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
	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

(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
CZ809	59A-35.062(3)(e)&(7);408.803(7) &.810(8) Proof of Financial Ability to Operate 59A-35.062 Proof of Financial Ability to Operate. (3) Definitions. The following definitions apply to this section for proof of financial ability to operate. (e) "Financial instability" means the provider cannot meet its financial . Evidence such as the issuance of bad checks, an accumulation of delinquent bills, or inability to meet current payroll needs shall constitute prima facie evidence that the ownership of the provider lacks the financial ability to operate. Evidence shall also include the Medicare or Medicaid program's indications or determination of financial instability or fraudulent handling of government funds by the provider. 408.803 Definitions.-As used in this part, the term: (7) "Controlling interest" means: (a) The applicant or licensee; (b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or (c) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member. 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.	CZ809		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ809	Continued From page 1 (8) Upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes, and applicable rules. The agency shall establish standards for this purpose, including information concerning the applicant's controlling interests. The agency shall also establish documentation requirements, to be completed by each applicant, that show , provider revenues and expenditures, the basis for financing the , cash-flow requirements of the provider, and an applicant's access to contingency financing. A current certificate of authority, pursuant to chapter 651, may be provided as proof of financial ability to operate. The agency may require a licensee to provide proof of financial ability to operate at any time if there is evidence of financial instability, including, but not limited to, unpaid expenses necessary for the basic operations of the provider. An applicant applying for change of ownership licensure is exempt from furnishing proof of financial ability to operate if the provider has been licensed for at least 5 years, and: (a) The ownership change is a result of a corporate reorganization under which the controlling interest is unchanged and the applicant submits organizational charts that represent the current and proposed structure of the reorganized corporation; or (b) The ownership change is due solely to the of a person holding a controlling interest, and the surviving controlling interests continue to hold at least 51 percent of ownership after the change of ownership. 59A-35.062 Proof of Financial Ability to Operate.	CZ809		

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CZ809	Continued From page 2 (7) An applicant for renewal of a license shall not be required to provide proof of financial ability to operate, unless the licensee or applicant has demonstrated financial instability. If an applicant or licensee has shown signs of financial instability, as provided in Section 408.810(9), F.S., at any time, the Agency may require the applicant or licensee to provide proof of financial ability to operate by submission of: (a) AHCA Form 3100-0009, , Proof of Financial Ability Form, that includes a balance sheet and income and expense statement for the next 2 years of operation which provide evidence of having sufficient assets, credit, and projected revenues to cover liabilities and expenses; and, (b) Documentation of correction of the financial instability, including but not limited to, evidence of the payment of any bad checks, delinquent bills or liens. If complete payment cannot be made, evidence must be submitted of partial payment along with a plan for payment of any liens or delinquent bills. If the lien is with a government agency or repayment is ordered by a federal or state court, an accepted plan of repayment must be provided. This Statute or Rule is not met as evidenced by: Based on observations, and interview, the facility failed to show proof of financial ability to operate. The facility was in great disrepair, having a leaking roof, faulty air conditioning, mold growth, a faulty fire alarm system, and other unaddressed repair needs. The facility had to be evacuated in the of an impending tropical storm due to the longstanding unsafe conditions. Findings included: On , observations during a facility	CZ809		

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CZ809	Continued From page 3 walk-through from 7:19 am through noon revealed there was an open patio with an awning (missing canopy) leading to a rear building with the dining room, kitchen and resident rooms. Multiple ceiling tiles on the entrance to building #2 and the dining room were saturated with water and covered with dark, mold-like stains. Observation showed that water was leaking from the ceiling on the resident tables in the dining room. Further observation showed water was dripping from a light fixture that was from the ceiling and was hanging from the wiring. (Photographic evidence obtained) Observation on at 10:00 AM showed that Resident 21 was sitting in the dining room drinking coffee while water was dripping on his table from a leak on the ceiling. Observation at 9:58 AM showed the following, in addition to other problems with the facility's state of repair, further detailed in citation A 0152: A dining room ceiling tile in one of the areas showing water leaks on the floor immediately after a resident walked below the area. Further observation showed that the exposed wood trusses and the inside of the roof were wet, and water was visibly running to other areas inside (Photographic evidence obtained) The ceiling plaster was , and pieces were falling due to water intrusion from the roof in (Photographic evidence obtained). There was water dripping from the ceiling onto the residents' beds in (Photographic evidence obtained).	CZ809		

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CZ809	Continued From page 4 There were water-damage stains on the ceiling and dark stains resembling mold inside the closet in # . Further observation revealed that water was dripping from the ceiling on top of the Resident's bed. Further observation showed stained, dirty tiles and grout, and a rusty, metal safety bar in the bathroom shower (Photographic evidence obtained). There were mold-like stains on the walls in , , , 12, 12, 12, 16 and 19 and inside a bathroom serving (Photographic evidence obtained). The sink in the bathroom servicing # was loose, at risk of falling and leaking water. Further observation showed mold like stains on the ceiling and on wood moldings. A review of the facility's Department of Health's group care inspection report dated deemed "Unsatisfactory" revealed the following: "Violation #17-Maintenance. Observed ceiling tiles water damaged with mold-like substance in , , , 19, and 21. Bathrooms beside and in dining room" (Photographic evidence obtained) Interviewed on at 10:52 AM when asked about the water leaks present throughout the facility the Administrator stated, "The owner of the building took some pictures to get an estimate to repair the roof. I am waiting for the estimate. We have been telling them about the leaks; we changed the ceiling tiles. It has been leaking for a couple of months. I called them today about the condition of the roof, to put a plastic cover. I told him about the leaking sinks, and he said he would fix them" The Administrator stated that she did	CZ809		

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CZ809	Continued From page 5 not have a maintenance log or a repair check list. She stated, "When they tell me there is a problem, I come and check it. There is no maintenance staff, just housekeeping." Interviewed on at 11:51 AM the property management maintenance supervisor stated, "I do the maintenance of the building. They called me about a week ago about the roof leaks and we will be there in the next two days to repair the leaks; we are behind schedule because of the rain. We are not going to put a tarp on the roof, it will not solve the problem. I don't know about replacing the roof. Replacing the roof is another story. We will fix the leaks in the next two days; it will be fixed by Friday." Interviewed on at 10:55 AM when she was asked about the mold-like stains inside the resident rooms, the Administrator stated that she was not aware of it and that the facility had never been tested for mold. Interviewed on at 11:31 AM Resident 21 stated that his room had a water leak in the ceiling for about a year and a half. He stated, "In my room where the stain is, for about a year and a half. Here in the dining room too." On the dining room there was water-stained ceiling tiles, on several spots. Old moldy black stains. Water leaked from the ceiling on a resident table in the dining room. A water leak from a light fixture on the ceiling. The light fixture was from the ceiling, hanging from the wiring. Dirt-caked, stained air conditioner duct outlets. On at 12:29 PM during an interview with Resident #1 he stated, "it's been a while that the	CZ809		

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CZ809	Continued From page 6 ceiling has been leaking. I moved my bed to avoid the water leaking on it. No one haven't come by to fix it." (sic) On at 10:52 AM it was requested from the Administrator the Bank Statements and Maintenance expenses from the prior 3 months. The Administrator did not provide them. A review of the ALF's (Assisted Living Facility) monthly income/expense report for the prior three months and two out of the three months the profit was approximately $2,000.00. Unclassified	CZ809		

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A 000	Initial Comments A re-licensure survey, a with limited mental health component, and a generator monitoring was conducted at Nightingale Manor on to . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=J	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide appropriate supervision and maintain awareness of the general health, safety and wellbeing of 1 out of 22 sampled residents (Resident#14). Resident 14 spent an unknown number of days living on the streets outside the facility, not adhering to his medication regimen, and not receiving medical care for serious and health issues. Resident 14 also had multiple hospitalizations with life threatening conditions and was brought into the hospital by police for concerns of neglect when found laying on the street.	A 025		

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A 025	Continued From page 2 Findings included: A review of Resident 14's hospital record dated showed he was brought to the emergency department with chief complaint of right- to the left temple and upper status post mechanical when he slipped in the shower while not wearing his bath slippers. The Resident was discharged from the hospital emergency department on with instructions to follow up with PCP (Primary Care Physician) and given return instructions for suture removal. A review of Resident 14's hospital record dated showed that he was brought to the emergency department by police under the for concern of self-neglect. Further review of the hospital record showed, "The Resident stated that he is wheelchair bound but he had his wheelchair stolen and has been sitting on the ground ever since. The police stated that he was found lying on the ground on himself. Patient lives at [ ]" Further review revealed consult notes showing that the Resident reported that he lived at [ALF] but spends several days of the week outside of there, he only receives his medication when he is at the ALF (assisted living facility) , he is unsure which medication he should be taking and reports difficulty obtaining and adhering to his medication regimen." Further review of the hospital record revealed a evaluation showing that the Resident reported that someone on the streets had stolen his wheelchair, he was sitting on the floor for two days and that sometimes people in the streets tried to hurt him. Further review showed a hospital discharge date of with diagnoses of right upper extremity hematoma, acute	A 025		

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A 025	Continued From page 3 loss, , , in the setting of hematoma and orders for DME mobility (durable medical equipment, standard wheelchair) The Resident was discharged from the hospital with instructions to follow up with , and PCP and " Repeat level in 1 week." A review of Resident 14's hospital record dated showed that the Resident was brought to the hospital emergency department via emergency medical services in acute distress with , difficulty breathing and history of high , . Further review of the hospital record showed the Resident was poorly groomed, unhygienic and smelling of , he was placed in the room and subsequently admitted for internal medicine. Further review showed the Resident was discharged on with diagnoses of flash , , , right lower quadrant , , hypertensive emergency, , , failure with , and , secondary to , , .The Resident was discharged from the hospital emergency department with instructions to follow up with PCP in 5 days. A review of Resident 14's hospital record dated showed the Resident presented to the hospital emergency department complaining of extreme and aphasia. (emergency medical services) endorsed he had difficulty walking and slurred speech and he was admitted to ( ). The hospital discharge summary dated showed," male with with history of , , sent to the hospital following a with (left) arm and , , discharged to ALF (assisted living facility)". The Resident was discharged from the	A 025		

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A 025	Continued From page 4 hospital with instructions for precautions, daily physical and/or , , , stockings, monitor hemoglobin/ , and "Keep over 7." A review of Resident 14's hospital records dated showed that the Resident presented to the hospital emergency department with a medical history of, homelessness and complaint of left and for approximately one year and was admitted to Internal Medicine for , control and ( ) for severe of the left . The Resident was discharged from the hospital with instructions to "follow up with your PCP in 3 days." Further review of the hospital record dated showed the Resident was homeless, unkept and smelled of . Discharge date was with diagnoses of , homelessness and of (left) . According to the Cleveland Clinic " , , or high count, can indicate a range of conditions including and ." According to the Mayo Clinic " is a serious skin . If left untreated the can spread to the , and bloodstream and rapidly become life threatening." According to the Mayo Clinic Hypertensive Crisis (Emergency) is a sudden severe increase in , and is a medical emergency that can lead to , or other life-threatening problems. Forgetting to take high , medications and stopping certain	A 025		

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A 025	Continued From page 5 medications can cause hypertensive crisis. According to the Cleveland Clinic " is a buildup of fluid in the can be life threatening and requires immediate attention." Observation on at 7:45 AM of # where Resident 14 lived showed a strong smell of inside the room. Observation on at 8:35 AM showed Resident 14 was sitting in the lobby. Further observation showed that the Resident did not have an assistive device. Observation on at 10:00 AM showed that Resident 14 was shuffle walking with difficulty in the dining room. Further observation showed the Resident was not using an assistive device. Interviewed on /024 at 10:35 AM the Administrator stated, "Resident 14 is not , he is independent with all his ADLs" (Activities of daily living). Interviewed on at 12:11 PM the Assistant Administrator stated, "All the residents ambulate on their own. Some use walkers, no wheelchairs and nobody needs assistance to ambulate or transfer." A review of Resident 14's health assessment dated showed diagnoses of , flash , and . Physical limitations showed he had none. status showed alert and oriented to time, person and place. Nursing/ /treatment requirements showed he had none. Special precautions showed he	A 025		

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A 025	Continued From page 6	A 025		

had none. ADLs (Activities of daily living) showed that he needed supervision for ambulation, bathing. , eating, self-care, toileting and transferring. Needed assistance with self-administration of medication.

Further review of Resident 14's record showed no documentation of assistive devices.

A review of Resident 14's progress notes showed:

- "Resident returned to the facility"
- "While visiting with friends resident experienced . Resident was transported and admitted to [hospital] PCP was notified"
- "Resident returned to the facility"
- "Resident was admitted to [hospital]"
- "Resident complained of and was transported to [hospital] for evaluation"
- "Resident has returned to the facility"
- "After Resident did not return from visiting with friends a search was conducted, local hospitals were called, and the Resident was found in [jail]
- "Resident has returned to the facility"
- "Resident was feeling very weak and was taken to [hospital] He was admitted for evaluation"

Interviewed on at 9:35 AM Resident 14's PCP (Primary care physician) stated "I last saw him in , . He has behavioral, issues and he was challenging for the facility. The facility reported that he was not at the facility. He and sometimes he would not come . He was not compliant with primary care; he was more consistent with mental health. I know that he has been at [hospital], but I was not aware of the reason for

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(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 025	Continued From page 7 the hospitalization." Interviewed on at 10:30 AM when asked how long Resident 14 was missing before the police were contacted the Administrator stated that she did not know and asked for time to review records. The Administrator later stated that the police were contacted on . When she was told that the Resident was in the hospital on that day she stated, "I don't know, I don't have the record of when he left the facility. We did not send him to the hospital" A review of copies of the facility's resident sign in/sign out log of showed no documentation that Resident 14 had signed out of the facility. Class I	A 025		
A 026 SS=F	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the	A 026		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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A 026	Continued From page 8 facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide 22 out of 22 sampled residents with social & leisure activities (Residents # 1,2,3,4,5,6,7,8,9.10,11,12,13,14,15,16,17,18,19,20,21,22). Findings Included: A review of the bulletin board where facility documents were posted, and a review of other facility records revealed no documentation of an activity schedule. Observation on at approximately 8:12 am revealed several of the residents were sitting out on the patio between buildings #1 and #2, smoking cigarettes.	A 026		

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A 026	Continued From page 9 Observation on at 12:19 PM revealed that no resident activities had been observed. In an interview on at 10:05 AM- Resident # 21 stated , "There are no activities here." In an interview on at 11:46 am Residents # 2 & #15, while awaiting lunch, were asked about daily activities and both residents stated there were no activities. Resident #2 also stated "what you see us doing right now is what we do all day". Class III	A 026		
A 027 SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assist in arranging health care services for 1 out of 22 sampled	A 027		

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A 027	Continued From page 10	A 027		

residents (Resident #14). The facility failed to coordinate follow up medical care after the Resident was discharged from the hospital (Resident#14).

Findings Included:

A review of Resident 14's hospital record dated showed that he was brought to the emergency department by police under the for concern of self-neglect. Further review of the hospital record showed, "The Resident stated that he is wheelchair bound but he had his wheelchair stolen and has been sitting on the ground ever since. the Resident reported that he lived at [ALF] but spends several days of the week outside of there, he only receives his medication when he is at the ALF, he is unsure which medication he should be taking and reports difficulty obtaining and adhering to his medication regimen. the Resident reported that someone on the streets had stolen his wheelchair, he was sitting on the floor for two days and that sometimes people in the streets tried to hurt him. Further review showed a hospital discharge date of with diagnoses of right upper extremity hematoma, acute loss, in the setting of hematoma and orders for DME mobility (durable medical equipment, standard wheelchair). The hospital record further stated that the resident should follow up with and his PCP, and to repeat his level in one week. There was no documentation that this follow up had occurred.

A review of Resident 14's hospital record dated showed he was brought to the emergency department with chief complaint of right- to the left temple

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A 027	Continued From page 11 and upper , status post mechanical when he slipped in the shower while not wearing his bath slippers. The Resident was discharged from the hospital emergency department on with instructions to follow up with PCP and given return instructions for suture removal. There was no documentation that this follow up had occurred . A review of Resident 14's health assessment dated showed diagnoses of , flash , and . Physical limitations showed he had none. status showed alert and oriented to time, person and place. Nursing/ /treatment requirements showed he had none. Special precautions showed he had none. The resident needed supervision for ambulation, bathing, , eating, self-care, toileting and transferring, and needed assistance with self-administration of medication. Further review of Resident 14's record showed no documentation that the Primary Care Physician had been notified after the Resident was in the hospital on , and Observation on at 9:00 am showed that Resident#14's sheets were wet and there was an odor resembling in his room. Observation on at 10:00 AM showed that Resident 14 was shuffle walking with difficulty in the dining room. Further observation showed the Resident was not using an assistive device. Observation on at 10:00 AM showed that Resident 14 was shuffle walking with difficulty in the dining room. Further observation showed	A 027		

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A 027	Continued From page 12 the Resident was not using an assistive device. Interviewed on /024 at 10:35 AM the Administrator stated, "Resident 14 is not , he is independent with all his ADLs" (Activities of daily living) Interviewed on at 12:11 PM the Assistant Administrator stated, "All the residents ambulate on their own. Some use walkers but no wheelchairs and nobody needs assistance to ambulate or transfer." Interviewed on at 9:35 AM Resident 14's PCP (Primary care physician) stated "I last saw him in . He was not compliant with primary care; he was more consistent with mental health. I know that he has been at [hospital], but I was not aware of the reason for the hospitalizations." Interviewed on at 10:30 AM regarding a hopsitalization on , when asked how long Resident 14 was missing before the police were contacted the Administrator stated that she did not know and asked for time to review records. The Administrator later stated that the police were contacted on . When she was told that the Resident was in the hospital on that day she stated, "I don't know, I don't have the record of when he left the facility. We did not send him to the hospital" Class II	A 027		
A 030 SS=I	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 13 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 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;	A 030		

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A 030	Continued From page 14 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and . ; 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 . (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 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	A 030		

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A 030	Continued From page 15 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 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	A 030		

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A 030	Continued From page 16 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 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	A 030		

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A 030	Continued From page 17 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 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	A 030		

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A 030	Continued From page 18 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 ensure residents lived in a safe and decent living environment, treated with consideration, respect and recognition of their personal dignity and individuality for 22 out of 22 (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10,11,12,13,14,15,16,17,18,19,20,21,22) sampled residents. The facility also failed to have a written grievance procedure for receiving and responding to resident complaints and a written procedure to recommend changes to the facility policy and procedures. Findings included: On at 7:20 AM observed the facility had roof and plumbing leaks in the resident rooms and common areas. The facility had a	A 030		

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A 030	Continued From page 19 faulty fire alarm and fire sprinkler systems, a broken air conditioning unit and mold like stains throughout the residents' living areas. On at 7:37 AM Resident #16 was observed in # lying in bed. Observation showed water on the bathroom floor, no shower curtain, a falling popcorn ceiling with water stained, and a rusty refrigerator. Resident #16 stated, "I have lived here for 20 years. There is water on the floor because there is no shower curtain." On at 7:47 AM observed in # pants hanging from outside of the bedroom door. Resident #17 stated, "The door lock doesn't work, if I close it, it locks me in the room, I have to go out through the bathroom to the other room. That is why I hang the pants on the door." Observed the bathroom door was delaminating on the bottom and the doorknob was broken and it would not lock. There was no soap in the bathroom and there was a stained and discolored toilet seat. On at 7:54 AM observed in # broken window blinds and a bed sheet covering the window. Resident #13 stated, "It's been like that probably about 3 months. There is a guy here, [Resident #14] in a wheelchair. He brings outside people here. One guy tried to sell me drugs, weed. Another guy here picks on me. He uses a wheelchair and is always yelling at me with insults. He is always provoking me and always with the daily insults. It's like he is trying to humiliate me. I have told them [staff] about it. I don't know if they talk to them or did anything about it." On at 8:13 AM observed an open patio	A 030		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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A 030	Continued From page 20 with an awning (no canopy/cover) leading to a rear building through the dining room, kitchen and resident rooms. Residents were observed sitting on the patio in the rain. Resident #1 stated, "Rain or shine we sit out here like this." Resident #2 stated, "It always been this way. They are not going to fix it. This is how it is." (sic) Resident 13 stated, "It's been like that since I came. If it's too hot I go to my room. If its rain, I stay sometime to smoke and then go to my room." Resident #15 stated, "It's always been like this, that we just come and sit. Nothing's going to be done about it even if we complain." Resident #16 stated, "I smoke out here every day, yes it's raining, this is the only place I come out to smoke." A review of facility records found no documentation of a written grievance procedure or policy, and no documentation of facility procedures for receiving and responding to resident complaints or for residents to recommend changes to the facility policy and procedures. On at 8:45 AM observed # had a broken light switch and an electrical outlet cover. Resident #20's bed had cigarette in the sheets, the mattress was partially covered, and the blanket was ragged. On at 8:50 AM Resident #2 was observed in a dark room with a light fixture that would not turn on. Resident #2 was asked how long has the light not worked? He stated, "It's been a few days." Observation on at 10:00 AM showed that Resident #21 was sitting in the dining room	A 030		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 030	Continued From page 21 drinking coffee and water was falling on the table from a leak in the ceiling which had left a large pool of water on the plastic tablecloth. In an interview on at 1:30 PM, Staff D stated, " I have not been here long. I am the housekeeper. I clean the room, but I do everything by myself. Another staff comes in on the days that I am off, and she works by herself. If I need supplies, I let the administrator know. I help the residents if they ask for assistance. To clean I have the bleach and the degreaser, and the mop. This is all we have. They do not have anything else. If they complain about something or have damage in their room. I report it to the administrators." In an interview on at 2:10 PM, the Administrator stated regarding the conditions throughout the facility, "I have not seen it but was only aware of one sink leaking. We have one person for the day to clean. The clog toilet could've happened today, and I was not aware. I do not have a maintenance log of what's happening with daily operations in the facility. If there are issues, I receive verbal report from the Assistant Administrator. He gives me the notes, and I read them then throws them away. I do not check the room every day, I am here four days a week." Class II	A 030		
A 052 SS=G	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of	A 052		

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A 052	Continued From page 22 medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (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. (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 . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (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 . (4) Assistance with self-administration of medication does not include:	A 052		

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A 052	Continued From page 23 (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. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a ␣ of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or ␣ preparations. (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. (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. (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. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be 18	A 052		

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A	Continued From page 24 , ⌄ 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. (b) In addition to the specifications of Section 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. (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. (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. (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: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 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, 3. The medication may be transferred to a pill	A 052		

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A 052	Continued From page 25 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 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (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. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to store prescription drugs for assistance with self-administration. Pre-poured medications from cups not labeled with residents' names were dispensed by direct care staff person for nine out of 22 (Residents #2, 8, 9, 10, 13, 14, 15, 18 and 22). Findings included: On at 7:23 AM, observed on top of the table three small cups with pre-poured tablets inside with Residents #2 and 14's names written them. In a draw of the table was observed nine cups of pre-poured medications with no resident names and no medication names identifying the pills..	A 052		

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A 052	Continued From page 26 According to the Assistant Administrator, the unidentified medications belonged to Residents #8, 9, 10, 13, 14, 15, 18 and 22. (photographic evidence taken). On at 7:25 AM observed the Assistant Administrator Resident #14 the cup of medications and read the medication sheet to let him know what the medications were. He then initial the medication sheet as given. On at 7:27 AM Assistant Administrator stated, regarding the pre-poured medications, "I poured them out because I was doing allowance. I work from 6 AM to 2 PM. I can tell who medications belong to. I know then, because I have been working here for 20 years." A review of the Assistant Administrator's personnel record showed the certificate reflecting 4 hours of training on assistance with self-administration of medication dated and the two hours in continuing education dated on . A review of the health assessments for Residents #2, 8, 9, 10, 13, 14, 15, 18 and 22 showed that the residents needed assistance with self-administration of medication A review of Resident #8 's Medication Observation Record (MOR) showed the following medications were scheduled for 8 AM: 20 mg, , 10mg, 25 mg, , 50 mg, , 1 mg, A review of Resident # 9's MOR showed the following medications were scheduled for 8 AM: , 1 mg, 160 mg, 1000 mcg, D 25 mcg,	A 052		

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A 052	Continued From page 27 1000 mg. A review of Resident # 10's MOR showed the following medications were scheduled for 8 AM: 40 mg, 500 mg, 25 mg, 37.5 mg, 5 mg, and 10 mg. A review of Resident #13's MOR showed the following medications were scheduled for 8 AM: 160 mg, 40 mg, 500 mcg, 25 mcg, 4 mg, 500 mg, 199 mg, 500 mg, 30 mg. A review of Resident #14's MOR showed the following medications were scheduled for 8 AM: 50 mg, 20 mg, 325 mg, 100 mg, 5 mg, 40 mg, 50mg, 500 mg. A review of Resident #15's MOR showed the following medications were scheduled for 8 AM: 20 mg, 1 mg. A review of Resident #18's MOR showed the following medications were scheduled for 8 AM: 40 mg, 25 mg, 20 mg, 5 mg, 20 mg, 50 mcg, 10 mg. A review of Resident #22's MOR showed the following medications were scheduled for 8 AM: 5 mg. A review of health assessments revealed:	A 052		

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A 052	Continued From page 28 Resident #2- needed supervision with ambulation, self-care and toileting, needed assistance with bathing and . . . ب, independent with eating and transferring, and needed assistance with self-administration of medications. Resident #7- needed assistance with self-administration of medications. Resident #8- needed supervision with bathing, ب, self-care, needed assistance with self-administration of medications. Resident #9- needed assistance with self-administration of medications. Resident #10- needed supervision with bathing, ب, needed assistance with self-administration of medications. Resident #14- needed supervision with bathing, . . . ب, and self-care, needed assistance with self-administration of medications. Resident # 15- needed assistance with grooming, supervision with ambulation, bathing, ب, eating, toileting and transferring. Needed assistance with self-administration of medication. Resident #18- needed assistance with self-administration of medications. Resident #22- needed supervision with bathing, ب, self-care, toileting ; needed assistance with self-administration of medications. On at 9:35 AM the Administrator stated, "He knows that he should not be pre pouring the medications. That is not an excuse."	A 052		

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A 052	Continued From page 29 Class II	A 052		
A 055 SS=F	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (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. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 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; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission	A 055		

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A 055	Continued From page 30 as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be; 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 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; 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, 4. Kept separately from the medications of other residents and properly closed or sealed. (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. (e) When a resident's stay in the facility has ended, the administrator must return all 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	A 055		

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 055	Continued From page 31 with paragraph (f). (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. (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. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep all prescribed and over the counter medications properly stored in a locked medication cabinet, room, medication cart or other locked storage receptacle, room, or area at all times for seven of 22 sampled residents. The facility failed to keep medications separate from those of other residents, properly sealed or closed. (Residents #12, #2, #5, #19, #7,#11, #10). Findings Included: Observation on at 8:33 am in , where Resident #12 lived showed medications on dresser (2% prescription cream and shampoo, prescribed , Solution, and an inhaler and Salmeterol) and over the counter medication (Whole , Husks, Liquid aminos, , Complete , Organic Hemp Protein Powder) in an unlocked cabinet easily accessible to anyone entering the room. A review of the health assessment showed Resident #12 needed assistance with	A 055		

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A 055	Continued From page 32 self-administration of medications. Observation on at 8:47 am in B revealed Resident #2's over the counter meds Hydrophilic (EQV , ,) top on the dresser. A review of the health assessment showed Resident #2 needed supervision with ambulation, self-care and toileting, needed assistance with bathing and , independent with eating and transferring, and needed assistance with self-administration of medications. Observation on at 8:41 am # - revealed Residents #5 and #19, not in the room. Medications (1% Lotion, , Mini-Lozenge, and patches) on the shelf and plastic cabinet inside the closet. A review of the health assessments showed Residents #5 and #19 needed assistance with self-administration of medications. Observation on at 8:45 am in # -revealed Resident #7's, Medication prescribed Hydrophilic (EQV , ,) top . A review of the health assessment showed Resident #7 needed assistance with self-administration of medications. Observation on at 9:06 am in # revealed Resident #11's, Prescription medication Polacrilex 4 mg mini lozenges on top of the dresser. A review of the health assessment showed Resident #11 needed assistance with self-administration of medications. Observation on at 9:23 am , revealed Resident #10's OTC (over the counter)	A 055		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 055	Continued From page 33 medications on the bed, CVS Health Itch Relief Cream, , , Itch Relief , Voltaren). A review of the health assessment showed Resident #10 needed assistance with self-administration of medications. In an interview on at 8:11 am when the Administrator was asked about the resident in 's unlocked over the counter medication stored in the cabinet, she didn't respond, but asked the resident , "where is your key to lock the cabinet?" The resident stated, "I lost it". Class III	A 055		
A 077 SS=L	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 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. 429.52 (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	A 077		

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A 077	Continued From page 34 of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of 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. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 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, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. 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.	A 077		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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A 077	Continued From page 35 (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: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (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. (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	A 077		

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A 077	Continued From page 36 may not , serve as an administrator of any other facility. (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: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have an administrator capable of handling the operation and maintenance of the facility, including the management of the physical environment, staff and the provision of appropriate care to 22 of 22 sampled residents (Residents # 1,2,3,4,5,6,7,8,9.10,11,12,13,14,15,16,17,18,19,2 0,21,22). Finding included: 1) Physical Plant On through at 7:00 AM to 4 PM the residents were observed living in unsafe conditions including a leaking roof, the presence of mold, a , fire alarm and sprinkler system, and other conditions encompassing general disrepair and a lack of cleanliness, detailed in the citation regarding Physical environment deficiencies (A0152) under the supervision of the Administrator. On at 7:19 AM the facility was	A 077		

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A 077	Continued From page 37 observed with two staff (Staff B & C) members onsite with a census of 22 residents. The Administrator arrived at 9:29 AM. A database search revealed that the Administrator was the controlling Interest and Chief Financial Officer since . Review of the Administrator's personnel record showed that the job application was dated . Further review of the record showed the job position and description was listed as "Administrator". In an interview on , the Administrator was asked how she ensured that the residents rooms were not dirty or in disrepair, that repairs had been made, and resident areas were kept clean. The Administrator stated," [the Assistant Administrator] would let me know verbally if there were any issues." However, she further stated she was not aware of the rooms that were leaking and had discoloration and evidence of a leak had occurred in the ceiling and in the bathrooms. She stated, "I do not go into the resident's rooms." On at 10:52 AM, the Administrator stated that the roof had been leaking for a couple of months. She stated, "I do not have a maintenance person in the facility. I have a handyman who I can call to fix and paint the rooms right now. I have one housekeeper who cleans all the rooms, and she is doing it now. The owner of the building took some pictures for an estimate to repair the roof. I am waiting for the estimate. We have been telling them about the leaks; we changed some of the ceiling tiles. It has been leaking for a couple of months. I called them today about the condition of the roof, to put a plastic cover on the roof."	A 077		

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A 077	Continued From page 38 On at the Administrator stated after physical tour of resident's rooms with state agency representatives, "I was not aware of all of these issues." 2) Emergency Management On at 10:39 AM when the Administrator was asked to implement the facility's emergency response plan and evacuate residents because Miami-Dade County was under a Tropical Storm warning and the unsafe conditions of the facility, the Administrator appeared to be uncertain about how to implement the plan, and Staff B, D, E and G were observed receiving no guidance on their emergency evacuation procedures. When asked where she would evacuate the facility residents to, she stated that one of her evacuation sites was at capacity, and said, " I can get a hotel for them." When asked if her staff would be able to adequately provide supervsion or assistance in that environment, she stated she was unclear about what other licensed facilities could accommodate the residents, and that she would contact her consultant and the county's emergency management representative. She further stated that the transportation outlined in her emergency plan was not available. In the interest of time she eventually obtained ride-sharing services to assist in transporting the residents to evacuation sites. Observations on during the evacuation process revealed that there was insufficiently trained staffing onsite to supervise and also transport the residents to different locations. The residents were unable to transport themselves without assistance from facility staff. On /4 at 9:55 AM the Administrator stated,	A 077		

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A 077	Continued From page 39 regarding the evacuation plan and process, "I have received the emergency plan training. I received the trainings two to three years ago with consultant and also with the emergency plan department that includes the power loss the training. I train all of the staff in the facility; I give them the trainings once a year. When a new employee comes in, I train them and also do the yearly training." 3. Resident Supervision a. A review of Resident 14's hospital record dated showed he was brought to the emergency department with chief complaint of right- , to the left temple and upper , status post mechanical when he slipped in the shower while not wearing his bath slippers. A review of Resident 14's hospital record dated showed that he was brought to the emergency department by police under the for concern of self-neglect. Further review of the hospital record showed, "The Resident stated that he is wheelchair bound but he had his wheelchair stolen and has been sitting on the ground ever since. The police stated that he was found lying on the ground in his own . A review of Resident 14's hospital record dated showed that the Resident was brought to the hospital emergency department via emergency medical services in acute distress with , difficulty breathing and history of high , . Further review of the hospital record showed the Resident was poorly groomed, unhygienic and smelling of ,	A 077		

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A 077	Continued From page 40 he was placed in the room and subsequently admitted for internal medicine. A review of Resident 14's hospital record dated showed the Resident presented to the hospital emergency department complaining of extreme and aphasia. (emergency medical services) endorsed he had difficulty walking and slurred speech and he was admitted to ( ). A review of Resident 14's hospital records dated showed that the Resident presented to the hospital emergency department with a medical history of, homelessness and complaint of left , and , for approximately one year and was admitted to Internal Medicine for , , control and ( ) for severe of the left . A review of Resident 14's progress notes showed: - "Resident returned to the facility" - "While visiting with friends resident experienced . Resident was transported and admitted to [hospital] PCP was notified" - "Resident returned to the facility" - "Resident was admitted to [hospital]" - "Resident complained of and was transported to [hospital] for evaluation" - "Resident has returned to the facility" - "After Resident did not return from visiting with friends a search was conducted, local hospitals were called, and the Resident was found in [jail] - "Resident has returned to the facility" - "Resident was feeling very weak and was taken to [hospital] He was admitted for evaluation"	A 077		

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A 077	Continued From page 41 b. Observations on and between 7:00 am and 1:00 pm revealed staff onsite, sweeping or mopping common areas. Observations revealed that staff provided little supervision to residents. On at approximately 9:58 AM, the Administrator stated, regarding resident and staff supervision, "I supervise the operation including facility works. I see that residents are well, that they have food, received medications, that everything is in order. That they keep medical , , . I maintain staff schedule and make sure there is coverage." She further stated that she talked to residents in common areas. She said she asked them if they need food, and spoke with housekeeping staff talk and the Assistant Administrator about residents' , , to see if any one need help with anything. She stated the staff and residents usually came to her if there were any problems." On at approximately 10:00 AM, the Administrator further stated, "[Assistant Administrator], He works in the office. He is the supervisor of the other staff. He assist with medications, arrange medical , , , maintain records, track the refills of the pharmacy, make follow up , , . He come in the morning give out the meds, take residents to , , ,call pharmacy for refills. A typical day for [Assistant Administrator] is he supervises the residents. He comes in the morning and takes the residents to their , , after assisting with meds." (sic) Resident Record reviews revealed:	A 077		

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A 077	Continued From page 42 Resident #1 had a diagnosis of , , Type. Resident #2 had a diagnosis of history of primary of , , , , , ( ), , D deficiency. Mixed , , , , Essential , , Type 2 . The resident needed supervision with ambulation, self-care and toileting, needed assistance with bathing and , independent with eating and transferring, and needed assistance with self-administration of medications Resident #3 had a diagnosis of , Sleep , (OSA), , Nodule, , ( ), , 2. The resident needed assistance with self-administration of medications. Resident #4 had a diagnosis of , , , , ( ), Mild/moderate and due to NASH. Resident #5 had a diagnosis of , , , , Anoxic damage, Major , (MDD), , , history of falling, with , , ( ), with ejection fraction. Resident #6 had a diagnosis of , , Tobacco use, , , . The resident needed assistance with self-administration of medications. Resident #7 had a diagnosis of , ,	A 077		

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A 077	Continued From page 43 History of dependence, ( ), . The resident needed assistance with self-administration of medications. Resident #8 had a diagnosis of , , , , , , , , , Tobacco , , Ataxia, . The resident needed assistance with self-administration of medications. Resident #9 had a diagnosis of , , , , (HLD), Sleep (OSA), Cluster HA/ , Essential tremor, Actinic keratosis. The resident needed assistance with self-administration of medications. Resident #10 had a diagnosis of , , ( ), , ( ), ( ), prostatic hyperplasia, . The resident needed assistance with self-administration of medications. Resident #11 had a diagnosis of , , , , , . The resident needed assistance with self-administration of medications. Resident #12 had a diagnosis , , , , . The resident needed assistance with self-administration of medications. Resident #13 had a diagnosis of , , , , , of	A 077		

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A 077	Continued From page 44 ( ), , tremors. The resident needed needed supervision with all activities of daily living, needed assistance with self-administration of medications. Resident #14 had a diagnosis of , , , II. The resident needed supervision with bathing, , and self-care, needed assistance with self-administration of medications. Resident #15 had a diagnosis of , , , , ( ), , type 2 , diastolic . The resident needed assistance with grooming, supervision with ambulation, bathing, , eating, toileting and transferring, and needed assistance with self-administration of medications. Resident #16 had a diagnosis of , ( ), , , , , , , Resident #17 had a diagnosis , , , , with gammopathy, , , . The resident needed assistance with self-administration of medications. Resident #18 had a diagnosis of , tremor, , fatty , , Type II , tobacco user, , , , , hypogonadism, Sleep (OSA). The resident needed assistance	A 077		

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A 077	Continued From page 45 with self-administration of medications. Resident #19 had a diagnosis of , , , , , type II , , , , CARGXs, , low , cigarette use, hyponatremia, erectile , , elevated , and Sleep , (OSA). The resident needed assistance with self-administration of medications. Resident #20 had a diagnosis of , , , ( ), , , / , Dyskinesia, , , , , , . Resident #21 had a diagnosis of Dyslipidemia, D Deficiency, , . Resident #22 had a diagnosis of , , , , , , Abnormal Gait, Protein/Calorie , Tobacco . The resident needed supervision with bathing, , self-care, toileting ; needed assistance with self-administration of medications. Class I	A 077		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training	A 084		

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A 084	Continued From page 46 requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;	A 084		

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A 084	Continued From page 47 c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing	A 084		

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A 084	Continued From page 48 assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that one out of six sample staff had the 2-hour update annually training for assistance with self-administration of medication (Staff F). Findings included: Employee record review shows that Staff F was hired on and had not completed 2-hour update annually training on assistance with self-administration of medication.	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 084	Continued From page 49 On at 11:30 AM The Administrator stated that she thought all the trainings were in file. I do not know what happened to those trainings, I will call the consultant." Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that one out of six sampled staff (Assistant Administrator) received at least one hour of training on the facility's policies and procedures regarding . Findings included: A review of the employee records revealed that the Assistant Administrator had been hired on . There was no documentation the	A 090		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 090	Continued From page 50 Assistant Administrator had completed the one hour training on the facility's policies and procedures regarding . On at 11:30 AM, the Administrator stated that she thought all the trainings were in file. I do not know what happened to those trainings, I will call the consultant." Class III	A 090		
A 152 SS=L	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 51 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe living environment, maintained free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in working order. Observed the facility had roof and plumbing leaks in the resident rooms and common areas. The facility had a faulty fire alarm and fire sprinkler systems, a broken air conditioning unit and mold like stains throughout the residents' living areas. Findings included: 1) On and on between 7:00 am and 4:00 PM observed multiple ceiling tiles on the entrance to building #2 and the dining room were saturated with water and covered with dark, mold-like stains. Observation showed that water was leaking from the ceiling on the resident tables in the dining room. Further observation showed water was dripping from a light fixture that was from the ceiling and was hanging from the wiring. (Photographic evidence	A 152		

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 52 obtained) Observation on at 10:00 AM showed that Resident 21 was sitting in the dining room drinking coffee while water was dripping on his table from a leak on the ceiling. Observation at 9:58 AM showed that a dining room ceiling tile in one of the areas showed water leaks dripped on the floor immediately after a resident walked below the area. Further observation showed that the exposed wood trusses and the inside of the roof were wet, and water was visibly running to other areas inside (Photographic evidence obtained). Observed the ceiling plaster was , and pieces were falling due to water intrusion from the roof in (Photographic evidence obtained). Observed water dripping from the ceiling onto the residents' beds in (Photographic evidence obtained). Observed water-damage stains on the ceiling and dark stains resembling mold inside the closet in # . Further observation revealed that water was dripping from the ceiling on top of the Resident's bed. Further observation showed stained, dirty tiles and grout, and a rusty, metal safety bar in the bathroom shower (Photographic evidence obtained). Observed mold-like stains on the walls in , 12, 16 and 19 and inside a bathroom for (Photographic evidence obtained). Observed the sink in the bathroom for #	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 53 was loose, at risk of falling and leaking water. Further observation showed mold like stains on the ceiling and on wood moldings. A review of the facility's Department of Health's group care inspection report dated deemed "Unsatisfactory" revealed the following: "Violation #17-Maintenance. Observed ceiling tiles water damaged with mold-like substance in , , , 19, and 21. Bathrooms beside and in dining room" (Photographic evidence obtained) Interviewed on at 10:52 AM when asked about the water leaks present throughout the facility the Administrator stated, "The owner of the building took some pictures to get an estimate to repair the roof. I am waiting for the estimate. We have been telling them about the leaks; we changed the ceiling tiles. It has been leaking for a couple of months. I called them today about the condition of the roof, to put a plastic cover. I told him about the leaking sinks, and he said he would fix them" The Administrator stated that she did not have a maintenance log or a repair check list. She stated, "When they tell me there is a problem, I come and check it. There is no maintenance staff, just housekeeping." Interviewed on at 10:55 AM when she was asked about the mold-like stains inside the resident rooms, the Administrator stated that she was not aware of it and that the facility had never been tested for mold. Interviewed on at 11:51 AM the property management maintenance supervisor stated, "I do the maintenance of the building. They called me about a week ago about the roof leaks and we will be there in the next two days to	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 54 repair the leaks; we are behind schedule because of the rain. We are not going to put a tarp on the roof, it will not solve the problem. I don't know about replacing the roof. Replacing the roof is another story. We will fix the leaks in the next two days; it will be fixed by Friday." Interviewed on at 11:31 AM Resident 21 stated that his room had a water leak in the ceiling for about a year and a half. He stated, "In my room the stain was there for about a year and a half. Here in the dining room too." According to the Center of Control (CDC)," People with or who are to mold may have severe reactions. -compromised people and people with may get in their from mold. The Institute of Medicine (IOM) found that there was sufficient evidence to link indoor exposure to mold with upper tract symptoms, and in otherwise healthy people, with symptoms with people with ." A review of resident records revealed the following residents had conditions: Resident #2- Diagnosed with Sleep Resident #3- Diagnosed with sleep Resident # 5- Diagnosed with with Resident # 7- Diagnosed with Resident #10- Diagnosed with Resident #14- Diagnosed with	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 152	Continued From page 55 Resident #16- Diagnosed with Resident # 20- Diagnosed with 2) Observed the fire alarm system's smoke sensor inside # was broken and had missing parts. (Photographic evidence obtained) Observation on at 8:15 AM showed that the trouble lights on the fire alarm panel were on. (Photographic evidence obtained) A review of the facility's fire sprinkler system inspection report dated (Photographic evidence obtained) revealed that the following repairs were needed: 1- Tamper switches on backflow do not send signal to alarm panel. 2- Water gauge needs to be installed. 3- Control valve on fire backflow handle is broken. 4- Both check valves on second fire backflow failed to hold 1 PSI or greater, backflow needed to be replaced. Further review showed no documentation that the fire sprinkler system had been repaired. Interviewed on at 10:52 AM the Administrator was asked about the facility's faulty fire alarm and fire sprinkler systems, and stated, "I checked the fire alarm in . They check it every year." Interviewed on at 10:15 AM the Administrator stated, "No, I don't have any	A 152		

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 56 documentation that the fire sprinkler system was repaired." Interviewed on at 10:15 AM, the fire alarm company technician stated that the trouble light on the fire alarm panel was caused by broken fire alarm detectors in . The technician also stated that the fire alarm duct detectors on the HVAC system needed to be serviced, and the company would send a cost proposal for the work to the Administrator. A review of facility records showed a fire alarm company invoice dated for an annual inspection, testing, troubleshooting and replacement of smoke detectors. Further review of the invoice showed that a proposal would be submitted to the Administrator for the replacement of 2 faulty air conditioner duct smoke detectors. (Photographic evidence obtained) According to the National Fire Protection Association (NFPA) the fire alarm system is a crucial part of the fire and life safety of a building and its occupants. A fire alarm system provides notification to alert the occupants and emergency responders in case there is an immediate threat to life, property or mission. An example of this would be a smoke detector sending a signal that there is a presence of smoke, which would initiate notification to the occupants to evacuate. According to the National Fire Protection Association (NFPA), "Duct detectors are installed on the supply side of air handling systems to prevent the re-circulation of dangerous quantities of smoke. Secondly, smoke detectors are used to initiate the operation of smoke dampers within the ."	A 152		

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A 152	Continued From page 57 A review of the facility's City Fire Department Standard Inspection report dated showed the following violations: "An inspection by [City Fire Prevention Inspectors] has revealed that [Facility] is in violation of the following sections of the Florida Fire Prevention Code, which presents a threat to the life safety and welfare of the building occupants and citizens: FL NFPA 01 2021- Chapter 13- Fire Protection Systems- Fire Alarm System- "Fire alarm in alarm, trouble or supervisory status" FL NFPA - 101 2012 Chapter 9- Building Service, Fire Protection, and Life Safety Equipment- "Sprinkler and Standpipe systems shall be inspected, tested and maintained" FL NFPA 01 2021 Chapter 10- General Safety Requirements- "Combustible vegetation." FL NFPA 01 2021 Chapter 7- Means of Egress- "Annual Self-Closing Hardware and Latch Inspection Form" FL NFPA 101 2021 Chapter 19- Existing Health Care Occupancies- "Evacuation Plans and Fire Drills" 3) Observation on at 7:10 am revealed a bucket inside a closet in building #1 that was used to contain water from a leak on the air conditioning unit. Further observation revealed that towels and blankets had been placed on the floor of the main hallway (Photographic evidence obtained) Further observation on between 7:10 am and 1:00 pm revealed: -Actively leaking sinks and pooled water on the floor in the bathrooms serving ,	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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A 152	Continued From page 58 and 3. Further observation showed stained and discolored toilet seats. Further observation showed that soap was not available in the bathrooms. -The bathroom door inside was delaminating on the bottom. The doorknob was broken, and the door could not be locked. Further observation showed that soap was not available in the bathroom. There was a bed sheet covering the window in # . Further observation showed the window blinds were broken. -The light fixture in B would not turn on and the room was dark. An open step ladder was left inside the room. -There were live spiders and spider webs on the walls of . Further observation showed a dirty and stained chair (Photographic evidence obtained) -All air conditioning duct covers throughout the facility were dirty, stained and showing water condensation. -There was a clogged toilet full of a substance resembling feces in the bathroom. Further observation showed that soap was not available in the bathroom and a strong smell of was present inside . -The bathroom showers were visibly soiled with a dark residue covering the shower tiles in all the residents' rooms. -There was peeling paint on the walls in and soap was not available in the bathroom.	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 59 Observation on at 8:00 AM showed an open patio with a pathway leading to the resident's dining room, kitchen and additional residents' rooms. Further observation showed that the canopy covering the pathway was missing, the residents were exposed to the rain and were observed walking on wet floor tiles when going to the dining room and living areas. Observation revealed several residents talking about the slippery nature of the tiles. Interviewed on at 7:20 AM the Assistant Administrator stated that the air conditioner unit in building #1 had frozen up and it had been leaking water. Observation revealed blankets and sheets on the floor around the unit. The Assistant Administrator stated that the unit had stopped leaking, and that the blankets and sheets were there as a precaution. He stated, "We are waiting on the AC guy to come in." Interviewed on at 10:52 AM when asked about the broken air conditioner unit the Administrator stated, "The AC (air conditioner) was broken last week, and they fixed it. No, I don't have any invoices or documentation that it was fixed. We don't have portable air conditioners or cooling devices; we have air conditioning units on each building. When it breaks down, we have a company that comes and fixes it right away. A review of the facility's emergency plan revealed that building# 2 was the designated cooling area in case of the loss of primary power. Interviewed on at 8:25 AM the Supervisor stated, "The second building is the designated cooling area."	A 152		

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	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 152	Continued From page 60 Interviewed on at 8:30 AM Resident 17 stated that the door lock in his room (5) did not work. He stated, "if I close it, it locks me out of the room, I have to go through the bathroom on the next room; that is why I have to hang my pants on the door." Interviewed on at 7:30 AM Resident 13 stated that the blinds in his room had been broken for about three months. Interviewed on at 7:40 AM when asked how long the light had been out in his room (#11 B) Resident 2 stated," It's been a few days." Observations in # - revealed there was water accumulated on the bathroom floor. Observed a falling popcorn ceiling, water stained, a rusty refrigerator. Resident # 4 stated there was water on the floor because of the shower curtain. Class 1	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 162	Continued From page 61 designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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A 162	Continued From page 62 pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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A 162	Continued From page 63 licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain an accurate and up to date health assessment for 2 out of 22 sampled residents (Resident #14, Resident#17) Findings included: #14) Observation on at 8:35 AM showed that a strong smell of was present inside # where Resident 14 lived. Interviewed on /024 at 10:35 AM the Administrator stated, "Resident 14 is not , he is independent with all his ADLs" (Activities of daily living)	A 162		

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A 162	Continued From page 64 A review of Resident 14's hospital record dated showed, "The Resident stated that he is wheelchair bound but he had his wheelchair stolen and has been sitting on the ground ever since. The police stated that he was found lying on the ground on himself. Patient lives at [ALF]. Further review showed a hospital discharge date of with diagnoses of right upper extremity hematoma, acute loss, , , in the setting of hematoma and orders for DME mobility (durable medical equipment, standard wheelchair) A review of Resident 14's hospital record dated / 2024 showed that the Resident was brought to the hospital emergency department via emergency medical services in acute distress with , difficulty breathing and history of high , . Further review of the hospital record showed the Resident was poorly groomed, unhygienic and smelling of , he was placed in the room and subsequently admitted for internal medicine. Further reviews showed the Resident was discharged on with diagnoses of flash , , , right lower quadrant , , hypertensive emergency, , , failure with , , and , secondary to , . A review of Resident 14's hospital record dated showed the Resident presented to the hospital emergency department complaining of extreme and aphasia. (emergency medical services) endorsed he had difficulty walking and slurred speech and he was admitted to ( ). The hospital discharge summary dated showed," male with	A 162		

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A 162	Continued From page 65 with history of , , , sent to the hospital following a with (left) arm and , , discharged to ALF (assisted living facility)" A review of Resident 14 assessment dated showed diagnoses of , flash , and . Physical limitations showed he had none. status showed alert and oriented to time, person and place. Nursing/ , /treatment requirements showed none. Special precautions showed there were none. ADLs (Activities of daily living) showed needed supervision for ambulation, bathing, , eating, self-care, toileting and transferring. Needed assistance with self-administration of medication. Further review of Resident 14's record showed no documentation of an updated health assessment showing medical history and diagnoses of high , , , , , , the use of an assistive device (wheelchair) or that the Resident needed assistance with toileting and selfcare. #17) A review of Resident 17's health assessment dated showed diagnoses of , , , , with gammopathy, High and . Physical limitations showed the Resident used a scooter. status showed , . Nursing requirements showed management. No special precautions were indicated. The resident was independent for all activities of daily living (ADL) ambulating, bathing, , eating,	A 162		

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A 162	Continued From page 66 selfcare, toileting and transferring. Special diet instructions showed calorie-controlled diet. The Resident needed assistance with self-administration of medication. Further record reviews showed that Resident 17 received home health services for administration. Interviewed on at 7:19 AM- Staff B (Supervisor) stated that Resident 17 needed daily medication administration of Interviewed on at 12:11 PM Staff B (Supervisor) stated, "All the residents ambulate on their own. Some use walkers but there are no wheelchairs" Class III	A 162		
A 182 SS=L	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff was trained in their duties and are responsible for implementing the	A 182		

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A 182	Continued From page 67 emergency management plan for six out of six (Staff A, B C, D, E, and G) sampled staff. Wednesday, . , Hurricane Milton was forecast as a extremely dangerous hurricane and was approaching the Gulf Coast of Florida. A Tropical Storm Warning announced for South Florida. The facility had unsafe roof conditions and the residents had to be evacuated. Findings included: Interviewed on at 7:20 AM the Assistant Administrator stated that the air conditioner unit in building #1 had frozen up and it had been leaking water. Observation revealed blankets and sheets on the floor around the unit. The Assistant Administrator stated that the unit had stopped leaking, and that the blankets and sheets were there as a precaution. He stated, "We are waiting on the AC guy to come in." On at 8:10 AM the Assistant Administrator, when asked about evacuation plans, he stated, "I am not sure. We have a bus company to evacuate the residents. We can take 8 to 10 people to a sister facility. I don't know who would remain here caring for the rest of the residents." When asked about any cooling devices, Staff B stated, "No, we don't have any portable air conditioning units or fans. Only the ones the residents have." On and on between 7:00 am and 4:00 PM observed multiple ceiling tiles on the entrance to building #2 and the dining room were saturated with water and covered with dark, moldlike stains. Observation showed that water was leaking from the ceiling on the resident tables in the dining room. Further observation	A 182		

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A 182	Continued From page 68 showed water was dripping from a light fixture that was from the ceiling and was hanging from the wiring. (Photographic evidence obtained) Interviewed on at 10:52 AM when asked about the broken air conditioner unit the Administrator stated, "The AC (air conditioner) was broken last week, and they fixed it. No, I don't have any invoices or documentation that it was fixed. We don't have portable air conditioners or cooling devices; we have air conditioning units on each building. When it breaks down, we have a company that comes and fixes it right away. A review of the facility's emergency plan revealed that building# 2 was the designated cooling area in case of the loss of primary power. Interviewed on at 8:25 AM the Supervisor stated, "The second building is the designated cooling area." On at 10:52 AM, the Administrator stated that the roof had been leaking for a couple of months. She stated, "I do not have a maintenance person in the facility. I have a handyman who I can call to fix and paint the rooms right now. I have one housekeeper who cleans all the rooms, and she is doing it now. The owner of the building took some pictures for an estimate to repair the roof. I am waiting for the estimate. We have been telling them about the leaks; we changed some of the ceiling tiles. It has been leaking for a couple of months. I called them today about the condition of the roof, to put a plastic cover on the roof." A review of data from the National Hurricane Center showed that on Wednesday, , ,	A 182		

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A 182	Continued From page 69 Hurricane Milton was forecast to remain an extremely dangerous hurricane when it approaches the Gulf Coast of Florida that night. The Center's data showed, Current Watches and Warnings in Effect: Storm Surge Warning: Coastal Collier and Mainland Monroe counties. Tropical Storm Warning: All of South Florida." On at 10:39 AM when the Administrator was asked to implement the facility's emergency response plan and evacuate residents because Miami-Dade County was under a Tropical Storm warning and the unsafe conditions of the facility, the Administrator appeared to be uncertain about how to implement the plan, and Staff B, C, D, E and G were observed receiving no guidance on their emergency evacuation procedures. When the administrator was asked where she would evacuate the facility residents to, she stated that one of her evacuation sites was at capacity, and said, " I can get a hotel for them. She further stated that the transportation outlined in her emergency plan was not available. When the Administrator was asked if her staff would be able to adequately provide supervision or assistance in that environment, she stated she was unclear about what other licensed facilities could accommodate the residents, and that she would contact her consultant and the county's emergency management representative. She further stated that the transportation outlined in her emergency plan was not available. In the interest of time she eventually obtained ride-sharing services to assist in transporting the residents to evacuation sites. Observations on during the evacuation process revealed that there was insufficiently trained staffing onsite to supervise and also	A 182		

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A 182	Continued From page 70 transport the residents to different locations. The residents were unable to transport themselves without assistance from facility staff. Review of the facility Emergency Transportation Agreement revealed that in the event of an the required the evacuation of the facility, the facility agrees to provide transportation for the residents, to designated receiving facility and the transportation to the original facility on the following vehicles: Dodge Caravan 2018 (8/passengers), Chevy Suburban 2022 (8/passengers). On at 8:22 AM during an interview with Staff C (caretaker) stated her shift was from midnight to 8:00 AM, her responsibilities were to make food for the residents. She stated that if there was an emergency with a resident, she would call 911. And in case of an emergency, she stated she would knock on resident's door to get them outside. When asked where residents would be evacuated to or how they would get there, she stated she did not know. A review of the Administrator records showed a hired date for . Further review of the record showed Administrator completed training in facility emergency procedures dated . A review of the Assistant Administrator's records showed a hired date for 05/- . Further review of the record showed the staff completed training in facility emergency procedures dated . A review of Staff C (caretaker) record showed a hired date for . Further review of the record showed the staff completed training in facility emergency procedures dated .	A 182		

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A 182	Continued From page 71 Class 1	A 182		
A 200 SS=I	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 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	A 200		

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A 200	Continued From page 72 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. 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. 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 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. 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. b. Assisted living facilities located on a single campus with other facilities under common	A 200		

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A 200	Continued From page 73 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. 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. (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 storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 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	A 200		

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A 200	Continued From page 74 period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 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. (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. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) 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 county emergency management agency for review and approval. (3) APPROVED PLANS. (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	A 200		

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A 200	Continued From page 75 plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (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 assistedliving@ahca.myflorida.com. (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. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (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. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and	A 200		

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A 200	Continued From page 76 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: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (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. (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	A 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910997	A. BUILDING: _____ B. WING _____	10/07/2024

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A 200	Continued From page 77 manager; each resident's estate; and such additional parties as authorized in writing or by law. (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. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (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. (8) NOTIFICATION. (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: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 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. (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	A 200		

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A 200	Continued From page 78 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. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that it maintained a cooled space or cooling devices that could be used with the emergency power source to maintain room temperature at or below 81 degrees Fahrenheit in the event of a loss of primary power. Findings: Interviewed on at 7:20 AM the Assistant Administrator stated that the air conditioner unit in building #1 had frozen up and it had been leaking water. Observation revealed blankets and sheets on the floor around the unit. The Assistant Administrator stated that the unit had stopped leaking, and that the blankets and sheets were there as a precaution. He stated, "We are waiting on the AC guy to come in." Interviewed on at 10:52 AM when asked about the broken air conditioner unit the Administrator stated, "The AC (air conditioner) was broken last week, and they fixed it. No, I don't have any invoices or documentation that it was fixed. We don't have portable air conditioners or cooling devices; we have air conditioning units on each building. When it breaks down, we have a company that comes and fixes it right away.	A 200		

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A 200	Continued From page 79 A review of the facility's emergency plan revealed that building# 2 was the designated cooling area in case of the loss of primary power. Interviewed on at 8:25 AM the Assistant Administrator stated, "The second building is the designated cooling area." On and on between 7:00 am and 4:00 PM observed multiple ceiling tiles on the entrance to building #2 and the dining room were saturated with water and covered with dark, mold-like stains. Observation showed that water was leaking from the ceiling on the resident tables in the dining room. Further observation showed water was dripping from a light fixture that was from the ceiling and was hanging from the wiring. (Photographic evidence obtained) Observation on at 10:00 AM showed that Resident 21 was sitting in the building #2 dining room drinking coffee while water was dripping on his table from a leak on the ceiling. Observation at 9:58 AM showed that a building #2 dining room ceiling tile in one of the areas showed water leaks dripped on the floor immediately after a resident walked below the area. Further observation showed that the exposed wood trusses and the inside of the roof were wet, and water was visibly running to other areas inside (Photographic evidence obtained). Observation at 9:58 AM showed that in building #2, a dining room ceiling tile in one of the areas showed water leaks dripped on the floor immediately after a resident walked below the area. Further observation showed that the	A 200		

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A 200	Continued From page 80 exposed wood trusses and the inside of the roof were wet, and water was visibly running to other areas inside (Photographic evidence obtained). A review of data from the National Hurricane Center showed that on Wednesday, , , Hurricane Milton was forecast to remain an extremely dangerous hurricane when it approaches the Gulf Coast of Florida that night. The Center's data showed, "Current Watches and Warnings in Effect: Storm Surge Warning: Coastal Collier and Mainland Monroe counties. Tropical Storm Warning: All of South Florida." Class II	A 200		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the	A 161		

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A 161	Continued From page 81 following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of an eligible Level II background screening result on file for one out of six sampled staff members (Staff E). Findings Included:	A 161		

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A 161	Continued From page 82 Review of Staff E's (caregiver) personnel record showed that the documentation of an eligible Level II background screening result was missing. On at 11:30 AM The Administrator stated, "that is a very important document, I do not know what happened, I will print it out again and put it on the file." Based on record review and interview, the facility failed to maintain documentation of an eligible Level II background screening result on file for one out of six sampled staff members (Staff E). Findings Included: Review of Staff E's (caregiver) personnel record showed that the documentation of an eligible Level II background screening result was missing. On at 11:30 AM The Administrator stated, "that is a very important document, I do not know what happened, I will print it out again and put it on the file." Class III	A 161		