

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER CARING ALF LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 710 NORTH AVE LEHIGH ACRES, FL 33972			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced capacity increase was completed on _____ at Caring ALF LLC, an assisted living facility in Lehigh Acres, Florida. The following is a description of the deficient practice identified during the survey.	A 000			
A 151 SS=D	59A-36.014(2) FAC Physical Plant - Existing Facilities (2) EXISTING FACILITIES. (a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S. (b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by: Based on interview and observation, the facility applied for a capacity increase from 5 to 10; however, 1 (#) of 5 rooms was not sufficient for a capacity increase. The findings included: _____, _____, and 5 ranged in size from 128 square _____ to 140 square _____. # _____ was found to be 108.385 square _____ instead if the 120 square _____ required for double occupancy,	A 151			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 151	Continued From page 1 During an interview on _____ at 10:00 a.m., the Administrator said she was sure she could fit 2 people in the room. The room was measured with the maintenance man who verified the room was 108 square _____ and not 120 square _____. During an interview on _____ at 10:25 a.m. the Administrator and Maintenance man agreed the room could be enlarged sufficiently if the closet was removed. Class III	A 151			