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 |
|---|---|---|---|
| | AL11969883 | A. BUILDING: _____ B. WING _____ | R 07/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SWAN AT LAKE CONWAY ALF | 3714 ST MORTIZ ST ORLANDO, FL 32812 |

| (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 |
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| {A 000} | Initial Comments<br><br>A second revisit to a re-licensure survey was conducted at Swan at Lake Conway on . A deficiency was identified at the time of the survey. | {A 000} | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. | A 025 | | |

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| A 025 | Continued From page 1<br><br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(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.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to document in the record when 1 of 1 sampled resident (#5) sustained on their and did not notify a health care provider when 1 of 1 sampled resident did not have a prescribed medication (#5).<br><br>Findings:<br><br>On at 10:35 AM, Resident #5 said she had on her left inner because of cutting her with a dull shaving razor. She could not remember the day she did it. Observations revealed the were dry. She said that when she did and it was | A 025 | | |

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| A 025 | Continued From page 2<br><br>she showed it to the Housekeeper, who told her to go lay down.<br><br>On at 10:37 AM, the Housekeeper said the Resident showed her the on . The Housekeeper said the Resident did not tell her she cut herself and the Housekeeper did not ask her how the occurred.<br><br>On at 10:40 AM, caregiver A said she saw the on and thought they occurred during the Resident's recent hospital visit. Caregiver A said she did not ask the Resident about the .<br><br>The injury was not documented in the resident's record.<br><br>On at 11:45 AM, the Housekeeper said she did not notify the Administrator when the Resident showed her the .<br><br>On at 12:28 PM, the Administrator said none of the staff told him about the .<br><br>Review of Resident #5's health assessment form (1823), dated , revealed a medical history of major , adjustment with mixed disturbance of emotions and conduct, and .<br><br>Review of a hospital document, printed on , revealed an order to start the , 15 milligrams every night at bedtime.<br><br>Review of the Resident's medication observation record revealed the medication was not ever given.<br><br>On at 11:40 AM, caregiver A said the | A 025 | | |

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| A 025 | Continued From page 3<br>medication was not given because the Resident said it was too expensive. The caregiver said the health care provider was never notified.<br><br>Class III | A 025 | | |