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
	AL11970635	A. BUILDING: _____ B. WING _____	R 09/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KSC ADULT CARE SERVICES	1401 DIXIE WAY SANFORD, FL 32771

(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}		

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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: DEFICIENCEY REMAINED UNCORRECTED Based on the facility reviews and interviews the facility failed to electronically submit to the agency a preliminary report within 1 business day of incident and a full report within 15 days of the incident for 2 of 5 sampled residents. (#2, #5)	{ZZ821}		

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{ZZ821}	Continued From page 4 Findings: 1. On at 9:45 AM, the Owner stated he called 911 (law enforcement) when Resident #5 broke out the window in Bedroom #3. Adding, the resident was taken to the hospital, , and did not return to the facility. Review of Resident #5's record revealed an admission date on . 1823 health assessment indicated elopement risk. A facility note on , resident in around 10:50 PM, smashed a window in # and was trying to escape the facility. Nevertheless, the owner mastered him and called 911. On at 1:43 PM, the Owner stated he did not submit an incident report to AHCA and was unaware that he needed to because Resident #5 did not stay at the facility. On at 2:10 PM, the Administrator stated law enforcement came to the facility when Resident #5 broke the window. Further stating, it was night and it did not come up to submit to AHCA. ROSE-BROWN, KEVENE 2. Review of Resident #2's record revealed an admission date of . A Health Assessment form, 1823 revealed a medical history of agitation, , and , . A facility note on detailed, Resident #2 called the police on and .	{ZZ821}		

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{ZZ821}	Continued From page 5 A facility note on stated, the resident called 911. Review of a facility note on at 4:30 PM, specified the resident called 911. A facility note on at 4:15 PM indicated that the police were called on Resident #2 and the police showed up. During an interview on at 2:40 PM, the Owner said Resident #2 would call the police several times and the police came to the facility on , , , and . There was no documentation to indicate an incident report was submitted within 1 business of law enforcement being contacted. During an interview on at 2:42 PM, the findings were discussed with the Owner. The Owner said he did not submit any incident reports. The Owner said he only wrote it on the progress note. The Owner added he did not know he needed to report the police coming out to the facility when they were called due to Resident #2's diagnoses of . (photographic evidence obtained) Unclassified	{ZZ821}		
{A 000}	Initial Comments A revisit for two (2) complaint investigations #2026010643, #2026010685, and generator monitoring were conducted at KSC Adult Care Services Assisted Living on . The facility had deficiencies at the time of the survey.	{A 000}		

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{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. (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 .	{A 152}		

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{A 152}	Continued From page 7 This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation and interview, the facility failed to provide a safe living environment free of hazards and structural systems were maintained in good working order. Findings: On during the tour at 9:40 AM, observation revealed Bedroom #3's bottom half of the window was boarded up and appeared to have no glass, and the closet doors were broken off the hinges. Further review revealed from outside of facility between the board and screen scattered glass. On at 9:45 AM, the Owner stated a new resident, later identified as Resident #5 who had moved in on , broke the window in attempt to escape. Further stating, they submitted a claim to the homeowner's insurance and are waiting for the repairs. On at 2:10 PM, the Administrator stated she was planning to submit a claim to her homeowner insurance but decided to contact a handy man to come and repair the window and closet doors. Adding, he was supposed to come yesterday. On at 3:37 PM, the Owner stated they did not submit anything yet to the homeowner insurance for the window repair. (photographic evidence obtained) Class III	{A 152}		