

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969898	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/10/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSARIO 2 ASSISTED LIVING FACILITY INC

**3008 30 ST SW
LEHIGH ACRES, FL 33976**

(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 capacity increase survey was conducted on ... at Rosario 2 Assisted Living Facility Inc., an assisted living facility in Lehigh Acres, Florida. The following is description of the deficiency.	A 000		
A 151	59A-36.014(2) FAC Physical Plant - Existing Facilities (2) EXISTING FACILITIES. (a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S. (b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure compliance with the building code in effect for request for a capacity increase for 2 (# and #) of 2 rooms observed for capacity increase. The findings included: Review of the Florida building code Chapter 4, Section 464.4.4.2 revealed specification: "Resident bedrooms designated for multiple occupancy shall provide a minimum inside measurement of 60 square ... (6 square meters) of usable floor space per room	A 151		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 151	Continued From page 1 occupant." On at 1:40 p.m., . . . # measured 110 square . . . # measured 110 square . . . Rooms with two occupnats required a minimum of 120 square . . . The measurements were obtained with the facility's Administrator. She stated, "she thought rooms were big enough." Administrator Acknowledged the rooms did not meet requirement for multiple occupancy. Class III	A 151		