, they just need to put the sticker on, but the Med Tech needs permission from nurse first. The Med Tech should have fixed it immediately instead of assuming the MOR was correct and giving the medication." Review of the facility's policy and procedure titled "Medication Errors" dated 06/08/18 read, "Medication errors include (but are not limited to): ... Pharmacy error - wrong medication packaged; wrong dosage or dosage form delivered; medication not delivered in required/agreed upon time frame; direction on label does not match physician's order." Class III	A 056		
A 093	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	A 093		

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A 093	Continued From page 7 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 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	A 093		

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A 093	Continued From page 8 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 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.	A 093		

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A 093	Continued From page 9 (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 and interview, the facility failed to ensure a three-day emergency supply of nonperishable food and drinking water was readily available for the number of current residents. This had the potential of affecting all 118 residents currently residing at the facility. Findings include: During an interview on 06/02/26 at 10:35 AM, the Dietary Services Director stated, "We just went through the emergency food supply last week and got rid of all of the expired stuff." During an observation on 06/02/26 at 10:38 AM, the facility's emergency food supply was observed in a storage room on a 5-tier metal rack. The emergency food supply included canned white beans, baked beans, tomato juice, carrots, green beans, applesauce, fruit cocktail,	A 093		

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A 093	Continued From page 10 mandarin oranges, tuna, and chicken and dumplings. The facility's emergency drinking water stored in the room totaled 175 gallons. The emergency food supply and water observed was not an adequate amount to meet the needs of the current census of 118 residents. During an interview on 06/02/26 at 10:40 AM, the Dietary Services Director stated, "We don't have enough food in the emergency food supply. The residents would need more protein." During an observation on 06/02/26 at 10:44 AM, 95 gallons of drinking water were observed to be stored in a hallway outside of the kitchen. During an interview on 06/02/26 at 10:45 AM, the Dietary Services Director stated, "We don't have enough water; I'll have to order more water." During an observation on 06/02/26 at 12:50 PM, Administrator retrieved a box of 12 5-gallon water bladders to be filled in case of an emergency totaling 60 gallons. During an interview on 06/02/26 at 12:45 PM, the Administrator stated, "I don't think we have an emergency contract with our water company. For June 1, the beginning of hurricane season, we go through all the food stored in the storage room. Between the food in the kitchen and the food stored in the storage room, we have plenty of food. The water is not even a question; we have 3 months of water." Class III	A 093		
A 167	59A-36.018 FAC; 429.24 FS Resident Contracts	A 167		

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A 167	Continued From page 11 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or obligations of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or psychiatric facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose,	A 167		

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A 167	Continued From page 12 and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, Do Not Resuscitate Order. (2) The resident, or the resident's representative, must be provided with a copy of the executed contract.	A 167		

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(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 167	Continued From page 13 (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and obligations of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968349	A. BUILDING: _____ B. WING _____	C 06/02/2026

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A 167	Continued From page 14 the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or death . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or psychiatric facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 167	Continued From page 15 services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or obligation imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's death or relocation due to psychiatric hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the presence of each	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 167	Continued From page 16 resident in the facility is covered by a contract between the licensee and the resident or his or her designee or legal representative for 2 of 2 residents sampled (Resident #9 and Resident #11). Findings include: Review of Resident #9's records revealed an admission date of 06/25/25. Resident #9's record had no documentation evidence of a contract between the licensee and the resident or representative. Review of Resident #11 an admission date of 07/11/24. Resident #11's record had no documentation evidence of a contract between the licensee and the resident or representative. During an interview on 06/02/26 at 12:52 PM, the Business Office Manager stated, "We are in the process of updating resident contracts. I'm not responsible for the timeline, corporate is in control of that." Class III	A 167		