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
	AL11965661	A. BUILDING: _____ B. WING _____	09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS LAKE MARY	3655 W. LAKE MARY BLVD, LAKE MARY, FL 32746

(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 Two (2) complaint investigations #2026013901, #2026014134, and generator monitoring was conducted on - at Spring Hills Lake Mary. The facility had deficiencies at the time of the survey.	A 000		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on interview and record reviews, the facility failed to document toileting assistance for 1 of 11 sampled residents (#1). Findings: Review of Resident #1's Health Assessment form (1823) revealed the resident had a diagnosis of . The resident service plan revealed he had an Activity of Daily Living (ADL) self-care . An intervention indicated he needed assistance with care. During an interview on at 3:30 PM, Licensed Practical Nurse (LPN) D said the Director of Resident Care had interventions for the staff to check on Resident #1 every hour for safety and care. The LPN said the checks were documented by staff on the computer.	A 028		

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A 028	Continued From page 1 During an interview on at 10:51 AM, the Director of Resident Care said Resident #1 was placed on hourly checks for care due to him being on a medication which caused him to urinate more frequently. The Director of Resident Care said that the checks were adjusted to every two hours due to the resident doing better. During an interview on at 10:56 AM, the Director of Resident Care said the safety checks were in place to check on Resident #1's safety and to check if the resident needed assistance with care. Review of the , and , safety check documentation revealed there was no documentation of toileting assistance and safety checks every hour and there was no documentation for every two hours. During an interview on at 5:25 PM, the findings were discussed with the Administrator. The Administrator confirmed the findings. (photographic evidence obtained) Class III	A 028		
A 092 SS=D	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply:	A 092		

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A 092	Continued From page 2 (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to 3 of 4 staff perform their duties in a safe and sanitary manner during dining. Findings: On at approximately 11:45 AM, the Director of Dining Services was observed at the front desk without a hair net. She was asked to see the kitchen. Upon entering the kitchen there were no hair nets visible and she did not offer or	A 092		

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A 092	Continued From page 3 apply before going around the uncovered food. Afterwards, the Director of Dining Services was asked for a hair net so that the AHCA Representative could fully tour the kitchen. She replied, "oh, and asked the kitchen staff where are the hair nets." On at 11:50 AM, Caregiver A was observed in kitchen near the ice machine and the uncovered food without a hair net. On at 10:20 AM, Caregiver A stated she knows she is supposed to wear a hair net. Adding, she knows she's not allowed in the kitchen but was only getting the juice for the memory care residents. On at 8:40 AM, observation of the dining area revealed a caregiver exiting the kitchen into the dining room without a hair net. On at 8:45 AM, Caregiver B stated she started a couple of weeks ago, does not know or have been trained on control, and was unaware she needed to wear a hair net. Adding, she was getting the to go meals to deliver to the residents upstairs and does not work in the kitchen. On at 11:25 AM, the Director of Dining Services stated the staff knows how to wear a hair net. Adding, she not sure why Caregiver A was in there because she never goes in. The facility's food preparation and service policy states food and nutrition services staff wear hair (hair net, hat, beard , etc.) so that hair does not contact food. On at 2:07 PM, the Vice President of	A 092		

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A 092	Continued From page 4 Clinical Services and Compliance stated she was not aware of the staff not wearing hair nets while in the kitchen. On at 5:57 PM, the Administrator was made aware of the Director of Dining Services and staff not wearing hair nets in the kitchen. Class III	A 092		