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
	AL11968298	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK VILLAGE	1801 MONASTERY RD ORANGE CITY, FL 32763

(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 Oak Village on 03/12/2025. Deficiencies were identified at the time of the survey.	A 000		
A 025	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 dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. 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 appointments for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.	A 025		

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A 025	Continued From page 1 (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 additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide appropriate care and services to 1 of 6 sampled residents, Resident 1. The findings include: Record review of Resident 1's 1823 Health Assessment showed she was assessed on 01/04/2025. Diagnoses included Vascular Dementia and Left Sided Hemiplegia. Her assessment detailed that she needed maximum assistance with Activities of Daily Living. Page 2 included a section for the type of diet Resident 1 needed, which was not filled in. Photographic evidence obtained.	A 025		

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A 025	Continued From page 2 During an observation of lunch service on 03/12/2025 at 11:52am, Employee C, Caregiver, was observed preparing the resident meals, including Resident 1's plate. She served stewed pork with vegetables from a pressure cooker, rice, and spooned broth over the rice on all the plates which puddled slightly. She explained at that time that Resident 1 was one of the residents who needed thickener in her drink. Plates were then served to residents who were sitting at a row of tables in the common area. Employee C went to a resident's room away from the dining area to help that person eat, while Employee A stayed in the dining area. Employee A started feeding Resident 2, which caused her to have her back to Resident 1 while food was being consumed. Resident 1 was eating independently when she started coughing. Employee A left Resident 2 to stand next to Resident 1 and remind her to chew and swallow her food. Employee A was asked if Resident 1 needed any special diet modifications on 03/12/2025 at 12:17pm. She said she didn't. By 12:29pm on 03/12/2025, Resident 1 had not yet received assistance with her lunch. At 12:35pm on 03/12/2025 Employee A walked up to Resident 1 and wiped her face, but then walked away. Employee C approached Resident 1's table to have her move her plate off the edge of the table, then again to cut her food into o smaller pieces, 30 minutes after her food was served. Observation of the kitchen area where meals were prepared, and directly next to the menu, was a sign that read "(Resident 1) Safe Swallow Recommendations." She was to have nectar thick	A 025		

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A 025	Continued From page 3 liquids. Her food was to be cut up into a mechanical soft texture. "Please cut into very small bites" was underlined and highlighted. Resident 1 was not to have "mixed consistency with thin liquids, such as soup, and staff were to "use crackers for soup or tiny pieces of bread to absorb broth." The bottom of the sign stated, "If possible, please watch patient continuously placing bites as she often required cues to swallow" and put food in her mouth "without clearing oral cavity." Photographic evidence obtained. Employee A was asked about the sign on 03/12/2025 at 12:50pm. She acknowledged the sign and said it came from a speech therapist who used to work with Resident 1. Class III	A 025		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. 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	A 032		

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A 032	Continued From page 4 415.1051, 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 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	A 032		

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A 032	Continued From page 5 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 record review and interview, the facility failed to ensure 2 of 3 employees reviewed completed 2 elopement drills a year (Employees A and B). The findings include: Review of the facility's elopement drills on 03/10/2025 showed Employee A, Caregiver, hired 02/14/2022, only participated in one elopement drill in the last year, on 09/11/2024. Employee B, a Caregiver hired 08/07/2022, was not signed in as a participant in any drills. The findings were reviewed with the facility's Manager on 03/12/2025 at 1:30pm. She was unable to provide evidence Employees A and B participated in 2 drills a year. Class III	A 032		
A 052	429.256(3-5); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an insulin syringe that is prefilled with the proper	A 052		

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A 052	Continued From page 6 dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth. (d) Applying topical medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer. (4) Assistance with self-administration of medication does not include: (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.	A 052		

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A 052	Continued From page 7 (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a cavity of the body. (d) Administration of parenteral preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with rectal, urethral, or vaginal preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with	A 052		

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A 052	Continued From page 8 procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or	A 052		

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A 052	Continued From page 9 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure unlicensed medication technicians were not administering medications to 2 of 4 residents sampled, Residents 1 and 2. The findings include: On 03/12/2025 at 9:06am, Resident 1 was observed receiving assistance with medications from Employee A, Medication Technician. Employee A removed the following medications and mixed them with applesauce: Vitamin B12, Escitalopram, a Multivitamin, Levothyroxine, and Bupropion. Employee A spoon fed the applesauce into Resident 1's mouth at 9:10am on 03/12/2025. Resident 1 did not attempt to participate and sat still while getting fed the medications. At 9:11am on 03/12/2025, Employee A put a small cup up to Resident 1's mouth which contained 2 Cranberry	A 052		

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A 052	Continued From page 10 gummies. Employee A was the only one holding the cup. Resident 1 stated, "No," so Employee A put them in her hand. She again refused, saying she did not want to take it. At 9:21am on 03/12/2025, Employee A began preparing medications for Resident 2. She prepared the following medications in applesauce: Memantine, Escitalopram, a Multivitamin, and Clonazepam. The medications were stirred into applesauce and fed to Resident 2 at 9:25am on 03/12/2025. Resident 2 did not participate. During an interview with Employee A at the time, she explained Resident 2 cannot bring the medication to her face to take the meds and has to be fed the medications. When asked to explain how she was taught to assist with self-administration of medications, she confirmed she was taught not to spoon feed residents. She also confirmed there was not a licensed nurse available for residents who needed medications administered. Review of the 1823 Health Assessment for Resident 1, signed 01/04/2025 by a physician, showed she had diagnoses including Vascular Dementia and Left Sided Hemiplegia, and required "maximum assistance with ADLs" (Activities of Daily Living.) Page 3 of the assessment asked the assessor whether the resident needed assistance with medication, which was marked "Yes." The box for Medication Administration, not Assistance with Self-Administration, was checked off. Under "Needs Medication Administration" the form explained that "Not all assisted living facilities have licensed staff to perform this service." Photographic evidence obtained.	A 052		

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A 052	Continued From page 11 Review of the 1823 Health Assessment for Resident 2, signed 07/16/2024, showed she her diagnoses included Vascular Dementia and Cerebrovascular Disease. She needed "6/6 assist for ADLs" and required assistance with self-administration of medications. Photographic evidence obtained. Review of the facility's contract showed a section titled "Assistance with Medication by Unlicensed Personnel Disclose" on page 4. The section began by explaining they could either administer medications to residents if they had a licensed nurse, or they could assist with self-administration. Further in the section the contract explained: "Assistance with self-administration does not include... putting medications in a resident's mouth..." Photographic evidence obtained. Class III	A 052		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter	A 055		

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A 055	Continued From page 12 medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other	A 055		

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A 055	Continued From page 13 residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to remove expired medications from the medication cart to prevent resident consumption, for 1 of 4 sampled residents (Resident 3).	A 055		

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A 055	Continued From page 14 The findings include: On 03/12/2025 at 8:42am, Employee A, Medication Technician, assisted Resident 3 with self-administration of medications. She unlocked the medication cart and pulled out a container with pill bottles, one of which was Aspirin 81mg. Review of the pill bottle for the Aspirin showed it expired in February 2025. The Medication Observation Record showed she was getting Aspirin daily in March 2025. Photographic evidence obtained. In an interview with Employee A at 9:00am on 03/12/2025, she confirmed this was the bottle they were using for Employee A's daily does of Aspirin. She acknowledged the expiration date. Class III	A 055		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container.	A 056		

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A 056	Continued From page 15 (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.	A 056		

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A 056	Continued From page 16 (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure (1) medications were filled timely for 1 of 4 sampled residents (Resident 2), and (2) an updated label was obtained following the change in direction for use for 1 of 4 sampled residents (Resident 3). The findings include:	A 056		

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A 056	Continued From page 17 1. Resident 2's record was reviewed on 03/12/2025. Her January 2025 MOR contained an entry for Clonazepam, 0.5mg, one tablet by mouth at 8pm, for sleep. Photographic evidence obtained. An order was located in her record dated 11/13/2024 to start this dose of Clonazepam. Photographic evidence obtained. No orders were located in the records to discontinue the 0.5mg at 8pm. Another order, dated 02/12/2025, added "Clonazepam (0.5mg) 1 tablet by mouth before lunch and supper for agitation." Photographic evidence obtained. Review of Resident 2's March 2025 Medication Observation Record (MOR) showed it contained an entry with 3 med pass times daily for Clonazepam, 0.5 mg: 11am, 4pm, and 8pm. The label for the 0.5mg of Clonazepam stated Resident 2 was to get 1 tablet by mouth twice daily (before lunch and before supper) for agitation. The label stated it was filled on 02/17/2025 for an order written 02/17/2025. The label did not reference the third dose at 8pm. Only 4 pills remained from the 30 that were supplied. Photographic evidence obtained. Employee A, Medication Technician, was interviewed on 03/12/2025 at 9:30am about the Clonazepam. After looking in the med cart she confirmed there were no other packages of Clonazepam for Resident 2. She said there was another package but they used it all and it was discarded. She confirmed there was no package affiliated with the 8pm dose, from the order	A 056		

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A 056	Continued From page 18 written in November 2024, available for Resident 2's use. She said she used the package on hand (with the label for before lunch and before supper) to supply all 3 doses. The label and MOR were reviewed with the facility Manager on 03/12/2025 at 2:00pm. She confirmed the package on hand was for 2 doses and there was no package for the 8pm dose. 2. On 03/12/2025 at 8:42am, Employee A was observed assisting Resident 3 with self-administration of medications. The MOR included an entry for Nifedipine ER, 60mg, at 8am. The MOR was initialed that she was receiving it daily at 8am. Photographic evidence obtained. The label of the Nifedipine stated the medication was to be given at night. When asked to clarify at 8:42am on 03/12/2025, Employee A stated the order changed. She presented a paper copy of an order signed 06/17/2024 which stated it was "okay to give Nifedipine 60mg ER every morning instead of nighttime." Photographic evidence obtained. Employee A acknowledged the difference between the label and MOR. Class III	A 056		
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	A 078		

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A 078	Continued From page 19 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 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	A 078		

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A 078	Continued From page 20 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 record review and interview, the facility failed to ensure 2 of 3 employees obtained documentation from a health care provider on an annual basis regarding TB status (Employee A and the Administrator.) The findings include: Review of the employee file for the Administrator showed TB test results which were read on 11/17/2023. Photographic evidence obtained. Employee A, Medication Technician, had a test dated 04/26/2023. Photographic evidence obtained. Neither the Administrator or Employee A had subsequent documentation in their files.	A 078		

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A 078	Continued From page 21 The findings were reviewed with the Manager on 03/12/2025 at 1:25pm. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and CPR (5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 3 employees sampled received CPR education from an instructor who required hands-on skills demonstrations (Employee A, Employee D, and the Administrator) The findings include:	A 083		

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A 083	Continued From page 22 Review of the schedule showed the Administrator was scheduled to work with one other employee, Employee D, Caregiver, on Sunday, Monday, and Tuesday, from 7am to 7pm. Employee A, Medication Technician, was scheduled to work with only Employee D on Fridays. Photographic evidence obtained. Review of the Administrator and Employee A's employee files showed they received CPR training from American Health Care Academy. Their certificated referenced a website, CPRAEDCourse.com, but did not indicate a skills demonstration was required. The Administrator's certification expired January 2025. Photographic evidence obtained. Review of the website referenced on the certificate, CPRAEDCourse.com, showed a FAQ section at the bottom of the site. The FAQ page explained that a hands-on demonstration was not a requirement for their training. Photographic evidence obtained. During a review of the findings with the facility's Manager on 03/12/2025 at 1:25pm, she was asked if Employee A and the Administrator worked with anyone on their shifts that had CPR certification. She explained Employee D had CPR certification, but when her certificate was reviewed, it was also completed on the same online provider as the Administrator and Employee A. Class III	A 083		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards	A 093		

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A 093	Continued From page 23 (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 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	A 093		

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A 093	Continued From page 24 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 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	A 093		

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A 093	Continued From page 25 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: Based on observation and interview, the facility failed to maintain a log of food substitutions from the prior 6 months. The findings include: During a lunch service observation on 03/12/2025 at 11:52am, Employee C, Caregiver, was observed serving a pork stew made in a pressure cooker with vegetables. Ice cream was served for dessert. She explained at 11:56am on 03/12/2025 that she was making substitutions. She was asked if she	A 093		

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A 093	Continued From page 26 maintained a log of when she substituted items from the menu, and she explained they maintained no such log. Class III	A 093		