

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>AL11969305</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/26/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**AGING WORLD ALF, LLC**

**12201 SW 93RD ST  
MIAMI, FL 33186**

| (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 000                    | Initial Comments<br><br>A biennial survey was conducted on<br>at Aging World ALF LLC. The provider had<br>deficiencies at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 000               |                                                                                                                          |                          |
| A 031<br>SS=D            | 59A-36.007(6) FAC Resident Care - Third Party<br>Services<br><br>(6) THIRD PARTY SERVICES.<br>(a) Nothing in this rule chapter is intended to<br>prohibit a resident or the resident's representative<br>from independently arranging, _____, and<br>paying for services provided by a third party of the<br>resident's choice, including a licensed home<br>health agency or private nurse, or receiving<br>services through an out-patient clinic, provided<br>the resident meets the criteria for admission and<br>continued residency and the resident complies<br>with the facility's policy relating to the delivery of<br>services in the facility by third parties. The<br>facility's policies must require the third party to<br>coordinate with the facility regarding the<br>resident's condition and the services being<br>provided.<br>(b) When residents require or arrange for<br>services from a third party provider, the facility<br>administrator or designee must allow for the<br>receipt of those services, provided that the<br>resident meets the criteria for admission and<br>continued residency. The facility, when requested<br>by residents or representatives, must coordinate<br>with the provider to facilitate the receipt of care<br>and services provided to meet the _____<br>resident's needs.<br>(c) The administrator or designee must ensure<br>that:<br>1. Care coordination includes documented<br>communications about the resident's condition<br>and response to treatment or services ordered by<br>the physician which may impact the resident's | A 031               |                                                                                                                          |                          |

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AGING WORLD ALF, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12201 SW 93RD ST<br/>MIAMI, FL 33186</b> |                                                                                                                          |  |                                                        |
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| A 031                                                           | <p>Continued From page 1</p> <p>appropriateness for continued residency in the facility;</p> <p>2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and</p> <p>3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition.</p> <p>4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3.</p> <p>(d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review and interview, the facility failed to maintain documented communications about the resident's condition and response to treatment or services ordered by the physician</p> | A 031                                                                                |                                                                                                                          |  |                                                        |

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| A 031                                                           | Continued From page 2<br><br>which may impact the<br>resident's appropriateness for continued<br>residency in thensure. There was no written care<br>plan for administration for Resident #2 .<br><br>Findings:<br><br>Observation on at 6:04 AM found<br>Resident #2 in # .<br><br>Interviewed on at 6:04 AM when<br>asked if any residents were receiving<br>administration from a third-party service, Staff B<br>(Caregiver) stated, "yes, Resident #2."<br><br>A review of Resident #2' records found no written<br>order or nursing notes for administration,<br><br>Interviewed on at 11:54 AM when<br>asked about the third-party services care plan for<br>administration for Resident #2, the<br>Administrator stated that she has to get it and that<br>the nurse that usually comes around will have it.<br><br>Class III | A 031                                                                          |                                                                                                                          |                          |                                                        |
| A 052<br>SS=D                                                   | 429.256( . ); 59A-36.008(3) Medication -<br>Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of<br>medication includes: (a) Taking the medication, in<br>its previously dispensed, properly labeled<br>container, from where it is stored, and bringing it<br>to the resident. For purposes of this paragraph,<br>an syringe that is prefilled with the proper<br>dosage by a pharmacist and an that is<br>prefilled by the manufacturer are considered<br>medications in previously dispensed, properly                                                                                                                                                                                                                                                                                          | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                           | <p>Continued From page 3</p> <p>labeled containers.</p> <p>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.</p> <p>(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her</p> <p>(d) Applying ... medications.</p> <p>(e) Returning the medication container to proper storage.</p> <p>(f) Keeping a record of when a resident receives assistance with self-administration under this section.</p> <p>(g) Assisting with the use of a ... , including removing the cap of a ... , opening the unit dose of ... solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the ...</p> <p>(4) Assistance with self-administration of medication does not include:</p> <p>(a) Mixing, ... , converting, or ... medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                           | <p>Continued From page 4</p> <p>(c) Administration of medications by way of a tube inserted in a _____ of the body.</p> <p>(d) Administration of _____ preparations.</p> <p>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) Assisting with _____, or _____ preparations.</p> <p>(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.</p> <p>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br/>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.<br/>(b) In addition to the specifications of Section</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                           | Continued From page 5<br><br>429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.<br>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.<br>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.<br>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:<br>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,<br>2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,<br>3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                           | <p>Continued From page 6</p> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.</p> <p>(h) All trained staff must adhere to the facility's ..... control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review, interview, the facility failed to orally advise two out of six sampled residents (Residents #4 and 6) the names and dosages of their medications.</p> <p>Findings:</p> <p>Observation on ..... at 6:38 AM revealed that Staff B did not orally advise Resident #6 of the name and dosage of the medications given. Staff B also touched each medication with the latex gloves.</p> <p>A review of Resident #6's records found no medication waiver indicating that the resident opted out of being orally advised of the name and dosage of the medications.</p> <p>Observation on ..... at 8:19 AM revealed that Staff B did not orally advise Resident #4 of the name and dosage of the medications given. Staff B also touched each medication with the latex gloves.</p> <p>A review of Resident #4's records found no medication waiver indicating that the resident</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                           | Continued From page 7<br><br>opted out of being orally advised of the name and dosage of the medications.<br><br>Interviewed on _____ at 11:54 AM the Administrator acknowledged that the employee did not name the medication or dosage.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 052                                                                          |                                                                                                                          |                          |                                                        |
| A 055<br>SS=D                                                   | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or | A 055                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AGING WORLD ALF, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12201 SW 93RD ST<br/>MIAMI, FL 33186</b>                                     |                          |                                                        |
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| A 055                                                           | Continued From page 8<br><br>habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br><br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has ended, the administrator must return all | A 055                                                                          |                                                                                                                          |                          |                                                        |

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| A 055                                                           | <p>Continued From page 9</p> <p>medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).</p> <p>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.</p> <p>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to lock and secure the medication box in the refrigerator which was accessible to residents.</p> <p>Findings:</p> <p>Observation on ..... at 6:18 AM found the medication box in the refrigerator was unlocked. The box contained the ..... for Resident #2.</p> <p>Interviewed on ..... at 11:54 AM the Administrator stated that the nurse left the box unlocked.</p> <p>Class III</p> | A 055                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**AGING WORLD ALF, LLC**

**12201 SW 93RD ST  
MIAMI, FL 33186**

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| A 078                    | Continued From page 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 078               |                                                                                                                          |                          |
| A 078<br>SS=D            | <p>59A-36.010(2) FAC Staffing Standards - Staff</p> <p>(2) STAFF.</p> <p>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.</p> <p>1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . . .</p> <p>2. If any staff member has, or is suspected of having, a communicable . . . . ., such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . .</p> <p>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their</p> | A 078               |                                                                                                                          |                          |

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| A 078                                                           | <p>Continued From page 11</p> <p>responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff were capable of performing . . . . . ( . . . ) on a full coded residents in the event of an emergency.</p> <p>Findings:</p> <p>Interviewed on . . . . . at 10:04 AM, when asked how many . . . . . and breaths she would give to a . . . . . resident, Staff C (Caregiver) stated that she would give three</p> | A 078                                                                          |                                                                                                                          |                          |                                                        |

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| A 078                                                           | Continued From page 12<br><br>... and one breath.<br><br>A review of Staff C's personnel records showed a<br>hire date of _____ and current _____ card<br>dated _____<br><br>Interviewed on _____ at 11:54 AM the<br>Administrator stated that she (Staff C) was<br>nervous, and that she was surprised because she<br>(Staff C) had a medical background.<br><br>According to the American _____ Association,<br>"For healthcare providers and those trained:<br>conventional _____ using _____ and<br>_____ -to- _____ breathing at a ratio of 30:2<br>_____ -to-breaths."<br><br>Class III                                                                                                                                                                                                                                                                                                                      | A 078                                                                          |                                                                                                                          |                          |                                                        |
| 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 | A 200                                                                          |                                                                                                                          |                          |                                                        |

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| A 200                                                           | Continued From page 13<br><br>event of the loss of primary electrical power.<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 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 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>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>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 | A 200                                                                          |                                                                                                                          |                          |                                                        |

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| A 200                    | Continued From page 14<br><br>for a minimum of ninety-six (96) hours in the 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.<br>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.<br>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.<br>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.<br>(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 | A 200               |                                                                                                                          |                          |

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**12201 SW 93RD ST  
MIAMI, FL 33186**

| (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 15</p> <p>information regarding fuel source and fuel storage.</p> <p>1. Facilities must store minimum amounts of fuel onsite as follows:</p> <p>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.</p> <p>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.</p> <p>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.</p> <p>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.</p> <p>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.</p> <p>(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.</p> <p>(d) The acquisition and maintenance of a . . . . . monoxide alarm.</p> <p>(2) SUBMISSION OF THE PLAN.</p> <p>(a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.</p> <p>(b) Each existing assisted living facility that</p> | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AGING WORLD ALF, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12201 SW 93RD ST<br/>MIAMI, FL 33186</b>                                     |  |                                                        |
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| A 200                                                           | Continued From page 16<br><br>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 county emergency management agency for review and approval.<br>(3) APPROVED PLANS.<br>(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.<br>(b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to <a href="mailto:assistedliving@ahca.myflorida.com">assistedliving@ahca.myflorida.com</a> .<br>(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 county emergency management agency and update within ten (10) business days of implementation.<br>(4) IMPLEMENTATION OF THE PLAN.<br>(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan | A 200                                                                          |                                                                                                                          |  |                                                        |

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| A 200                                                           | Continued From page 17<br><br>required under this rule.<br>(b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.<br>(c) 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.<br>(5) POLICIES AND PROCEDURES.<br>(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 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 | A 200                                                                          |                                                                                                                          |  |                                                        |

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| A 200                                                           | <p>Continued From page 18</p> <p>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.</p> <p>(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.</p> <p>(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 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</p> | A 200                                                                          |                                                                                                                          |  |                                                        |

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| A 200                                                           | <p>Continued From page 19</p> <p>been granted, each resident and the resident's legal representative:</p> <ol style="list-style-type: none"> <li>1. Upon the initial submission of the plan to the county 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> <li>3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan.</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: Based on record review and interview, the facility filed to provide documentation of an approved emergency power plan (EPP).</p> <p>Findings:</p> <p>A record review of the emergency power plan showed no documentation of approval from the local emergency management agency.</p> <p>Interviewed on ..... at 11:54 AM the Administrator stated that she had to look for it.</p> <p>Class III</p> | A 200                                                                          |                                                                                                                          |                          |                                                        |

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