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
	AL11964808	A. BUILDING: _____ B. WING _____	07/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANSLEY COURT & COTTAGE OVIEDO LLC	445 ALEXANDRIA BLVD. OVIEDO, FL 32765

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A 000	Initial Comments A complaint investigation #2026006958 and generator monitoring were conducted at Ansley Court & Cottage Oviedo LLC on . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	A 008		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 008	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care	A 008		

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A 008	Continued From page 3 practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted	A 008		

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A 008	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of or , , . (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure a health assessment form (1823) was complete for 1 of 4 sampled residents (6). Findings: Review of Resident #6's 1823 health assessment revealed it was missing special	A 008		

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A 008	Continued From page 5 precautions and the section was blank. There was no documentation to indicate the facility contacted a health care provider to obtain the missing information. On at 2:37 PM, the Health and Wellness Director stated the resident just arrived and does not have any special precautions. Further stating, she will check to see if she has an updated form. On at 3:20 PM, the Health and Wellness Director provided a new 1823 which was dated . She was made aware the new 1823 provided was dated prior to the current form reviewed. On at 3:55 PM, the Health and Wellness Director and Lead Med Tech confirmed the findings. (photographic evidence obtained) Class III	A 008		
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	A 025		

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A 025	Continued From page 6 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 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	A 025		

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A 025	Continued From page 7 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 record reviews and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for and injuries for 1 of 4 sampled residents (#1). Findings: Review of Resident #1's record revealed a facility admission on . An 1823 health assessment indicated a medical history of , , walks with a walker, wheelchair, receiving hospice services and identified as a risk. Her activities of daily living (ADLs) revealed she was independent with ambulation, needs supervision with bathing, , self-care, transferring, and assistance with toileting. The individual care plan did not reveal a score for care but indicated for ambulation/transfer - supervision, on assistance, hold , assist with walker, push wheelchair occasionally or at all times; toileting - full assistance needed; Vitas, frequent rounds, POA prefers wheelchair, room door locked for safety, able to enter anytime, can use her personal restroom or one of the common area restrooms. The individual care plan did not reveal a score for care but indicated ambulation/transfer -	A 025		

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A 025	Continued From page 8	A 025		

uses cane/walker, independent with wheelchair (able to propel self), needs assistance with transfers, history of within the last year; toileting - needs reminders/cues, full assistance needed.

A Police Report dated indicated crime against person elderly or adult w/o great harm. At approximately 0732 hours, Officers responded to hospital in reference to possible elder . POA advised she was concerned for resident due to video footage she witnessed on a security camera placed inside the facility in Resident #1's bedroom. POA advised on at approximately 0100 hours, she observed resident via camera was up and out of her bed walking around in the bedroom and is supposed to be wheelchair bound.

An incident report dated indicated an event that is reported to law enforcement. The narrative stated resident was last checked by resident aide at approximately 2:45 AM, assistance to bed was offered and multiple attempts were made, resident declined. The resident was brought to the common area to watch TV.

A facility note on at 1:05 PM, resident has been admitted to the hospital.

A facility note on at 12:16 PM, ER (emergency room) nurse stated the resident has a bed alarm and is waiting on doctor to determine if she is being admitted.

A facility note on at 10:58 AM called hospital for an update on the resident, ER nurse stated resident has an to her right side of the by , area and a .

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A 025	Continued From page 9 A facility note on at 9:10 AM, observed resident laying on the floor bedside her wheelchair in the common area when coming out of the restroom. Resident was , from right side of . 911 was called at 2:52 AM. A facility note on at 11:55 PM, POA contacted the facility requesting staff to go into resident room to do a check. A facility note on at 4:22 AM, POA contacted the facility requesting staff to check on resident. Staff checked on the resident and assisted with ADL's and to bed. A facility note on at 9:02 PM, notified by POA that the resident was attempting to get out of bed again. Staff attempted to assist resident out to the common area to monitor but resident requested to go to bed. A facility note on at 8:57 PM, notified by POA resident who is sitting on side of bed. Staff assisted the resident into bed and will continue to do frequent checks. A facility note on at 2:30 AM, contacted by POA resident had gotten out of bed and needed assistance. Staff promptly assisted the resident with toileting and assisted into bed. A facility note on at 2:34 PM, resident is doing well. A facility note on 7:04 AM, staff heard screaming and went into the resident room and observed on the floor. The resident was checked for and 911 was called.	A 025		

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A 025	Continued From page 10 A facility note on at 10:30 PM, communicated with POA the resident not being in bed, resident refused to go into room and did not want to sleep. At 4 AM, resident was ready to sleep and staff assisted to bed. A facility note on at 10:55 AM, staff observed resident on the floor beside her bed. No injuries A facility note on at 8:03 PM, POA text requesting wheelchair be removed and position it at end of bed in locked position. A facility note on at 10:57 PM, resident observed walking in room and staff assisted resident to bed. A facility note on at 9:51 PM, resident was assisted to bed at 8:45 PM, while doing frequent checks, resident was out of bed in the common area and assisted to bed. A facility note on at 00:43, resident complained of mild upper left , which subsided within 5 minutes. A facility note on at 10:47 PM, resident was refusing to go to bed, so staff remained with resident in common area until resident requested to return to her room. A facility note on at 1:32 PM, resident had a in her room, on left . A facility note on at 9:45 AM, staff notified POA resident refusing to go to bed and requested to stay in the common area with staff. A facility note on at 11:37 AM, resident	A 025		

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A 025	Continued From page 11 complain of , , POA requested not to send resident to hospital A facility note on at 11:17 AM, resident was complaining of , from left caused by , reported to Vitas. A facility note on at 9:19 PM, received a phone call from POA inquiring why the resident was not in bed. Previously the resident was refusing to go to her room and wished to remain in common area. A facility note on at 4:05 PM, POA came to see resident stating resident had her down and not looking well. A facility note on at 10:00 AM, resident was in wheelchair and refused to go into room late in the evening, staff will monitor resident in the common area. A facility note on at 11:29 AM, resident had a in her room. on her . A facility note on at 5:16 PM, resident is doing well. A facility note on at 12:15 PM, resident is alert and , likes walking around the facility with her walker and likes having conversation with her peers. A facility note on at 5:00 PM, prevention plan implemented with frequents checks. The facility's with Injury Policy dated stated the resident will receive medical care when needed to prevent further injury or	A 025		

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A 025	Continued From page 12 illness after a resulting in a injury. On at 1:15 PM, the POA stated the resident's health was on-going and horrible while at the facility. She said the workers were pushing the resident on the floor saying it was an accident. Further stating, she did not tell the facility or show the camera footage of the resident being pushed. Adding, she received a note stating the facility could no longer meet the needs of the resident. On at 2:15 PM, Caregiver C stated it was during the night shift when Resident #1 . She said the resident did not want to go to bed each night as usual and would say that she wanted to go home. Adding, we were always walking around with the resident at night until she ready to go to bed. Caregiver C stated it was herself and Caregiver D working that night. She said she took the resident to her room and put her to bed. Shortly after, Caregiver D went on break, and she then heard the resident yell. She said she went to the room, and it appeared locked and the resident had pushed the wheelchair to it. The caregiver said she went to the key and after getting inside she told the POA what happened. Afterwards, she brought the resident out of the room into the common area in her wheelchair so she could watch her and the other residents. Caregiver C stated she left the resident in the common area while she went to the use restroom located in the common area. While using the restroom the resident slid out of her wheelchair down to the ground hitting her . On at 2:27 PM, the Lead Med Tech stated there were nights when the resident was restless and the POA would call the facility to tell them that the resident was out of bed. He stated	A 025		

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A 025	Continued From page 13 they increased monitoring and put preventive measures in place since she was a risk. On at 2:40 PM, the Health and Wellness Director stated the facility was doing frequent checks on the resident since she was a risk. Adding they were contacting hospice as well. She said the POA wanted the resident to stay in the wheelchair, and we talked to her about it. The HWD said the resident could walk, was not wheelchair bound, but the family wanted her to stay in the wheelchair. Further stating, she had a walker in her room and would take herself to the bathroom. The POA placed a camera in the room and would call us between 3 - 4 AM in the morning telling us the resident was up without the wheelchair. The HWD stated the POA would call and say she has seen something on the camera but would never show us footage while stating the resident was being mistreated. Adding, she did not like their body language or the way they passed meds. Further stating, the camera did not have audio but later told the police she heard the resident screaming when she in the common area. We suggested a sitter, but the POA was not having that. It was determined that we could no longer meet Resident #1's needs and issued a 45 days' notice prior to the incident. On at 3:33 PM, Caregiver D stated he does not remember much about the situation. Adding, he and Caregiver C split the halls to cover and provide care to the residents. Adding, he did not work the hall of Resident #1 but assisted as needed. He stated Caregiver C wheeled the resident out to the common area while she went to the restroom. Further stating, he had clocked out for break and upon returning he received a call from Caregiver C but did not answer as he walking in the door. Upon entering,	A 025		

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
	AL11964808	A. BUILDING: _____ B. WING _____	07/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANSLEY COURT & COTTAGE OVIEDO LLC	445 ALEXANDRIA BLVD. OVIEDO, FL 32765

(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 025	Continued From page 14 Caregiver C pointed out that Resident #1 was on the ground. He stated they called 911 and she was transported. On at 3:55 PM, the Health and Wellness Director and Lead Med Tech confirmed the findings. (photographic evidence obtained) Class III	A 025		