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
	AL11922316	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY STAY ALF LLC	9808 SW 147 PLACE MIAMI, FL 33196

(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 A wellness monitoring survey were conducted at Serenity Safe ALF on . Deficiencies were identified at the time of survey.	A 000		
A 007 SS=G	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least . 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility	A 007		

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A 007	Continued From page 1	A 007		

employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.
6. Not have any special dietary needs that cannot be met by the facility.
7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S.
8. Not require 24-hour licensed professional mental health treatment.
9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.;
10. Not have any ᴗ or 4 , . A resident requiring care of a ᴗ , may be admitted provided that:
a. The resident either:
(I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or
(II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner;
b. The condition is documented in the resident's record and admission and discharge logs; and,
c. If the resident's condition fails to improve within 30 days as documented by a health care practitioner, the resident must be discharged from the facility.
11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services:
a. airway management of any kind,

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A 007	Continued From page 2 except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. , and , , performed in the facility; b. , , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and,	A 007		

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A 007	Continued From page 3 d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable ,,ᴗ or assistance with routine ˬ care of site ᴗ placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from ᴗ with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that one out of	A 007		

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A 007	Continued From page 4 six sampled residents met the admission criteria (Resident #1). Additionally, the facility admitted Resident #1 who was bedbound with a stage 'three to four' pressure injury on the , right heel and required total care for ambulation and transferring at the time of admission. Findings Included: On at 12:37 pm observed Resident #1 was lying flat on the with full bed rails. Further observation revealed an concentrator at the resident's bedside. When asked if the device belongs to Resident #1? The Owner stated that it belonged to his roommate, however, further observation revealed an addition concentrator in the closet. was transferred from [the sister facility] and admitted to the facility. The Owner stated that both devices belonged to Resident #1's roommate. Resident 1 was transferred from [the sister facility] and admitted to the facility. Therefore consider: Interviewed on at 12:37 pm the Owner stated, 'You already know Resident #1, he was transferred from my other facility.' A review of the Emergency Suspension Order (ESO) for [the sister facility] dated revealed that all residents were removed five-days prior under the order due to some residents having experienced harm and others, including Resident # 1, being at immediate risk of harm. The facility had unqualified and untrained staff that provided care to the residents. Further review showed that Resident #1 had been served chunks of food when he had been prescribed a therapeutic diet requiring pureed food and supervision with eating. Placing the	A 007		

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A 007	Continued From page 5 Resident #1 at risk for , . In an interview on at approximately 12:38 pm Owner stated the doctors came to put Resident #1 under hospice care and the hospice request was in the process. A review of Resident #1s health assessment dated showed the resident had a diagnosis of , needed total care with all activities of daily living (ADL) and needed medication administration. The resident was prescribed a puree diet. The resident was not under hospice care. In an interview on at 1:15 pm, The Owner stated the resident was under hospice care but could not provide documentation. Interviewed on at 1:25 pm Staff B (Caregiver) stated Resident #1 had a nurse that came to give him his medication and treat a under the / ankle area and on the . In an interview on at 1:16 pm, The owner was asked to provide contact information for Resident #1 hospice services. The third-party services company was called on at 1:49 pm and it was determined that the service was not hospice care but was instead home health. In an interview on at 1:53 pm the Home Health Case Manager stated the care provided to Resident #1 was medication and care. Further stating, Resident #1 had a stage 'three going to four' pressure injuries on his heel in addition to a stage two on the .	A 007		

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A 007	Continued From page 6 According to the National Library of Medicine, "Pressure injury is an of tissue deprived of adequate supply by prolonged pressure, also called or . Pressure injuries are classified into four stages: is intact skin with non-blanchable redness; is a shallow or indicating damage to the epidermis; is damage extending through all layers of the skin; and is damage through all the layers of the skin and underlying , , or bone. pressure injuries are when the extent of the tissue damage cannot be confirmed because it is obscured by or eschar. Deep tissue pressure injuries are persistent non-blanchable deep red, maroon, or purple discoloration of the skin revealing a dark or -filled ." A review of home health records visit dated revealed Resident 1s was staged as an , , , , on the , right heel and was present on admission. The size, length 4.5 cm, width was 4cm, and depth unknown. Residents 1s second pressure injury located on , , and was present on admission. The size, length 3cm, width 3cm, and depth 1cm. Further review of the home health records uncovered that the caregiver refused to treat the care until receiving the new care order from doctor. Skilled Nurse (SN) interventions: SN to instruct Patient/Caregiver on turning/repositioning every 2 hours. SN to instruct the Patient/ Caregiver to . SN to instruct the Patient/ Caregiver on methods	A 007		

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A 007	Continued From page 7 to reduce friction and shear. SN to instruct the Patient/ Caregiver to , all bony prominences. On during the time in the facility Resident #1 was observed lying flat on his without any heel floaters. In an interview on at 1:19 pm when the Owner was asked did the resident meet assisted living facility (ALF) criteria on the day of admission. The Owner stated the residents were not ordered legally to be removed from her care. Resident #1 meets ALF criteria on Friday when [the sister facility] was placed under emergency suspension order. Class II	A 007		
A 077 SS=I	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	A 077		

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A 077	Continued From page 8 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 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	A 077		

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A 077	Continued From page 9 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. (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	A 077		

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A 077	Continued From page 10 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 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 ensure one out of three (Administrator) sampled staff were competent and qualified. In the absence of the Administrator, the Owner admitted one resident into the facility with a stage 'three to four' , and was not qualified to care for bedbound residents. Findings Included: On at 12:05 pm the facility was observed with one member of staff (Staff B) onsite with a census of 6 residents. The uncertified owner of the facility arrived on site at 12:18 pm. The Administrator, who was also not certified, was unreachable and never arrived onsite. Review of the Administrator's record showed an application with a hired date of .	A 077		

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A 077	Continued From page 11 Further review of the record showed the job position and description was listed as the Administrator. A review of the Assisted Living Facility Core Competency Test record revealed the Administrator did not have the required core training. Observation on at approximately 12:07 pm Staff B called the administrator and was unable to reach him. On at 1:30 pm Administrator was contacted, and phone went straight to voicemail (mailbox full). On at 2:53 pm Administrator was contacted, and phone went straight to voicemail (mailbox full). A review of the background screening (BGS) Clearing house uncovered that the Owner was the controlling interest and Chief Financial Officer since and the Administrator of [the sister facility]. A review of the Emergency Suspension Order (ESO) for [the sister facility] dated revealed that all residents were removed five-days prior under the order due to some residents having experienced harm and others, including Resident # 1, being at immediate risk of harm. Further review showed that Resident #1 had been served chunks of food when he had been prescribed a therapeutic diet requiring pureed food and supervision with eating. Placing the Resident #1 at risk for , .	A 077		

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A 077	Continued From page 12 A review of the Assisted Living Facility Core Competency Test record revealed the Owner did not have the required core training. On at 12:37 pm observed Resident #1 in supine position with full bed rails. In an interview on at 12:37 pm, the Owner had stated Resident #1 was transferred from [the sister facility]. A review of Resident #1s health assessment dated showed the resident had a diagnosis of , needed total care with all activities of daily living (ADL) and needed medication administration. The resident were prescribed a puree diet. The resident had not been under hospice care. In an interview on at 1:15 pm, The Owner stated the resident was under hospice care but could not provide documentation. The owner was asked to provide contact information for the hospice services. The third party services company was called on at 1:49 pm and it was determined that the service was not hospice, but was instead home health Interviewed on at 1:53 pm Home Health Agency Case Manager stated that Resident #1 had a stage 'three going on four' pressure injuries. According to the National Library of Medicine, "Pressure injury is an of tissue deprived of adequate supply by prolonged pressure, also called or is damage extending through all layers of the skin; and is damage through all the layers of the skin and underlying ,	A 077		

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A 077	Continued From page 13 , or bone." According to the Assisted Living Facility license type with Limited Mental Health component. Resident #1 was inappropriately admitted to the facility by the Administrator and did not meet the criteria for the Assisted Living Facility. Resident #1 had a ◡ , , was bedbound and needed total assistance with all activities of daily living without ◡ a license professional to provide the care and services. In an interview on at 1:08 pm, the Owner was asked, does Resident #1 meet the criteria of an assisting living facility (ALF) and should she have admitted him into the facility? The Owner had stated yes, he met the criteria for ALF with his health assessment. Observation on at 12:05 pm uncovered the Owner scheduled only one member of staff (Staff B) to be on duty to care for 6 residents, two of them bedbound and needed repositioning. A review of Resident #2s health assessment showed the resident had a diagnosis of , , , , , , under hospice care; needed assistance with all ADL and medication administration for . According to Staff, is being administered by home health, but there are no signatures from nursing staff to confirm this. A review of Resident #3s health assessment showed the resident had a diagnosis of , , , and unsteady gait. Resident #3 had precautions, assistance with all activities of daily living expect	A 077		

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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 077	Continued From page 14 eating, and assistance with medication administration (and needed administration, not identified of the health assessment). According to staff, is being administered by home health, but there is no documentation from home health to confirm. A review of Resident #4s health assessment showed the resident had a diagnosis of , , cryptorchidism, , leukopenia, macrocytic , macrocytosis, macrocytosis, macrocytosis, , , , , of bone tissue and skin, , , detachment, , , swallowing difficulty, , , retention, , alert and oriented to person only. Resident #4 activities of daily living (ADL's) showed supervision with bathing, , self-care and toileting, and assistance with medication self- administration. A review of Resident #5s health assessment showed the resident had a diagnosis of , , , type 2. Resident #5 ADL's showed supervision with ambulation, bathing, self-care, and toileting, and assistance with self-administration of medications (and administration of , not identified on the health assessment). A review of Resident #6s health assessment showed a diagnosis of , , , secondary , , , , , precautions. The Resident #6 ADL's showed supervision with bathing and self-administration of medication. Class II	A 077		

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	AL11922316	A. BUILDING: _____ B. WING _____	02/19/2025

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A 078	Continued From page 15	A 078		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 16 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure Staff B (Caregiver) was qualified to perform their assigned duties consistent with their level of education, training and preparation. Staff B was unable to accurately describe ( ). Findings Included: Observation on at 12:05 showed Staff B on duty with 5 residents.	A 078		

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A 078	Continued From page 17 In an interview on at 2:42 pm when asked how do you perform , Staff B stated she'd give the residents 30 , and check the resident , . Further stating, in of 2023 a resident was unresponsive, and she did not perform because his were black, and he was in a position 'that's how I knew he had a .' According to the American Red Cross, "The American Red Cross guidelines recommend 100 to 120 , per minute, 30 at a time, and give 2 breaths." A review of Staff B's personnel records showed a hire date of and a current training on record. Class III	A 078		
A 152 SS=D	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	A 152		

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A 152	Continued From page 18 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, 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 and interview the facility failed to provide a safe living environment free from hazards and appurtenance are maintained. Additionally, the facility failed to provide resident with a dresser. Findings Included: Observation on at 12:39 pm showed # only had one dresser. Observation on at 12:16 pm showed restroom shower had black residue on the wall and tiles that resemble mold, unlabeled container under the sink, and the toilet seat is worn out showing a brown surface. (Photographic Evidence Obtained)	A 152		

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A 152	Continued From page 19 Observation on at 12:46 pm showed a shed outside unsecured and unlocked with gasoline, paint containers, bed frame, and wheelchairs. (Photographic Evidence Obtained) Interviewed on at 12:39 pm the Co-Owner stated Resident #1 doesn't have a dresser, just the nightstand and closet. Class III	A 152		