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
	AL11966519	A. BUILDING: _____ B. WING _____	08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBIANCE AT MAITLAND	740 NORTH WYMORE ROAD MAITLAND, FL 32751

(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
ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821		

AHCA Form 3020-0001

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

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ZZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	ZZ821		

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ZZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal 6. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 7. For the purposes of this rule, the following applies for submitting adverse incident reports:	ZZ821		

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ZZ821	Continued From page 3 a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit a preliminary report within 1 business day for 1 of 8 sampled residents (#9) after the resident eloped from the secured memory care facility. Findings:	ZZ821		

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ZZ821	Continued From page 4 Review of Resident #9's record revealed an admission date of . His medical history included with body. Resident #9's 1823's dated and revealed the resident was an elopement risk. Review of a facility note dated at 11:35 AM, the resident was observed by the memory care dumpster. The resident was escorted to the community entrance. Review of a facility note dated at 9:26 PM, the resident went out the exit door, and staff brought the resident inside. Review of the preliminary and full reports sent by the facility to Agency for Health Care Administration (AHCA) revealed none regarding this resident's elopements. During an interview on at 5:10 PM, the Administrator said she did not submit the preliminary and full reports; because she was informed by the facility's regional nurse she did not need to since Resident #9 did not elope off the property. Unclassified	ZZ821		
A 000	Initial Comments Three (3) complaint investigations #2026009455, # 2026010759, #20260103707, and generator monitoring was conducted on at Ambiance at Maitland. The facility had deficiencies at the time of the survey.	A 000		

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A 008	Continued From page 5	A 008		
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 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.	A 008		

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A 008	Continued From page 6 429.07(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 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	A 008		

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A 008	Continued From page 7 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 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	A 008		

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A 008	Continued From page 8 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 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.	A 008		

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A 008	Continued From page 9 (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 interviews, the facility failed to ensure a health assessment form (1823) was complete for 1 of 8 sampled residents (#3). Findings: Review of Resident #3's 1823 health assessment revealed special precautions were blank. There was no documentation to indicate the facility contacted a health care provider to obtain the missing information.	A 008		

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A 008	Continued From page 10 On at 5:55 PM, the Administrator stated she's sure they have updated 1823 and contacted the Wellness Director for an update. On at 6:00 PM, the Wellness Director entered the conference room stating, she prepared the updated form and sent it to the doctor. Further stating, the doctor is on PTO (paid time off) and has not returned the form. On at 7:03 PM, the Administrator and Business Office Director confirmed the findings. (photographic evidence obtained) Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:	A 010		

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A 010	Continued From page 11 (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is	A 010		

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A 010	Continued From page 12 bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more	A 010		

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A 010	Continued From page 13	A 010		

than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a , may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the

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AMBIANCE AT MAITLAND	740 NORTH WYMORE ROAD MAITLAND, FL 32751

(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 010	Continued From page 14 qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 1 of 8 sampled residents (#3) as required in an assisted living facility (ALF). Findings: On at approximately 9:20 AM, the Wellness Director, during the entrance conference, identified Resident #3 as receiving hospice services. Review of Resident #3's record revealed a facility admission on . The 1823 health assessment revealed nursing service requirements need assistance with ADLs. There was no indication of hospice services. Further review revealed the resident was admitted to hospice on and receiving services upon admission to the facility. On at 4:32 PM, the Sales and Marketing Director stated there was a delay in the resident	A 010		

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A 010	Continued From page 15 moving into facility because of needing documentation that reflected he was on hospice. Adding, the contract was signed on . . but he moved in on . On at 5:55 PM, the Administrator stated she's sure they have updated 1823 and contacted the Wellness Director for an update. On at 6:00 PM, the Wellness Director entered the conference room starting, she prepared the updated form and sent it to the doctor. She further stated that the doctor is on PTO (paid time off) and has not returned the form. On at 7:03 PM, the Administrator and Business Office Director confirmed the findings. (photographic evidence obtained) Class III	A 010		
A 025 SS=G	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	A 025		

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A 025	Continued From page 16 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 method of medication administration, or other changes that resulted in the provision of	A 025		

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A 025	Continued From page 17 additional services. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to provide adequate supervision when 3 of 8 sampled residents (#2, #5, #9) eloped from the secured memory care facility. Findings: 1.Review of Resident #2's record revealed an admission date of . Her medical history included , mild , , and . Review of Resident #2's health assessment forms (1823) dated and revealed the resident was an elopement risk. Review of a facility note dated at 3:17 PM, revealed the resident arrived at the facility with intermittent . Review of a facility note, dated at 9:34 PM, revealed the resident was observed standing outside one of the facility's emergency exit doors. The resident was safely escorted into the building without incident. Review of a facility note dated at 9:56 PM, revealed the resident had been exhibiting exit seeking behavior since admission. Review of a facility note dated at 2:48 PM, revealed the resident was exhibiting exit seeking behavior. During an interview on at 10:40 AM, the Activities Director (AD) said Resident #2 moved	A 025		

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A 025	Continued From page 18 into the facility recently. The AD said the facility had a family night on . The AD said at approximately 6 PM a family member called on the phone to inform the staff that Resident #2 was outside of the facility's secured memory care building #1. The AD said herself and a caregiver went to look for Resident #2. The AD said she went out the front door and to the side of the building. She saw Resident #2 standing outside of the facility next to the outside exit door of the yellow unit. Resident 2 was brought inside memory care building #1 through the door and came through the employee lounge. The AD said prior to Resident #2 getting out of the building she would try to push on the exit doors. The AD said the screamer box did not alarm. On at 11:23 AM, Resident #2 was observed sitting in the patio area of the secured memory care building #1. The resident was not wearing an Identification (ID) bracelet. 2.Review of Resident #5's record revealed an admission date of . Her medical history included severe and . Review of Resident #5's 1823's dated and revealed the resident was an elopement risk. On at 10:38 AM, Resident #5 was observed sitting on the patio area. The resident was not wearing an ID bracelet. Review of a facility note dated at 11:22 AM, revealed at approximately 8:01 AM, the Wellness Coordinator was pulling into work when the resident was observed outside in the parking lot. The resident was assisted into the memory care building #1 with no injuries. An unlicensed caregiver reported the screamer box	A 025		

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A 025	Continued From page 19 on yellow hall did not alarm when the resident exited. The screamer box was checked, and it was confirmed that it was not functioning properly. During an interview on at 12:16 PM, the Wellness Coordinator (WC) said on the morning of , she was in the parking lot getting items out of her vehicle, when she saw Resident #5 walking by herself from memory care building #1 to the parking lot area. The WC said the resident was escorted inside the building. The WC said the screamer box was not working properly. During an interview on at 1 PM, Unlicensed Caregiver B, said he saw Resident #5 on the morning of prior to her getting out of the facility. Unlicensed Caregiver B said he did not recall the screamer box alarming that morning. Unlicensed Caregiver B said, when he learned Resident #5 got outside of the building staff were already bringing the resident inside. Unlicensed Caregiver B said he does not check if the 2nd exit doors, which lead outside of the facility, were working properly because he is only responsible for checking that the screamer box is functioning. 3. Review of Resident #9's record revealed an admission date of . His medical history included with , body. Resident #9's 1823's dated and revealed the resident was an elopement risk. On at 11:37 AM, Resident #9 was alert and walking in yellow hallway of the secured memory care building #1. The resident did not have an ID bracelet.	A 025		

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A 025	Continued From page 20 Review of a facility note dated at 11:35 AM, the resident was observed by the memory care dumpster. The resident was escorted to the community entrance. During an interview on at 5:08 PM, the Administrator said on , it was reported by the staff that Resident #9 left through the yellow door unit hallway exit. The Administrator said the resident was found by the sidewalk. Review of a facility note dated at 9:26 PM, the resident went out the exit door, and staff brought the resident inside. During an interview on at 3:36 PM, Caregiver I, said on , the yellow unit's screamer box on the 1st exit door was alarming. The caregiver said she went through the 1st exit door, then through the 2nd exit door which leads outside. Caregiver I said she saw Resident #9 standing outside on the sidewalk, approximately 5 to 7 from the 2nd exit door. Caregiver I said the resident was escorted inside. The facility did not provide adequate supervision for Residents #2, #5, and #9 that eloped from the secured memory care building #1. (photographic evidence obtained) Class II	A 025		
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.	A 032		

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A 032	Continued From page 21 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 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	A 032		

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A 032	Continued From page 22 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 observations, record reviews, and interviews, the facility failed to ensure 4 of 4 sampled residents (#2, #5, #8, #9) who were identified as an elopement risk had identification (ID) on their person that included their name and the facility's name, address, and telephone number. Findings: 1.Review of Resident #2's record revealed an admission date of . Her medical history included , mild , , and . Review of Resident #2's health assessment forms (1823) dated and revealed the resident was an elopement risk. Review of a facility note, dated at 9:34 PM, revealed the resident was observed standing	A 032		

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A 032	Continued From page 23 outside one of the facility's emergency exit doors. On at 11:23 AM, Resident #2 was observed sitting in the patio area of the secured memory care building #1. The resident was not wearing an Identification (ID) bracelet. 2.Review of Resident #5's record revealed an admission date of . Her medical history included severe and . Review of Resident #5's 1823's dated and revealed the Resident was an elopement risk. Review of a facility note dated at 11:22 AM, revealed at approximately 8:01 AM, the Wellness Coordinator was pulling into work when the resident was observed outside in the parking lot. On at 10:38 AM, Resident #5 was observed sitting on the patio area. The resident was not wearing an ID bracelet. 3.Review of Resident #9's record revealed an admission date of . His medical history included with body. Resident #9's 1823's dated and revealed the resident was an elopement risk. Review of a facility note dated at 11:35 AM, the resident was observed by the memory care dumpster. The resident was escorted to the community entrance. Review of a facility note dated at 9:26 PM, the resident went out the exit door, and staff brought the resident inside. On at 11:37 AM, Resident #9 was alert	A 032		

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A 032	Continued From page 24 and walking in yellow hallway of the secured memory care building #1. The resident did not have an ID bracelet. 4. Review of Resident #8's record revealed an admission date of . Her medical history included . Resident #8's 1823 dated 26 revealed the resident was an elopement risk. On at 11:36 AM, Resident#8 was observed walking in the common area. The resident did not have an ID bracelet. Neither of the residents' records had documentation to indicate the facility made, at a minimum, a daily effort to determine the residents had ID on their person. During an interview on at 11:28 AM, Unlicensed Care giver A said that she has not seen the residents with any bracelets or identification on their person. During an interview on at 11:33 AM, Unlicensed Caregiver C, said that she had never seen the residents who are an elopement risk with bracelets or identification on their person. During an interview on at 1 PM, Unlicensed Caregiver B said he did not see ID bracelets on the elopement risk residents. During an interview on at 5:17 PM, the Administrator said all the residents who are identified as an elopement risk should all have identification bracelets on their person. The facility's elopement policy revised , revealed there was no documentation to indicate	A 032		

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A 032	Continued From page 25 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. (photographic evidence obtained) Class III	A 032		
A 152 SS=D	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.	A 152		

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A 152	Continued From page 26 (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 be . . . . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to fix two secondary exit doors at memory care building #1. Findings: On at 11:13 AM, observed the yellow unit's second exit door which led to the parking lot had a sign on the door which indicated push until alarm sounds, door can be open in fifteen seconds. Upon pushing the door, it opens immediately and no alarm sounded. During an interview on at 12:41 PM, the findings were discussed with the Maintenance Director. The Maintenance Director said the silver wire for the door is not working and he does not know how long the wire was not working. The Maintenance Director said it is no big concern that the second exit door which leads out to the parking lot is not working as it should. The Maintenance Director said main the concern is to make sure the first exit door which has the screamer box leading from the hallway of the facility to exit second exit door is in working order. On at 12:55 PM, observed the blue unit's	A 152		

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A 152	Continued From page 27 second exit door which led to the parking lot had a sign on the door which indicated push until alarm sounds, door can be open in fifteen seconds. Upon pushing the door, it opened immediately and there was no alarm. The door wires were visible on the side of door panel. During an interview on at 12:56 PM, the Maintenance Director confirmed the findings and said he does not know why the door is not working. (photographic evidence obtained) Class III	A 152		
A 167 SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.;	A 167		

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	AL11966519	A. BUILDING: _____ B. WING _____	08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBIANCE AT MAITLAND	740 NORTH WYMORE ROAD MAITLAND, FL 32751

(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 167	Continued From page 28 (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or , , facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;	A 167		

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A 167	Continued From page 29 (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the	A 167		

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A 167	Continued From page 30 licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and ⌄ of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being	A 167		

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A 167	Continued From page 31	A 167		

held. The licensee shall notify residents of the facility's policy on advance deposits.

(3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . .
(b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee.
(c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.

(4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.

(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part.

(6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055.

(7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is

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A 167	Continued From page 32 terminated automatically without financial penalty in the event of a resident's or relocation due to , , hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide at least 30 days written notice before any rate increase in 1 of 8 sampled residents (#3). Findings: Review of Resident #'3's record revealed a facility admission on . The resident agreement dated signed by the POA revealed on Appendix A other fees $250 was altered to reflect $350. On at 11:01 AM, the POA stated the copy of the agreement she received a few days ago appeared to have been altered after she signed on . The new amounts were not what she agreed to or signed for. The community fee reflected $1,750 but was charged $3,000. Review of the Resident Detail Ledger revealed , Resident #3 was charged $350 for Care. He was charged $3000 for community fee	A 167		

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A 167	Continued From page 33 with a one-time credit of $1,250 for the community fee overcharge. On at 4:32 PM, the Sales and Marketing Director stated after review of the agreement she did not alter or change the amounts after it was signed by the POA. Further stating, she received the approval from the regional team to charge the $1,750 community fee and $250 level of care. Adding, the changes and handwriting look like the Administrator. On at 5:55 PM, the Administrator confirmed it was her handwriting and stated she fills in the contract before it's signed. Further stating, the level of care was changed and circled to match the figure below. The Administrator stated the resident came in on the old rate, and it should be $250. The Administrator was unable to confirm whether the changes were made during the initial meeting with the POA present. She stated the document did not require a signature from the POA. The bottom of the page revealed a section for Resident Initials and RP initials which were blank. The Administrator was unable to confirm whether the changes were discussed with the POA prior to altering the original contract. She said she provided the POA with a copy a few days ago and had requested that she come in to discuss in person. (photographic evidence obtained) Class III	A 167		
A 170 SS=D	429.24(3)a Resident Refund Policy	A 170		

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A 170	Continued From page 34 ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide a refund to 1 of 4 sampled residents who were overcharged upon admission (#3). Findings: Review of Resident #3's record revealed a facility admission on . Further review revealed the resident moved into the facility on . Review of the resident agreement dated revealed the community fee $1,750, monthly rate $3,550, and other fees: $250 (care fee) On at 11:01 AM, the POA stated the copy of the agreement she received a few days ago appeared to have been altered after she signed on . The new amounts were not what she agreed to or signed for. The community fee was stated as half $1,750 but was charged $3,000. Review of the Appendix A on page 14 for Resident #3 other fee: appeared to have been altered to reflect as $350. Review of the Resident Detail Ledger revealed from - Resident #3 was charged a	A 170		

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A 170	Continued From page 35 rate of $350 for Care and $3000 for community fee with a onetime credit of $1250 for the community fee overcharge. Care fee of $350 x 31 = $11.29 per day x 26 days = $293.55 charged for - . Care fee of $250 x 31 = $8.06 per day x 19 days = $153.14. The difference of $140.41 Review of Appendix A the resident's correct fee should be $250 for - . The resident did not move into the facility until when the level of care was provided. On at 5:55 PM, the Administrator stated the resident's level of care should be $250 and agreed that he should not have been charged before he moved it and the start date should be . Further stating, the system will not reflect the $250 and will require the resident to be credited $100 each month for the care charge of $350. Further stating, she will follow up with the Business Office Director to correct the statement, issue the credit, and follow up with the POA regarding the changes. (photographic evidence obtained) Class III	A 170		