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
	AL11932431	A. BUILDING: _____ B. WING _____	08/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE LIVING FACILITY	76 BRUEN STREET SAINT AUGUSTINE, FL 32095

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure survey was conducted at the Loving Care Living Facility on 08/10/2026. The provider had deficiencies at the time of the visit.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease. (b) Staff must be qualified to perform their assigned duties consistent with their level of	A 078		

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A 078	Continued From page 1 education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that three of three staff members (the Administrator, Employee B, and Employee C) had evidence of a negative tuberculosis (TB) examination documented on an annual basis. One of three staff members failed to obtain a written statement from a health care provider documenting freedom from any signs or	A 078		

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A 078	Continued From page 2 symptoms of communicable disease within 30 days of hire (Employee C). The findings include: Employee personnel files for the Administrator and Employees B and C (both Caregivers) were reviewed. The Administrator's hire date was 12/10/2015; Employee B started 12/10/2015; and Employee C started 6/9/2025. There was no evidence of a negative TB examination documented annually. Additionally, review of Employee C's record found no evidence of a written statement from a health care provider documenting that freedom from signs and symptoms of communicable diseases. An interview was conducted on 8/10/2026 at 3:41pm with the Administrator. She confirmed that after searching for the information, there was no documented evidence of an annual negative TB examination for herself, Employee B or Employee C on file. She stated that she was unaware Employee C was missing documentation. She stated that Employee C "worked at different places" and may have forgotten to provide her with the documentation. CLASS III	A 078		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week:	A 079		

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A 079	Continued From page 3	A 079		

Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week

0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.

2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.

3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.

5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses must be in the facility at all times.

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A 079	Continued From page 4 a. Documentation of attendance at First Aid or CPR courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and CPR. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least 21 years of age must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or	A 079		

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A 079	Continued From page 5	A 079		

arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident

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A 079	Continued From page 6 needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a written work schedule that reflected a minimum of 212 hours staffed per week for the provision of services to its 6 residents. The findings include: On 8/10/2026 at 11:27am the Administrator provided the staffing schedule dated July 2026. She stated that there are at least two staff members, herself included, in the facility during breakfast and dinner. She stated that during the lunch service there could be as many as three staff members in the facility, herself included. She stated that there is typically one staff member in the facility on the 11:00pm-7:00am shift. Review of the July 2026 schedule showed three	A 079		

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A 079	Continued From page 7 employees were scheduled, plus the Administrator. Scheduled shift times weren't recorded; the schedule just indicated whether they were working the day, evening, or night shift. From 7/25/2026 to 7/30/2026, three staff per day were scheduled. On 7/31/2026, two staff were scheduled. Photographic evidence obtained. The Administrator continued her interview to explain she typically comes to the facility at 4:00 am and leaves between 1:00pm and 2:00pm. She stated that she was responsible for providing medication assistance. She stated that Employee B, a Caregiver, was also trained to assist with medications and was scheduled to come in at 12:00pm. She stated that all staff member work an eight hour shifts. She confirmed that as of 7/25/2026 the census increased to six. The weekly minimum required staff hours was 212. She was advised that the weekly minimum staff hours required for the census was not met based on the documentation that she had provided. She stated that she does not always document her hours because she is frequently in and out of the facility. She advised she had the schedules for January 2026 through June 2026 at her office located in her private home. She added that she had not created a schedule for August 2026. CLASS III	A 079		
A 081	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training	A 081		

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A 081	Continued From page 8 must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted	A 081		

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A 081	Continued From page 9 living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its infection control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents.	A 081		

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A 081	Continued From page 10 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use its abuse prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 11	A 081		

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure that one of three employees sampled, Employee C, attended a preservice orientation provided by the facility before interacting with residents, or that one of three employees sampled, Employee B, completed the 1- hour training on safe food handling practices.

The findings include:

1. On 8/10/2026 at 11:45am, Employee B was observed preparing lunch for the residents.

The personnel record for Employee B was reviewed. There was no evidence that Employee B had completed the 1-hour training required for any staff that prepared or served food.

On 8/10/2026 at 3:05pm the Administrator was asked to provide evidence that Employee B had received the required training. On 8/10/2026 at 3:41pm after searching in various locations she confirmed that she did not have proof that Employee B completed the required training.

2. Record review revealed Employee C, a Caregiver, was hired at the facility on 6/9/2025. There was no documentation in the employee records to show Employee C was provided a preservice orientation before interacting with residents. Review of the staffing schedule for 7/2026 revealed Employee C worked multiple

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A 081	Continued From page 12 shifts during the month. An interview was conducted with the Administrator on 8/10/2026 at 3:40pm. She was advised of the missing preservice orientation for Employee C. She replied that she was unaware Employee C's file was missing information. CLASS III	A 081		
A 082	59A-36.011(4) FAC Training - HIV/AIDS (4) HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on HIV and AIDS, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure one of three employees sampled, Employee C, completed a one-time education course on HIV and AIDS within 30 days of employment. The findings include: Record review revealed Employee C, a Caregiver, was hired at the facility on 6/9/2025. There was evidence in the employee records that Employee C completed the required one-time	A 082		

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A 082	Continued From page 13 education course on HIV and AIDS. Review of the staffing schedule for 7/2026 revealed Employee C worked multiple shifts during the month. An interview was conducted with the Administrator on 8/10/2026 at 3:40pm. She was advised of the missing training for Employee C. She explained she was unaware Employee C's record was missing items. CLASS III	A 082		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at; https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a	A 093		

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A 093	Continued From page 14 resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is	A 093		

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A 093	Continued From page 15 necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted with residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by:	A 093		

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A 093	Continued From page 16 Based on observation, interview, and record review the facility failed to ensure menus for resident meals were reviewed annually by a registered dietician, and that substitutions were documented in a substitution log. The findings include: On 8/10/2026 at 11:45am the Administrator and Employee B were observed preparing the daily lunch. The meal being prepared consisted of soup, grilled cheese, fruit, and oatmeal cookies. Review of the lunch menu for the day of survey revealed the following was to be served: beef patty, onion gravy, sweet potatoes, mixed vegetables slice bread/dinner roll ½ cup canned/1 piece fresh fruit, low fat milk, beverages, and condiments. The menu was dated 7/6/2024. Photographic evidence obtained. On 8/10/2026 at 12:03pm the Administrator was shown the expired menus and was asked if she had any updated menus. She stated that she had been looking for a registered dietitian (RD) to provide updated menus. She stated that the previous RD had retired and provided her with the name of another RD but that the individual was located in another city, so she was still looking for someone. At 12:08pm on 8/10/2026 the Administrator was asked why the menu was not being followed. She explained they "swap" the lunch and dinner because the it was better for the residents to have a heavier meal for supper. The substitution log didn't reflect the change made on 8/10/2026. CLASS III	A 093		

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A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. Sex, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance carrier, 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, do not resuscitate orders, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A weight record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their weight recorded semi-annually. This subsection does not apply to	A 162		

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A 162	Continued From page 18 residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that weights not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an OSS recipient, a copy of the Department of Children and Families form Alternate Care Certification for Optional State Supplementation (OSS), CF-ES 1006, October 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required	A 162		

Agency for Health Care Administration

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A 162	Continued From page 19 documentation from the Department of Children and Families. (m) Documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's Do Not Resuscitate Order, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that one of three residents sampled, Resident #3, had a physician's order for medication.	A 162		

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A 162	Continued From page 20 The findings include: A tour of the facility was conducted on 8/10/2026 at 10:31am. Several bottles of unlabeled enteral formula were observed on the kitchen table. An interview was conducted with Employee B , a Caregiver on 8/10/2026 at 12:56pm. Employee B was asked if there were any residents in the facility who received tube feeding. She answered that Resident #3 received tube feeding. She denied assisting the resident with tube feeding adding that the Administrator assisted the resident with tube feeding. The medical record review for Resident #3 was reviewed. There were no orders for the enteral formula. There was no documentation of enteral formula on the Medication Observation Record (MOR) for Resident #3. The AHCA form 1823 was reviewed. There were no physician orders documented. The AHCA form 1823 also revealed that Resident #3 was total care with eating (G-Tube was handwritten on the form). The Resident #3 needed medication administration. An interview with the Administrator was conducted on 8/10/2026 at 4:01pm. She was asked about the enteral formula for Resident #3. She stated that Resident #3 did his own "his own feeding with oversight." She confirmed that there were no orders on file for the tube feeding. She stated that Resident #3 was on Hospice and that the Hospice staff brought the enteral formula into the facility. She was asked if there were any orders from Hospice for the tube feeding. After reviewing the resident's record she confirmed that there were no orders on file for any of the	A 162		

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A 162	Continued From page 21 resident's medications from Hospice or any other physician. CLASS III Based on observation, interview, and record review, the facility failed to ensure that one of three residents sampled, Resident #3, had a physician's order for medication The findings include: A tour of the facility was conducted on 8/10/2026 at 10:31am. Several bottles of unlabeled enteral formula were observed on the kitchen table. An interview was conducted with Employee B , a Caregiver on 8/10/2026 at 12:56pm. Employee B was asked if there were any residents in the facility who received tube feeding. She answered that Resident #3 received tube feeding. She denied assisting the resident with tube feeding adding that the Administrator assisted the resident with tube feeding. The medical record review for Resident #3 was reviewed. There were no orders for the enteral formula. There was no documentation of enteral formula on the Medication Observation Record (MOR) for Resident #3. The AHCA form 1823	A 162		

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A 162	Continued From page 22 was reviewed. There were no physician orders documented. The AHCA form 1823 also revealed that Resident #3 was total care with eating (G-Tube was handwritten on the form). The Resident #3 needed medication administration. An interview with the Administrator was conducted on 8/10/2026 at 4:01pm. She was asked about the enteral formula for Resident #3. She stated that Resident #3 did his own "his own feeding with oversight." She confirmed that there were no orders on file for the tube feeding. She stated that Resident #3 was on Hospice and that the Hospice staff brought the enteral formula into the facility. She was asked if there were any orders from Hospice for the tube feeding. After reviewing the resident's record she confirmed that there were no orders on file for any of the resident's medications from Hospice or any other physician. CLASS III Based on observation, interview, and record review, the facility failed to ensure the records one of two residents sampled, Resident #3, contained the required documentation regarding care and services received in the facility. The findings include: A tour of the facility was conducted on 8/10/2026 at 10:31am. Several bottles of unlabeled enteral formula were observed on the kitchen table. An interview was conducted with Employee B , a	A 162		

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A 162	Continued From page 23 Caregiver, on 8/10/2026 at 12:56pm. Employee B. She stated Resident #3 received tube feedings. The medical record review for Resident #3 was reviewed. There were no orders in the record regarding the enteral formula. There was no documentation of enteral formula on the Medication Observation Record (MOR) for Resident #3. Review of the AHCA form 1823 did revealed that Resident #3 was total care with eating (G-Tube was handwritten on the form). The Resident #3 needed medication administration. An interview with the Administrator was conducted on 8/10/2026 at 4:01pm. She was asked about the enteral formula for Resident #3. She stated that Resident #3 managed his own feeding "with oversight." She confirmed that there were no orders on file for the tube feeding. She stated that Resident #3 was on Hospice and that the Hospice staff brought the enteral formula into the facility. She was asked if there were any orders from Hospice for the tube feeding. After reviewing the resident's record she confirmed that there were no orders on file for any of the resident's medications from Hospice or any other physician. At 4:24pm on 8/10/2026, the Administrator stated Hospice came in weekly to discuss residents but they didn't supply any paperwork. CLASS III	A 162		