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
	AL11932590	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LOVING MOTHER ELDERLY CARE, INC	1635 WEST 65 STREET HIALEAH, FL 33012

(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
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to operate within its licensed capacity. The facility was licensed for six residents and was providing services to a census of nine residents (Residents #). Findings included: 1) On at 11:10 AM, Staff C (caregiver) stated there were 6 residents. On at 11:15 AM, observation showed the facility had three resident bedrooms which housed Residents # . Also, there was an office, the living room, the kitchen, the dining area and	CZ828		

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CZ828	Continued From page 1 an employee room. Additionally, there were three locked doors with deadbolts. On at 11:16 AM, regarding the three locked doors, Staff C stated that there were other people living there and she did not have the key. On at 11:31 AM, observation showed on the side patio the three doors that connected to the inside of the facility. On at 11:32AM, Staff C stated, referring to first and third doors, that the efficiencies were rented. But at the middle door, she stated that no one was inside, and she could not open it because she did not have the key. On at 11:44 AM, observation showed the door was unlocked and inside was Resident #7 lying in bed with full bed rails in upright position. The resident was alone and did not respond to any questions. On at 11:44 AM, Staff C stated she did not know who the resident was, and she needed to call the Owner. On at 12:07 PM, the Owner arrived and stated that he did not know Resident 7's name and that they did not provide any assistance to her. The Owner further stated that he had rented the room to some else, and believed the resident was the tenant's sister. When asked to provide the name and telephone number of the resident's brother, he stated that he did not remember it and needed to look for it. On at 1:58 PM, Resident #7's nephew arrived and stated that the resident had been in the facility for about 3 months. He further stated	CZ828		

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CZ828	Continued From page 2 the resident was under hospice care. Review of Resident #7's hospice record revealed the resident admission date was with diagnoses of , essential primary , , in other classified elsewhere mild with , and . Further review showed a plan of care update report for period to . The plan of care showed an order dated for care indicating that Resident #7 had a , on the right . 2) On at 11:30 AM, observation showed Resident #8 came from the side patio and walked inside the facility. Further observation showed the resident in the kitchen. On at 11:31 AM, Staff C stated that Resident #8 lived in an efficiency on the side patio. Also, Staff C informed that another resident, Resident # 9, resided in the other efficiency. A door for each efficiency connected with the house. On at 11:40 AM, Resident #8 stated he had been living in the room for about five months. When asked if he used medications and where they were, the resident stated that his medications were in the facility kitchen. On at 11:49 AM, Resident #9 stated that he had been renting the room for one and a half years. When asked about his medications, the resident stated that information was private and refused to show his medications. On at 11:53 AM, observation showed	CZ828		

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CZ828	Continued From page 3 in the facility kitchen cabinet, a pill organizer with medications labeled [Resident #9]. On at 3:13 PM, Staff E (caregiver) stated that there were only six residents to whom they provided assistance and denied that they assisted Residents #7, 8 and 9. When she was asked why Resident #9's pill organizer was in the kitchen, Staff E stated that Resident #9 liked to leave his medications there. On at 3:35 PM, observation showed inside a drawer in the office, a container of , tablets and a 3 ml syringe for Resident #8. According to the Mayo Clinic, " , is used to treat severely ill patients with , who have used other medicines that did not work well. It is also used to lower the risk of behavior in patients with , or ." A review of licensure records showed the facility was approved for a capacity of six residents. On at 3:36 PM, during a telephone interview, the Owner stated that he would have the opportunity to correct all that. Unclassified	CZ828		

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A 000	Initial Comments A complaint investigation (# 2025000841) was conducted at Our Loving Mother Elderly Care, Inc. on and concluded on . The provider had deficiencies identified at the time of the visit.	A 000		
A 010 SS=G	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. 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. (c) A _____, ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 4 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 owner failed to be responsible for determining the continued appropriateness of residence for two out of eleven sampled residents (Resident #1 and Resident #2). Findings included: 1) On at 11:15 AM, observation showed Resident #1 was lying in a hospital bed. The resident was observed having tremors. On at 1:27 PM, Resident #1 stated that he was not so well because his were not well. The resident further stated that Staff D (caregiver) assisted him. A review of Resident #1's health assessment completed showed medical history and diagnoses of psych symptoms (EPS), ( ), and (HLD). Resident #1 needed assistance with self-administration of medication. The assessment did not indicate the type of assistance the resident would need with the activities of daily living. According to Yale Medicine, " symptoms (EPS) are a group of side effects that occur due to the use of certain medications, drugs. These symptoms affect the motor system and can include involuntary movements, stiffness, and tremors." Review of progress notes (translated from	A 010		

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A 010	Continued From page 5 Spanish) showed the following: " - The resident was sent to the [hospital] with and when . [Spouse] decided to call 911 ("El residente fue enviado al [hospital] con fiebre y dolor al orinar. La [exposa] decidio llamar al 911"). - The resident returned from the hospital with in the heels due to the 10 days he was hospitalized. All changed on medications, and we are awaiting the psychiatrist visit ("El residente regreso del hospital con en los talons debido a los 10 dias que estuvo hospitalizado. Todo cambios en los medicamentos y estamos a la espera de la visita del psiquiatra")." Further review of Resident #1's record showed no documentation the resident was receiving hospice services. On at 1:32 PM, when asked about Resident #1's condition, the Owner stated that he was not aware of all the facility activities. He further stated that a former employee, Staff F, was knowledgeable of everything and could provide a more accurate answer. On at 3:36 PM, during a telephone interview, Staff F stated that Resident #1 was recently admitted into [Hospital] where he stayed a few days. She further stated that Resident #1 returned to the facility a week earlier in that current condition. Review of Resident #1's hospital records received showed the resident was admitted from to . "The resident was transported to the emergency department by emergency medical services ( ) due to . Upon arrival Resident #1	A 010		

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A 010	Continued From page 6 had fevers and , raising concerns for a possible ( ) leading to an acute-on- ." 2) On at 11:17 AM, observation showed Resident #2 was lying in bed with full bed rails in upright position. On at 2:48 PM, Resident #2 stated that she could not get out of bed, and she got bathed in bed. Furthermore, she stated that daily, she wore adult briefs, and the staff would change them during the day. A review of Resident #2's health assessment completed showed medical history and diagnoses of dependent (-ID), ( ), ( ), (HLD), and (OA). Resident #2 needed assistance with ambulation, bathing, self-care (grooming), toileting, transferring and with self-administration of medication. Further review of Resident #2's record showed no documentation the resident was receiving hospice services. On at 3:36 PM, during a telephone interview, the Owner stated that he would have the opportunity to correct all that. Class II	A 010		
A 030 SS=D	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 7 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; 2. and tobacco use;	A 030		

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A 030	Continued From page 8 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 facility shall have the right to:	A 030		

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A 030	Continued From page 9 (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 the right to independent personal decisions. No	A 030		

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	AL11932590	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 030	Continued From page 10 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 of the facility, governing officials, or any other	A 030		

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A 030	Continued From page 11 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 residents.-	A 030		

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A 030	Continued From page 12 (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 and interview, the facility failed to ensure residents are treated with consideration and respect and due recognition of personal dignity for one out of eleven sampled residents (Resident #1). Findings included: On at 9:40 AM, observation showed a commode in # , which housed Resident #1 and Resident #6. Further observation showed no privacy screen that could be used when the commode was in use. On at 9:41 AM, Staff C (caregiver) stated that the commode was for Resident #1 who could use it because he had recently returned from the hospital, and it was difficult to go to the bathroom.	A 030		

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A 030	Continued From page 13 Class III	A 030		
A 055 SS=G	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 14 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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A 055	Continued From page 15 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, interview and record review, the facility failed to keep medications secured at all times. Also, the facility failed to return all medications to the resident, the resident's family, or the resident's guardian when a resident's stay in the facility has ended for two out of eleven sampled residents (Resident #10 and Resident #11). Findings included: On at 11:53 AM, observation showed in the kitchen, inside the cabinets and drawers, a bottle of Solution USP 10 g/15 mL prescribed for Resident #1. A container of , 8 MG prescribed for Resident #2. A package of tablet 100 MG prescribed for Resident #3. A bottle of , 250 MG/5ML and a container of , 8% , solution prescribed for Resident #4. A pill organizer with medications labeled for Resident #9. Also, there was a container of advanced , relief drops. On at 2:05 PM, observation showed	A 055		

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A 055	Continued From page 16 in # , inside the bedside table drawer, a container of , 0.025% solution for Resident #5. On at 2:30 PM, observation showed in the employee room (unlocked and located in front of dining room, accessible to residents) inside the dresser drawers several medications including: -A medication card with two pills of , 300 MG capsule for Resident #5. -A box containing Trulicity 0.75 MG/0.5 ML injection for Resident #10. -A plastic bag with three pouches of , 4 grams powder (used to lower high levels in the) for an unknown person. -Some white sealed plastic bags from a pharmacy with medications prescribed for a former employee. -A plastic container with pills labeled . According to the Mayo Clinic, " is a , drug ( ) used to relieve the symptoms of (, , and), such as , , stiffness, and , , ." 2) On at 3:33 PM, observation showed inside a mini refrigerator located in the office, a plastic bag containing , and Basaglar prefilled , for Resident #11. Review of admission/discharged log showed Resident #11 was discharged on to another facility. On at 3:35 PM, observation showed inside a drawer in the office a container of ,	A 055		

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A 055	Continued From page 17 drops , and Timol , Solution for Resident #10. Review of admission/discharged log showed Resident #10 , , on . On at 3:36 PM, during a telephone interview, the Owner stated that he would have the opportunity to correct all that. Class II	A 055		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be	A 056		

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A 056	Continued From page 18 appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging,	A 056		

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A 056	Continued From page 19 which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to follow physician medication orders for one out of eleven sampled residents (Resident #1). Findings included: Review of Resident #1's medication observation record (MOR) for showed it was not signed for the medications tablet 20 MG, , , tablet 25-100 MG, Cyproheptad tablet 4 MG, tablet 40 MG, spray 50 MCG, solution 10MG/15 ML, , tablet 137 MCG, and D capsule 50000 units. The MOR was not signed as the medications were given from to .	A 056		

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A 056	Continued From page 20 On at 9:36 AM, during a telephone interview with Resident #1's medical provider, he stated he saw the resident at the beginning of the month ( ). The medical provider further stated that the resident was at the hospital for a few days in , (2025). However, during the follow-up visit, he did not make any changes to Resident #1's medications. Class III	A 056		
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 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	A 077		

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A 077	Continued From page 21 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. (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	A 077		

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A 077	Continued From page 22 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 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	A 077		

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	AL11932590	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LOVING MOTHER ELDERLY CARE, INC	1635 WEST 65 STREET HIALEAH, FL 33012

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A 077	Continued From page 23 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 owner failed to notify the Agency within 10 days about the change of the Administrator. Also, the facility failed to have an administrator capable of handling the operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents. Findings included: 1) Review of Florida Health Finder showed the Administrator was listed. An additional review of the background screening database showed that the Administrator was the facility's administrator since . On at 1:07 PM, the Owner stated that about a week earlier, he saw on [social media] that the Administrator had , . The Owner further stated that he had not seen or spoken with the Administrator for several months. Review of the announcement revealed the Administrator , , on . 2) A review of licensure records showed the facility	A 077		

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A 077	Continued From page 24 was approved for a capacity of six residents. On at 11:10 AM, Staff C (caregiver) stated there were 6 residents. On at 11:15 AM, observation showed the facility had three resident bedrooms which housed Residents # . Also, there was an office, the living room, the kitchen, the dining area and an employee room. Additionally, there were three locked doors with deadbolts. On at 11:16 AM, regarding the three locked doors, Staff C stated that there were other people living there and she did not have the key. On at 11:31 AM, observation showed on the side patio, the three doors that connected to the inside of the facility. On at 11:32AM, Staff C stated, referring to first and third doors, that the efficiencies were rented. But at the middle door, she stated that no one was inside, and she could not open it because she did not have the key. On at 11:44 AM, observation showed the door was unlocked and inside was Resident #7 lying in bed with full bed rails in upright position. The resident was alone and did not respond to any questions. On at 11:44 AM, Staff C stated she did not know who the resident was, and she needed to call the Owner. On at 12:07 PM, the Owner arrived and stated that he did not know Resident 7's name and that they did not provide any	A 077		

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A 077	Continued From page 25 assistance to her. The Owner further stated that he had rented the room to some else, and believed the resident was the tenant's sister. When asked to provide the name and telephone number of the resident's brother, he stated that he did not remember it and needed to look for it. On at 1:58 PM, Resident #7's nephew arrived and stated that the resident had been in the facility for about 3 months. He further stated the resident was under hospice care. Observation showed the remaining two rooms were occupied by Resident #8 and Resident #9. On at 11:40 AM, Resident #8 stated he had been living in the room for about five months. When asked if he used medications and where they were, the resident stated that his medications were in the facility kitchen. On at 11:49 AM, Resident #9 stated that he had been renting the room for one and a half years. When asked about his medications, the resident stated that information was private and refused to show his medications. On at 11:53 AM, observation showed in the facility kitchen cabinet, a pill organizer with medications labeled [Resident #9]. On at 3:13 PM, Staff E (caregiver) stated that there were only six residents to whom they provided assistance and denied that they assisted Residents #7, 8 and 9. When she was asked why Resident #9's pill organizer was in the kitchen, Staff E stated that Resident #9 liked to leave his medications there. On at 3:35 PM, observation showed	A 077		

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A 077	Continued From page 26 inside a drawer in the office, a container of , tablets and a 3 ml syringe for Resident #8. 3) On at 11:53 AM, observation showed in the kitchen, inside the cabinets and drawers, a bottle of Solution USP 10 g/15 mL prescribed for Resident #1. A container of , 8 MG prescribed for Resident #2. A package of tablet 100 MG prescribed for Resident #3. A bottle of , 250 MG/5ML and a container of , 8% , solution prescribed for Resident #4. A pill organizer with medications labeled for Resident #9. Also, there was a container of advanced , relief drops. On at 2:05 PM, observation showed in # , inside the bedside table drawer, a container of , , 0.025% solution for Resident #5. On at 2:30 PM, observation showed in the employee room (unlocked and located in front of dining room, accessible to residents) inside the dresser drawers several medications including: -A medication card with two pills of , 300 MG capsule for Resident #5. -A box containing Trulicity 0.75 MG/0.5 ML injection for Resident #10. -A plastic bag with three pouches of , 4 grams powder (used to lower high levels in the) for an unknown person. -Some white sealed plastic bags from a pharmacy with medications prescribed for a former employee. -A plastic container with pills labeled .	A 077		

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A 077	Continued From page 27 According to the Mayo Clinic, " is a drug ( ) used to relieve the symptoms of (, and), such as , stiffness, and , ." On at 3:33 PM, observation showed inside a mini refrigerator located in the office, a plastic bag containing and Basaglar prefilled , for Resident #11. Review of admission/discharged log showed Resident #11 was discharged on to another facility. On at 3:35 PM, observation showed inside a drawer in the office a container of and Timol Solution for Resident #10. Review of admission/discharged log showed Resident #10 on . On at 3:50 PM, the Owner remained silent when he was questioned about the unlocked medications. 4) On at 11:15 AM, observation showed Resident #1 was lying in a hospital bed. The resident was observed having tremors. On at 11:17 AM, observation showed Resident #2 was lying in bed with full bed rails in upright position. On at 1:27 PM, Resident #1 stated that he was not so well because his were not well. The resident further stated that Staff D	A 077		

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A 077	Continued From page 28 (caregiver) assisted him. Review of Resident #1 and Resident #2's records showed no documentation the residents were receiving hospice services. On at 1:32 PM, when asked about Resident #1's condition, the Owner stated that he was not aware of all the facility activities. He further stated that a former employee, Staff F, was knowledgeable of everything and could provide a more accurate answer. On at 2:48 PM, Resident #2 stated that she could not get out of bed, and she got bathed in bed. Furthermore, she stated that daily, she wore adult briefs, and the staff would change them during the day. On at 3:36 PM, during a telephone interview, Staff F stated that Resident #1 was recently admitted into [Hospital] where he stayed a few days. She further stated that Resident #1 returned to the facility a week earlier in that current condition. Review of Resident #1's hospital records received showed the resident was admitted from to . "The resident was transported to the emergency department by emergency medical services ( ) due to . Upon arrival Resident #1 had fevers and , raising concerns for a possible ( ) leading to an acute-on- ." On at 3:36 PM, during a telephone interview, the Owner stated that he would have the opportunity to correct all that.	A 077		

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A 077	Continued From page 29 Class II	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 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,	A 084		

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A 084	Continued From page 30 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; 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	A 084		

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A 084	Continued From page 31 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 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:	A 084		

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A 084	Continued From page 32 Based on interview and record review, the facility failed to have up-to-date training on assisting with self-administration of medication for two out of six sampled staff (Staff D and Staff E). Findings included: Review of medication observation records (MOR) for all residents showed Staff D (caregiver) signed the book after assisted the residents with self-administration of medication. Review of personnel records for Staff D showed no documentation of the initial 6-hour training course on assisting residents with self-administration of medication. Staff D's hire date was . On at 3:13 PM, Staff E (caregiver) stated that regularly she assisted the Residents with self-administration of medication. Review of personnel records for Staff E showed she completed initial 6-hour training on assisting with self-administration of medication on . Further review showed no documentation of the annual 2-hour training update. On at 3:36 PM, during a telephone interview, the Owner stated that he would have the opportunity to correct all that. Class III	A 084		
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 162		

Agency for Health Care Administration

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A 162	Continued From page 33 (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 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	A 162		

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A 162	Continued From page 34 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 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	A 162		

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A 162	Continued From page 35 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 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, interview and record review, the facility failed to have a complete and accurate health assessment, and to ensure all required demographic data was included in the records of two out of eleven sampled residents (Resident #1 and Resident #5). Findings included:	A 162		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LOVING MOTHER ELDERLY CARE, INC	1635 WEST 65 STREET HIALEAH, FL 33012

(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 162	Continued From page 36 On at 11:15 AM, observation showed Resident #1 was lying in a hospital bed. The resident was observed having tremors. A review of Resident #1's health assessment completed showed medical history and diagnoses of psych symptoms (EPS), ( ), and (HLD). Resident #1 needed assistance with self-administration of medication. The assessment did not indicate the type of assistance the resident would need with the activities of daily living. Nor did it show the type of diet or the status of any conditions/requirements they resident may have. A review of Resident #1's record showed the demographic sheet was missing the name, telephone number and address of the residents' health care provider. A review of Resident #5's health assessment completed showed medical history and diagnoses of type 2 , and . Resident #5 needed supervision with ambulation and transferring, and required assistance with bathing, toileting, transferring, and with the self-administration of medication. The assessment did not indicate the type of assistance the resident would need with , and transferring was checked twice (supervision and assistance). Nor did it show the type of diet the resident needed. On at 3:36 PM, during a telephone interview, the Owner stated that he would have the opportunity to correct all that.	A 162		

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
	AL11932590	A. BUILDING: _____ B. WING _____	03/27/2025

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A 162	Continued From page 37 Class III	A 162		