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
	AL11969654	A. BUILDING: _____ B. WING _____	07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARINA ISLE ASSISTED LIVING	530 N PALMETTO AVE SANFORD, FL 32771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey and generator monitoring was conducted at Marina Isle Assisted Living on . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 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 document when 2 of 8 sampled residents had a physical altercation that resulted in injuries (#8, #14.) Findings: On at 10:07 AM, three - were seen on Resident #8's left , a dried on his left and right , purple on his right , and two dried on his right . The Resident said the injuries occurred about one week prior when he exited the fourth-floor elevator and another unknown male, later identified as Resident #14, was	A 025		

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A 025	Continued From page 2 blocking the walkway. Resident #8 said he told the other resident to move. Resident #8 explained it was then the other resident grabbed both of his arms and dug his nails into his skin. Resident #8 said he pushed the other resident away from him. Resident #8 said unknown staff responded after the two were separated. Resident #8 explained that he did not share the incident with the Administrator and that she learned about it from someone else and spoke with him about it. On at 2:20 PM, Resident #14 was seen laying in his bed. He did not remember if he had a physical altercation with another Resident. Review of Resident #8's record revealed no documentation of the incident and resulting injuries. On at 1:29 PM, the Care Coordinator documented in Resident #14's record that staff reported the Resident scratched another Resident while the other Resident came off the elevator. The note further read the Resident said he was upset and that's why he scratched him. On at 3:16 PM, the Care Coordinator said she forgot to write a note about the incident in Resident #8's record. She explained that she did not complete an incident report and said she should have. She said she provided first aid to Resident #8. She said she did not notify a health care provider because it was difficult to reach them in the past. She said she notified Resident #8's guardian so they could notify the provider. Class III	A 025		

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A 028	Continued From page 3	A 028		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assist 1 of 8 sample residents with eating (#16). Findings: On at 2:25 PM, Resident #16 was seen lying awake in her bed. Two closed Styrofoam containers were on her , . A small unopened cup of liquid was on her , . One container had a salad and the other was dessert. She said they were delivered about 30 minutes prior. She said she needed help with eating. On at 2:40 PM, Dietary Server F said she delivered the salad and dessert to the Resident. She said the Resident normally only needed help with pouring the drinks. She said the Resident only wanted salad with , fruit, and dessert. On at 3:55 PM, the Resident was laying with her closed in bed. Both Styrofoam containers with the untouched food were on her , . After calling her name multiple times she slowly opened her . She said no one ever came to help with eating. On at 4:05 PM, the Medication Manager	A 028		

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A 028	Continued From page 4 said the to-go meal process was that the dietary servers inform the care staff when a resident received their food so the care staff could assist the resident. She explained further that after about one hour a dietary server picked up the containers and notified care staff when the residents did not eat. On at 4:10 PM, the Dietary Manager confirmed the process as explained by the Medication Manager. He explained that the dietary server who was responsible for picking up the containers that day could not come to work. Resident #16's health assessment form (1823), dated , showed a medical history of and mild . The form documented the Resident was independent with eating. Class III	A 028		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be	A 054		

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A 054	Continued From page 5 immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the medication observation record (MOR) was updated each time a medication was given for 1 of 8 sampled residents (#11) and failed to ensure the MOR was updated to reflect a change in directions for use for 1 of 8 sampled residents (#11). Findings: On at 10:25 AM, Unlicensed Caregiver A was seen giving Resident #11 . Review of Resident #11's MOR revealed the was not signed as given for the dose. On at 12:45 PM, Unlicensed Caregiver A said she forgot to sign the MOR. On , a health care provider wrote an order	A 054		

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A 054	Continued From page 6 to discontinue Resident #11's 1,000 micrograms (mcg) tablet once daily and give 1,000 mcg one tablet once daily. Review of the bottle revealed it was 1,000 mcg tablets. Review of the MOR revealed the 500 mcg directions for use remained and was being signed as given. On at 10:26 AM, Unlicensed Caregiver A confirmed the findings. Class III	A 054		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.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	A 093		

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A 093	Continued From page 7	A 093		

residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 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

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A 093	Continued From page 8 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 ˬ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (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	A 093		

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A 093	Continued From page 9 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 interview and review of the dietary menus, the facility failed to ensure the menus were reviewed 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 before the menus were used. Findings: Review of the facility's dietary menus revealed the menus dated through were signed by a Registered Dietician on . On at 12:10 PM, the Dietary Manager confirmed the findings. Class III	A 093		