

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965502</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/13/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TADEOS ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1525 SW 119 COURT<br/>MIAMI, FL 33184</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                 | Initial Comments<br><br>A biennial re-licensure survey was conducted at Tadeo's ALF Corp. on . . . . . Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A 000                                                                                 |                                                                                                                          |  |                                                        |
| A 077<br>SS=D                                         | 429.176 FS; 429.52( ), 59A-36.01(1) FAC<br>Staffing Standards - Administrators<br><br>429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.<br><br>429.52<br>(4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule.<br>(5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.<br><br>59A-36.010<br>(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of | A 077                                                                                 |                                                                                                                          |  |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 077                                                 | Continued From page 1<br><br>the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.<br>(a) An administrator must:<br>1. Be at least _____;<br>2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.;<br>3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;<br>4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and,<br>5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C.<br>Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.<br>(b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:<br>1. Complete the core training and core competency test requirements pursuant to rule | A 077                                                                                 |                                                                                                                          |  |                                                        |

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| A 077                                                 | Continued From page 2<br><br>59A-36.011, F.A.C.; and,<br>2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.<br>(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.<br>(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to . . . . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . , serve as an administrator of any other facility.<br>(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, . . . . , which is incorporated by reference and available online at:<br><a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09393">http://www.flrules.org/Gateway/reference.asp?No=Ref-09393</a> . | A 077                                                                                 |                                                                                                                          |  |                                                        |

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| A 077                                                 | Continued From page 3<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility<br>failed to ensure a staff serving as a manager<br>satisfy the qualification requirements.<br><br>Findings included:<br><br>Review of Staff D (manager) record showed a<br>hired date of . . . . . There was no copy of a<br>high school certificate in file.<br><br>On . . . . . at 11:32 AM Staff C (owner) stated,<br>"I did not know she needed to have it."<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A 077                                                                          |                                                                                                                          |                          |                                                        |
| A 200<br>SS=D                                         | 59A-36.025 FAC Emergency Environmental<br>Control<br><br>59A-36.025 Emergency Environmental Control<br>for Assisted Living Facilities.<br>(1) DETAILED EMERGENCY ENVIRONMENTAL<br>CONTROL PLAN. Each assisted living facility<br>shall prepare a detailed plan ("plan") to serve as<br>a supplement to its Comprehensive Emergency<br>Management Plan, to address emergency<br>environmental control in the event of the loss of<br>primary electrical power in that assisted living<br>facility which includes the following information:<br>(a) The acquisition of a sufficient alternate power<br>source such as a generator(s), maintained at the<br>assisted living facility, to ensure that current<br>licensees of assisted living facilities will be<br>equipped to ensure . . . . . air temperatures will<br>be maintained at or below 81 degrees Fahrenheit<br>for a minimum of ninety-six (96) hours in the<br>event of the loss of primary electrical power. | A 200                                                                          |                                                                                                                          |                          |                                                        |

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| A 200                                                 | Continued From page 4<br><br>1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square feet per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the facility to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.<br><br>2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.<br><br>3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the | A 200                                                                          |                                                                                                                          |                          |                                                        |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TADEOS ALF**

**1525 SW 119 COURT  
MIAMI, FL 33184**

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| A 200                    | <p>Continued From page 5</p> <p>event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.</p> <p>a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.</p> <p>b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.</p> <p>c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.</p> <p>(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel</p> | A 200               |                                                                                                                          |                          |

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| A 200                                                 | Continued From page 6<br><br>storage.<br>1. Facilities must store minimum amounts of fuel onsite as follows:<br>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.<br>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.<br>2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.<br>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.<br>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.<br>(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.<br>(d) The acquisition and maintenance of a monoxide alarm.<br>(2) SUBMISSION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously | A 200                                                                          |                                                                                                                          |  |                                                        |

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| (X4) ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 200                                                 | <p>Continued From page 7</p> <p>submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan.</p> <p>(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.</p> <p>(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.</p> <p>(3) APPROVED PLANS.</p> <p>(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.</p> <p>(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.</p> <p>(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and</p> | A 200                                                                          |                                                                                                                          |                          |                                                        |



Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TADEOS ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1525 SW 119 COURT<br/>MIAMI, FL 33184</b> |                                                                                                                          |  |                                                        |
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| A 200                                                 | Continued From page 8<br><br>update within ten (10) business days of<br>implementation.<br>(4) IMPLEMENTATION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to<br>the effective date of this rule shall, no later than<br>, have implemented the plan<br>required under this rule.<br>(b) The Agency shall allow an extension up to<br>to providers in compliance with<br>paragraph (c) below and who can show delays<br>caused by necessary construction, delivery of<br>ordered equipment, zoning or other regulatory<br>approval processes. Assisted living facilities shall<br>notify the Agency that they will utilize the<br>extension and keep the Agency apprised of<br>progress on a quarterly basis to ensure there are<br>no unnecessary delays. If an assisted living<br>facility can show in its quarterly progress reports<br>that unavoidable delays caused by necessary<br>construction, delivery of ordered equipment,<br>zoning or other regulatory approval processes will<br>occur beyond the initial extension date, the<br>assisted living facility may request a waiver<br>pursuant to section 120.542, F.S.<br>(c) During the extension period, an assisted living<br>facility must make arrangements pending full<br>implementation of its plan that provides the<br>residents with an area or areas to congregate<br>that meets the safe indoor air temperature<br>requirements of subsection (1) (a) for a minimum<br>of ninety-six (96) hours.<br>1. An assisted living facility not located in an<br>evacuation zone must either have an alternative<br>power source onsite or have a contract in place<br>for delivery of an alternative power source and<br>fuel when requested. Within twenty-four (24)<br>hours of the issuance of a state of emergency for<br>an event that may impact primary power delivery<br>for the area of the assisted living facility, it must | A 200                                                                                 |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TADEOS ALF**

**1525 SW 119 COURT  
MIAMI, FL 33184**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 200                    | <p>Continued From page 9</p> <p>have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.</p> <p>2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:</p> <p>a. Fully and safely evacuate its residents prior to the arrival of the event; or</p> <p>b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.</p> <p>(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.</p> <p>(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.</p> <p>(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.</p> <p>(5) POLICIES AND PROCEDURES.</p> <p>(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in . . . . air temperatures inside</p> | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TADEOS ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1525 SW 119 COURT<br/>MIAMI, FL 33184</b>                                    |                          |                                                        |
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| A 200                                                 | Continued From page 10<br><br>the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:<br>1. The use of cooling devices and equipment;<br>2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;<br>3. Wellness checks by assisted living facility staff to monitor for signs of _____ and heat injury; and<br>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.<br>(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.<br>(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.<br>(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but | A 200                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| A 200                                                 | <p>Continued From page 11</p> <p>not limited to, license revocation, license suspension, and the imposition of administrative fines.</p> <p>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.</p> <p>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.</p> <p>(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.</p> <p>(8) NOTIFICATION.</p> <p>(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:</p> <ol style="list-style-type: none"> <li>1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;</li> <li>2. Upon final implementation of the plan by the assisted living facility.</li> </ol> <p>(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure residents or resident's legal representative were notified in writing of the</p> | A 200                                                                                 |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TADEOS ALF**

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| A 200                    | <p>Continued From page 12</p> <p>implementation of the Emergency Environmental Control Plan for one out six residents(Resident # 4).</p> <p>Findings included:</p> <p>Review of Resident # 4's record found no documentation the resident or resident's representative were informed of the implementation of the emergency environmental control plan in file.</p> <p>On . . . . . at 11:58 AM Staff C (owner) acknowledged a copy of a notification of the emergency environmental control plan was not in file.</p> <p>Class III</p> | A 200               |                                                                                                                          |                          |