

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER ARBORS OF GULF BREEZE			STREET ADDRESS, CITY, STATE, ZIP CODE 50 JOACHIM DR GULF BREEZE, FL 32561		
(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 An unannounced complaint survey was conducted on - 17, 2026 for complaint #2026010028 at Arbors of Gulf Breeze, an assisted living facility in Gulf Breeze, FL. At the time of the survey, deficient practice was identified.	A 000			
A 030 SS=H	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96- _____ or 1(800)962-2873. The telephone numbers must be posted in close	A 030			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 030	Continued From page 1 proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible	A 030			

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARBORS OF GULF BREEZE

**50 JOACHIM DR
GULF BREEZE, FL 32561**

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A 030	Continued From page 3 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . for health care services, the provision of or arrangement of transportation to health care . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care	A 030		

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030			

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and _____, Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____, or _____ under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe, clean and decent living environment. The facility failed to prevent Resident #2 from smoking inside the Assisted Living Facility (ALF) and failed to ensure biomedical waste was properly managed, stored and removed from the biomedical waste storage areas.	A 030			

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A 030	Continued From page 6 The findings include: 1. On _____ at approximately 12:29 PM, heavy cigarette smoke and foul odor was detected on the 3rd floor. An observation of the biohazard room revealed it was locked with a noticeable foul odor lingering in the hallway. Staff H, Housekeeping staff, unlocked the biohazard room and, as the door opened, the foul odor rolled out that was noticeably very strong. Further observation revealed two biohazard cardboard boxes with that were so full of used red biohazard bags that the top that could not be closed. An interview with Staff H on _____ was conducted and they indicated that the biohazard boxes have been in here several months at least. Staff H indicated the Maintenance Director has been informed many times with a response that he will inform the Administrator. On _____, a record review of biomedical waste documentation provided by the Business Office Manager revealed the most recent Stericycle invoice was dated _____. The Administrator and Business Office Manager could not locate the Biohazard contracts, permits, or previous receipts to support Stericycle services since 2024. An interview with the Administrator on _____ at 9:15 AM was conducted and she revealed she was not aware of biohazard room's offensive odor on the 3rd floor hallway or presence of biohazard boxes overflowing in the biohazard room. When she was asked to observe 3rd floor, the Administrator declined. A referral was made to the Florida Department of Health Sanitarian, Environmental _____ for _____ County on _____ at approximately _____	A 030			

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A 030	Continued From page 7 10:05 AM. On _____, the Environmental _____ conducted an inspection at 1:30 PM and confirmed the biomedical waste permit had not been obtained and that the bins were full and in danger of overflowing. Additionally, he relayed Waste has been on property more than 30 days and the Biomedical waste must be picked up by licensed transporter within 24 hours. 2. On _____ at 12:35 PM Resident #2 was observed lying in bed watching a movie on the cellphone. An observation of Resident #2's room revealed cigarette smoke odor upon entering the room with a window by kitchenette that was wide open with cigarette ashes on the window seal, kitchen counter, and a trail of ashes on the floor throughout the room. Three _____ marks were noted along the baseboard by the headboard of the bed and on top sheets of the bed. (photographic evidence obtained) Resident #2 confirmed that she smokes three to four times a day. An interview was conducted with the Administrator on _____ at 9:19 AM and she provided the smoking policy, which indicated that residents were not allowed to smoke inside the building. She stated that she is aware that Resident #2 was smoking inside the building. The Administrator revealed that she has "reached out to my boss" on _____, as to what the next steps are but have not had a follow up. The Administrator indicated she had reached out to Resident #2's family by email asking for assistance. She stated "I gave a verbal request to the Health and Wellness Director to reach out to family. I don't have any updated information. It was my fault assuming that resident was still smoking in courtyard only and not in her room."	A 030			

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A 030	Continued From page 8 An additional observation was conducted with the Maintenance Director on _____ at approximately 9:00 AM, confirming a combination of cigarette smoke and prominent odor on the 3rd floor. Further observation of the biohazard room and Resident #2's room was conducted with the Maintenance Director. He indicated that he does remember a while _____ that Resident #2 was smoking in their room and that he had notified the Administrator on the biohazard room and resident smoking in their room. A referral was made to Gulf Breeze Fire Department, Fire Marshall on _____ at approximately 3:44 PM for unsafe smoking in the facility. The Fire Marshall confirmed that he will send out a crew to investigate. Class II	A 030			
A 056 SS=D	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 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	A 056			

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A 056	Continued From page 9 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 , , 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, faxed, 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 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	A 056			

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A 056	Continued From page 10 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 observations, interviews, review of resident records, and facility policies and procedures, it was determined that the facility failed to provide medications as prescribed and ensure reasonable efforts were made to refill prescriptions in a timely manner for 1 of 1 residents (Resident #1). The findings include:	A 056			

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A 056	Continued From page 11 During a medication pass observation on _____ at approximately 11:17 AM, Staff K (a Medication Technician) to review the medication cart for availability of prescribed medications for Resident #1. Review of the medication cart revealed 3 of the 16 prescribed medications were not on the cart, including _____ (used to treat _____ or _____), _____ (used to prevent _____ clots), and _____ (a spray used to reduce _____ and _____ symptoms). An interview with Staff K revealed that there had been difficulty obtaining medications for Resident #1 through his current pharmacy. Staff K stated there was not enough time to follow up on all the medication refills that were needed during the shift. During an interview with the Health & Wellness Director (H&WD) on _____ at approximately 11:23 AM, it was brought up that Resident #1 had not been given several medications because they were not available. The H&WD was asked what potential side effects may occur with those medications being missed for that many doses, and what was the expectation for the staff to follow up with medication refill requests. The H&WD responded, "_____ is for clotting. The med techs are responsible for notifying the family and provider when a medication refill is needed and it should be documented in the electronic medical record (EMR). If they do not get a response within _____ attempts, they should notify me, and I can follow up. The med techs have time after med pass to contact the pharmacy to try to refill meds. One provider is here twice a week, my expectation is that we need to know why the refills are not coming in and what have we done and tried." Additionally, the H&WD stated that sometimes she thinks the medication may be onsite, but if the medication	A 056	

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A 056	Continued From page 12 bottle says the generic name then the med tech may not know that is the medication they are supposed to give. A review of the Medication Observation Record (MOR) for Resident #1 from _____ through _____ revealed _____ 100mg was ordered to be taken once daily. Out of 47 opportunities for administration, Resident #1 missed 38 doses. _____ 75 mg was ordered to be taken once daily. Out of 47 opportunities for administration, Resident #1 missed 25 doses. _____ 50 mcg was ordered 1 spray in each nostril once daily. Out of 47 opportunities for administration, Resident #1 missed 2 doses. The staff documented various reasons for the missed medication including 'discontinued', 'duplicate', 'medication not available', 'refused', and 'other-missed med pass'." (Photographic evidence obtained). A review of notes in the EMR for Resident #1 pertaining to medication refill attempts only revealed one entry, dated _____. (Photographic evidence obtained) The facility's policy named "Medication Services" (Rev. Date: _____) states the community will ensure that medication services including procurement, and release are documented and consistent with standard nursing and pharmacy practices. Additionally, it states the community will assist the resident in procuring and coordinating medication refills and that all medications will be appropriately dispensed. (Photographic evidence obtained) Class III	A 056			