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
	AL11964292	A. BUILDING: _____ B. WING _____	07/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF LAKE ALFRED	255 E MAIN STREET LAKE ALFRED, FL 33850

(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 complaint investigation (complaint numbers: 2026000707, 2026008273, and 2026011676) and a generator monitoring visit were conducted at The Gardens of Lake Alfred on . Deficiencies were identified at the time of survey.	A 000		
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. 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	A 032		

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A 032	Continued From page 1 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 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 record review and interview, the facility failed to ensure all direct care staff and Administration had participated in two elopement drills annually for eighteen (Staff A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, and S) of eighteen sampled employees. Findings included:	A 032		

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A 032	Continued From page 2 A review of the facility's 2025 and 2026 elopement drills, conducted on , revealed the facility provided elopement drills on , , and , however not all direct care staff and administration had participated in two elopement drills annually. Staff I, J, K, L, and O had not participated in any of the elopement drills. Staff A, B, C, E, F, G, H, M, N, P, Q, R, and S had participated in only one elopement drill. A review of the staffing list, conducted on , revealed Staff A was hired on . Staff B was hired on . Staff C was hired on . Staff D was hired on . Staff E was hired on . Staff F was hired on . Staff G was hired on . Staff H was hired on . Staff I was hired on . Staff J was hired on . Staff K was hired on . Staff L was hired on . Staff M was hired on . Staff N was hired on . Staff O was hired on . Staff P was hired on . Staff Q was hired on . Staff R was hired on . Staff S was hired on . During an interview on at 1:08 PM, the Administrator agreed Staff A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, and S had not participated in two elopement drills annually according to the elopement drills that were provided. Class III	A 032		

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A 052	Continued From page 3	A 052		
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 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	A 052		

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A 052	Continued From page 4	A 052		

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 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.

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A 052	Continued From page 5 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, 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,	A 052		

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A 052	Continued From page 6 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 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 and interview, the facility failed to ensure unlicensed Medication Technicians followed proper assistance with medications by not popping the pills out of the pill packs in front of the residents and not orally advising the residents of the names and doses of the medication for one (#10) of one sampled resident. Findings included: An observation of medication pass with Staff B (an unlicensed Medication Technician) for	A 052		

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A 052	Continued From page 7 Resident #10, conducted on at 10:05 AM, revealed Staff B did popped the pills out of the pill packs at the medication cart with no resident present. Staff B walked the pills in a plastic medication cup to Resident #10 and did not tell Resident #10 the names and doses of the medication. During an interview on at 1:45 PM, the Administrator stated the medications were supposed to be popped from the pill packs in front of the residents, and the Medication Technicians were supposed to read the names and doses of the medications to the residents from the pill packs. 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 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	A 081		

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A 081	Continued From page 8 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. (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	A 081		

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A 081	Continued From page 9	A 081		

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 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

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A 081	Continued From page 10 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: Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings, which included resident rights and recognizing and reporting , neglect, and , within thirty days of hire for one (Staff E) of four sampled employees. Findings included: A record review for Staff E, conducted on	A 081		

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A 081	Continued From page 11 , revealed Staff E's employee record did not contain evidence the employee had resident rights and recognizing and reporting , neglect, and , training within thirty days of employment. Staff E was hired on . During an interview on at 3:10 PM, the Administrator agreed Staff E's employee record did not contain evidence the employee had a training regarding resident rights and recognizing and reporting , neglect, and , . Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (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: (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 resident; common medications; the importance of	A 084		

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A 084	Continued From page 12	A 084		

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;
h. Assist residents with syringes that are

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A 084	Continued From page 13 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; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (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. (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, before assisting with the self-administration of	A 084		

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	AL11964292	A. BUILDING: _____ B. WING _____	07/10/2026

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A 084	Continued From page 14 medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (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 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees assisting with self-administration of medications completed a minimum of six hours of training for one (Staff C) of four sampled employees. Finding included: An employee record review for Staff C, conducted on , revealed Staff C did not have evidence the employee completed a minimum of six hours of training for assistance with self-administration of medications in the employee's record. Staff C was hired on . During an interview on at 3:10 PM, the Administrator agreed Staff C did not have evidence the employee completed six-hours training for assistance with self-administration of medications. Class III	A 084		

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A 152	Continued From page 15	A 152		
A 152 SS=F	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 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, 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, 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	A 152		

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A 152	Continued From page 16 be . This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to provide a safe, clean, and pest-free living environment for 76 of 76 residents. The facility did not maintain the building in good repair, did not ensure temperatures were kept at a comfortable level, and did not correct ongoing pest problems. Findings included: Observations conducted on from 9:15 AM through 10:06 AM, revealed the front foyer had water dripping from the ceiling, and standing water was on the floor underneath. The carpet near the second-floor elevator was worn and coming loose. There was no inspection report available for the large elevator. Trim and paint were torn and coming off near the elevator. On the second floor, the wood floors were worn in front of , 221, and 223. One air-conditioning unit on that floor was not working, making the hallway uncomfortable. The temperature on the right side hallway was 83.6°F, and there was no air blowing from the system. In , a roach was under the dresser. In , roaches were on the floor. In , three live roaches were seen near the door, and a bottle of bug spray was under a chair. Resident #2 stepped on one roach and killed another that was crawling on the dresser. In , roaches were seen on the floor. An observation of the kitchen area, conducted on at 12:00 PM, revealed an accumulation of food debris, grease, and oil was seen behind the kitchen equipment and stove, along with rodent droppings and multiple rodent	A 152		

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A 152	Continued From page 17 traps in the food storage area. An observation of the facility's exterior walls, on at 12:30 PM, revealed the exterior of the building had several cracks and openings on the exterior of the building. An observation of the second floor hallway, on at 2:37 PM, revealed the air temperature on the right hallway of the second floor reached 82.5 degrees Fahrenheit. A record review of pest control visit reports showed visits on , , and . The report from recommended repairing cracks along the outside of the building to prevent pest entry. The report recommended removing food products to avoid attracting pests, repairing cracks or wall damage that allowed pest entry, fixing exterior building cracks, and filling gaps around pipes. The report included treatment for rats, roaches, and ants and repeated the same recommendations to prevent pest entry and to remove damaged food products. During an interview on at 9:12 AM, Resident #14 stated there were a few roaches in the morning During an interview on at 9:15 AM, Resident #2 stated she had seen lots of roaches and that she steps on roaches. Resident #2 had to purchase poison for the roach problem at the facility. Resident #2 stated the staff do not clean behind the bed, and she thinks that is where the roaches were hiding. During an interview on at 9:16 AM,	A 152		

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A 152	Continued From page 18 Resident #15 stated there were roaches and flies. During an interview on at 9:21 AM, Resident #16 stated there were both rats and roaches here. During an interview on at 9:25 AM, Resident #19 stated she had seen "a ton" of roaches and that there was one in the microwave this morning. During an interview with Resident #17 and Resident #18, conducted on at 9:35 AM, both Resident #17 and #18 stated they had seen roaches in the building. During an interview on at 10:06 AM, Resident #20 had seen roaches in his room. During an interview on at 10:18 AM, Resident #21 stated she heard the rats in the walls and had seen a lot of roaches. Resident #21 stated she had roaches crawl up her in the night. Resident #21 stated she swept up roaches earlier. During an interview on at 10:41 AM, Staff D stated she had seen roaches from time to time. During an interview on at 11:14 AM, Staff E stated she had heard about the rats but had not seen them. Staff E stated there were roaches everywhere. During an interview on at 11:15 AM, the Maintenance Director stated the air conditioning system upstairs was in process of being replaced. The Maintenance Director stated the system had been down about a month now	A 152		

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A 152	Continued From page 19 but it was just the one side of the building. The Maintenance Director stated the facility had to get the roof repaired in the next 2 weeks but that had already been approved to be repaired. The Maintenance Director stated the pest control company had staffing issues, and were trying to get someone to come to the facility to provide pest control services. The Maintenance Director stated the facility was getting the floors replaced at some point, but the wood floor was original to the building. The Maintenance Director stated everything was being replace but did know how long it was going to take. The Maintenance Director stated he planned to start working on the hallway floors that week. During an interview on at 3:05 PM, Staff C stated she had seen live and roaches in the facility. Staff C stated the air conditioning system was miserably hot out in the hallways. During an interview on at 2:05 PM, the Administrator stated there was no elevator inspection report because the facility was waiting for the company to provide documentation. The Administrator agreed that several pest control recommendations had not been followed. The Administrator said the pest control company increased visits from twice monthly to weekly starting . The Administrator also agreed that the facility had many physical plant problems, including roaches, water leaks, broken air-conditioning units, worn flooring, damaged elevator trim, carpet issues, and a missing elevator inspection report. The Administrator stated the elevator was last inspected on . Class III	A 152		

Agency for Health Care Administration

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