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
	AL11969611	A. BUILDING: _____ B. WING _____	03/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMLINS LUXURIOUS LIVING WEST INC	1813 SW 96 AVENUE MIRAMAR, FL 33025

(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 An unannounced complaint survey (#2022003590) was conducted from . . . . . to at Tomlins Luxurious Living West Inc. The facility had deficiencies identified at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida . . . . . Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1	A 030		

and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical [illegible].
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4 relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility	A 030		

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide 4 out of 4 sampled residents their right to receive a 45-day notice of relocation or termination of residency from the facility, affecting Resident #1, Resident #2, Resident #3 and Resident #4. The findings included: In an interview conducted with Co-owner A on	A 030		

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A 030	Continued From page 6 . . . . . at 9:45 AM, she stated Residents #1, #2, #3 and #4 were relocated from the facility to a hotel room suite on . . . . . due to construction repairs at the facility. She stated that Residents #2, #3 and #4 presently lived in the hotel along with the facility Caregiver, and Resident #1 required to be hospitalized on . . . . . and no longer lived there. She stated the hotel where the residents were relocated to was located in Plantation, Florida. In an observation conducted at the hotel property on . . . . . at 11:00 AM, there was no answer to the door of the residents' hotel room suite. In an interview conducted with Co-owner A at this time, she stated the residents were getting fresh air outside in the hotel patio with the Caregiver. In an observation conducted on at 11:05 AM, Resident #2, #3 and #4 were sitting in the hotel patio area talking amongst themselves. The residents were accompanied at this time by Resident #2's daughter. In an interview conducted with Resident #2's daughter on . . . . . at approximately 11:05 AM, she stated she was visiting Resident #2 and passing time with the other residents while the Caregiver went inside the hotel room for an unknown reason. She stated Resident #2 and the other residents, have been living in the hotel since . . . . . and she was not aware of the true reason why the residents had to be relocated from the facility to the hotel room suite. She stated she did not receive a written 45-day notice prior to the relocation of Resident #2 from the facility to the hotel. In an interview conducted with Resident #2 on at approximately 11:10 AM, she stated she was not provided a written notification with	A 030		

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A 030	Continued From page 7 the true reason prior to her relocation from the facility to the hotel on . In an interview conducted with Resident #3 on at approximately 11:12 AM, she stated she was not provided a written notification with the true reason prior to her relocation from the facility to the hotel on . In an interview conducted with Resident #4 on at approximately 11:14 AM, she stated she was not provided a written notification with the true reason prior to her relocation from the facility to the hotel on . In an interview conducted with the Caregiver on at 11:15 AM, she stated she was required by Co-owner A to provide meals and personal care services to Residents #2, #3 and #4 while the residents lived in the hotel. She stated her current work schedule was 24 hours per day so that she may provide the same services to the residents as when they lived in the facility before . She stated the resident services provided included assistance/supervision with activities of daily living, medication assistance and cooking/serving of meals. In an interview conducted with Resident #1 and Resident #4's Case Manager on at 11:55 AM, she stated she became aware that Resident #1 was not living in the facility, but in a hotel room suite, when she was informed the resident was hospitalized on . She stated she received no prior notice for the relocation of Residents #1 and Resident #4 and she was not aware of the true reason why the residents had to be relocated from the facility to the hotel room suite on . She stated	A 030		

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A 030	Continued From page 8 Resident #1 was hospitalized for a [illegible] which was consistent with her previous condition and that the resident was placed in another facility after being in the hospital for a few days. In an interview conducted with Co-owner A on at 3:20 PM, she confirmed she did not provide Residents #1, #2, #3 or #4 a written 45-day notice of relocation or termination of residency from the facility before moving the residents to the hotel on . Class III	A 030		
CZ806	59A-35.040 FAC Change of Address 59A-35.040 License Required; Display. (1) A license is valid only for the licensee, provider, and location for which the license is issued as it appears on the license. (2) Any request to amend a license must be received by the Agency in advance of the requested effective date as detailed below. Requests to amend a license are not authorized until the license is issued. (a) Requests to change the address of record must be received by the Agency 60 to 120 days in advance of the requested effective date for the following provider types: 1. Birth Centers, as provided under Chapter 383, F.S., 2. Clinics, as provided under Chapter 390, F.S., 3. Crisis Stabilization Units, as provided under Chapter 394, Parts I and , F.S., 4. Short Term Residential Treatment Units, as provided under Chapter 394, Parts I and , F.S.,	CZ806		

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CZ806	Continued From page 9 5. Residential Treatment Facilities, as provided under Chapter 394, Part , F.S., 6. Residential Treatment Centers for Children and Adolescents, as provided under Chapter 394, Part , F.S., 7. Hospitals, as provided under Chapter 395, Part I, F.S., 8. Ambulatory Surgical Centers, as provided under Chapter 395, Part I, F.S., 9. Nursing Homes, as provided under Chapter 400, Part II, F.S., 10. Hospices, as provided under Chapter 400, Part , F.S., 11. Homes for Special Services as provided under Chapter 400, Part V, F.S., 12. Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S., 13. Prescribed Extended Care Centers, as provided under Chapter 400, Part VI, F.S., 14. Intermediate Care Facilities for the , as provided under Chapter 400, Part VIII, F.S., 15. Assisted Living Facilities, as provided under Chapter 429, Part I, F.S., 16. Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.; and, 17. Adult Day Care Centers, as provided under Chapter 429, Part III, F.S. (b) Requests to change the address of record must be received by the Agency 21 to 120 days in advance of the requested effective date for the following provider types: 1. Drug Free Workplace Laboratories as provided under Sections 112.0455 and 440.102, F.S., 2. Home Health Agencies, as provided under Chapter 400, Part III, F.S., 3. Nurse Registries, as provided under Chapter 400, Part III, F.S., 4. Companion Services or Homemaker Services	CZ806		

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CZ806	Continued From page 10 Providers, as provided under Chapter 400, Part III, F.S., 5. Home Medical Equipment Providers, as provided under Chapter 400, Part VII, F.S., 6. Health Care Services Pools, as provided under Chapter 400, Part IX, F.S., 7. Health Care Clinics, as provided under Chapter 400, Part X, F.S., including certificate of exemption, 8. Organ and Tissue Procurement Agencies, as provided under Chapter 381, F.S. (c) All other requests to amend a license including but not limited to services, licensed capacity, and other specifications which are required to be displayed on the license by authorizing statutes or applicable rules must be received by the Agency 60 to 120 days in advance of the requested effective date. This deadline does not apply to a request to amend hospital emergency services defined in Section 395.1041(2), F.S. (3) Failure to submit a timely request shall result in a $500 fine. (4) A licensee is not authorized to operate in a new location until a license is obtained which specifies the new location. Failure to amend a license prior to a change of the address of record constitutes unlicensed activity. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to request the Agency for Health Care Administration to amend its license by not requesting a change of address of record at least 60 days in advance from the effective date of the change.	CZ806		

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CZ806	Continued From page 11 The findings included: In an interview conducted with Co-owner A on at 9:45 AM, she stated that Residents #1, #2, #3 and #4 were relocated from the facility to a hotel room suite on due to construction repairs at the facility which required the residents to be moved out. She stated that Residents #2, #3 and #4 presently lived in the hotel along with the facility Caregiver, and Resident #1 was required to be hospitalized on and no longer lived there. She stated the hotel where the residents were relocated to was located in Plantation, Florida. In an observation of the hotel room suite where the residents lived on at 11:30 AM, this suite had 2 different bedrooms with a total of 3 queen-sized beds, 2 bathrooms, living room and kitchenette area. Further observation of the dresser cabinet in the hotel room living area at this time, revealed that Resident #2, #3 and #4's medications were being stored unsecured in the drawer. Review of Resident #2, #3 and #4 medication observation records dated from to revealed that each resident received their daily medications with assistance from the Caregiver and Co-owner A. In an interview conducted with Resident #1 and Resident #4's Case Manager on at 11:55 AM, she stated she became aware that Resident #1 was not living in the facility, but in a hotel room suite, when she was informed the resident was hospitalized on . She stated she was aware that Resident #4 was presently living in the hotel.	CZ806		

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CZ806	Continued From page 12 In an interview conducted with Co-owner A on at 3:20 PM, she stated she was told by Co-owner B on or about that the facility needed temporary repairs to be done and this required the residents to be moved out. She stated she did not question Co-owner B regarding the specific reason why the residents needed to be displaced out of the facility, and she arranged for Residents #1, #2, #3 and #4 to be moved from the facility to the hotel on . She stated she did not request the Agency to amend its facility license and she did not request for a change of the facility address of record at least 60 days in advance from the date which she moved the residents out of the facility. She stated she instead provided the Agency a same-day notification to represent that she moved the residents out of the facility and into the hotel on . Review of the email sent from Co-owner A to the Agency dated , revealed that the facility residents were going to be relocated to the hotel located in Plantation, Florida due to repairs at the facility. Review of the email sent from Co-owner A to the Agency dated revealed the facility residents remained at the hotel located in Plantation, Florida until further notice. In an interview conducted with Co-owner B on at 4:00 PM, she stated she was the facility property owner's agent responsible to negotiate the residential lease of the property with facility Co-owner A. She stated the lease agreement for the facility expired on and she notified Co-owner A of this in and again on by text message. She stated the facility had no rights to operate or have its residents be in the facility property after .	CZ806		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMLINS LUXURIOUS LIVING WEST INC	1813 SW 96 AVENUE MIRAMAR, FL 33025

(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
CZ806	Continued From page 13 Unclassified	CZ806		