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 |
|---|---|---|---|
| | AL11967411 | A. BUILDING: _____ B. WING _____ | 04/17/2025 |

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| DIOS DA EL MANA CORP | 9980 SW 1 STREET MIAMI, FL 33174 |

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| A 000 | Initial Comments<br><br>AMENDED on - A0027 removed (duplicated content)<br><br>A biennial relicensure survey was conducted at Dios Da El Mana on . Deficiencies were identified at the time of survey. | A 000 | | |
| A 030 SS=F | 59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(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 | A 030 | | |

AHCA Form 3020-0001

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

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| A 030 | Continued From page 1 | A 030 | | |

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;
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

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| A 030 | Continued From page 2<br><br>telephone on each floor of each building where residents reside.<br><br>429.28 Resident bill of rights.-<br>(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:<br>(a) Live in a safe and decent living environment, free from and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(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.<br>(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.<br>(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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 3 | A 030 | | |

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 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

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| A 030 | Continued From page 4<br><br>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.<br>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(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 | A 030 | | |

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| A 030 | Continued From page 5<br><br>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.<br><br>429.27 Property and personal affairs of residents.-<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure residents' privacy for 2 out of the 5 sampled residents<br><br>Findings<br>Observation on at 7:10am a video camera was sitting on top of a radio that was on a dresser facing the beds of Resident #2 and Resident #4. | A 030 | | |

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| A 030 | Continued From page 6<br><br>resident record review for Resident #2 and Resident #4 did not have a signed consent form for videotaping the resident.<br><br>Class III | A 030 | | |
| A 033 SS=D | 59A-36.007(8) PHYSICAL<br><br>(8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident.<br>(a) The care plan must specify:<br>1. The device prescribed for use;<br>2. The maximum amount of time the resident is to have the applied each day; and,<br>3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed .<br><br>(b) Facility staff must ensure that the device is applied appropriately and safely.<br>(c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and record review the facility failed to comply with the maximum amount | A 033 | | |

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| A 033 | Continued From page 7<br><br>of time the resident is to have the applied for one of five sampled residents (Resident #2)<br><br>Findings included:<br><br>Observation on at 7:03 am Resident #2 was observed sitting in recliner with a , tray .<br><br>Observation on at 10:43AM Resident #2 was assisted to the restroom by Staff B (Caregiver).<br><br>A review of Resident #2's record showed the prescription was up to three hours at a time.<br><br>Class III | A 033 | | |
| A 054 SS=I | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.<br>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: | A 054 | | |

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| A 054 | Continued From page 8<br><br>1. The name of the resident and any known<br>the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical<br>, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, interviews, and review of records, the facility failed to keep medication observation records (MOR) accurate and up-to-date. MOR for five of five residents (Resident #1, #2, #3, #4 and #5) were not accurate.<br><br>Finding included:<br><br>Observation on 7:17am showed that the medication closet contained the MOR and medications for resident. Individual bins contained resident medications inside them. There were medications outside of the bins and in grocery bags as well.<br><br>Observation on 9:15am showed that medications for Residents #1, #4, and #5 were found in the medication closet. The medications were twice per day ( ) for Resident #1, for Resident #5, and for Resident #4. There were six packs found with 6 out of 7 days punched out. | A 054 | | |

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| A 054 | Continued From page 9<br><br>A review of records, Resident #1, #4, and #5 MOR, did not reflect the starting date or ending date for for resident #1 and #5, and for resident # 4.<br><br>A review Resident #1, #4, and #5's historical MOR, did not reflect a starting date or ending date for for Resident #1 and #5, and for Resident # 4.<br><br>A review of Residents #1 and #5's health assessments and monthly progress notes, did not mention any requiring . ( for Resident #1 and #5, and for Resident # 4).<br><br>Observation on 9:25 am showed that in the medication bin for Resident #2 there was an empty box for Formula 3 ˬ cream. The Formula 3 ˬ cream was not found in the bin and could not be located. (Photographic evidence obtained)<br><br>A review of Resident #2 's MOR showed that Formula 3 ˬ cream had been marked as administered even though it was missing from the bin.<br><br>Observation on 9:45am showed that in Resident # 3's medication bin there were packs unopened and not used. The medications were , ˏ 400mg twice per day ( ), 500mg once per day (QD), 500mg QD, 1 gm QD. (Photographic evidence obtained)<br><br>A review of Resident #3's MOR showed that in the morning and for the entire month . ˬ 400mg ˏ 500mg once | A 054 | | |

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| A 054 | Continued From page 10<br><br>per day (QD), 500mg QD, 1 gm QD was marked as administered. There was no annotation that the medications had been stopped. (Photographic evidence obtained)<br><br>Observation on /2025am showed that in Resident #1's medication bin there was an unopened and not used pack for , 5mg QD.<br><br>A review of Resident #1's MOR, showed that , 5mg QD had been marked as administered for the entire month. There was no annotation that the medications had been stopped.<br><br>Interview on 9:44am via phone with primary care provider showed that medications for Resident #1's ( , 5mg QD) and for Resident #3 (, , 400mg , 500mg QD, 500mg QD, 1 gm QD) had been stopped on . The primary care provider further stated that he went by the facility to see the residents and update their MOR and health assessments on .<br><br>Class II | A 054 | | |
| A 055 SS=I | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(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 | A 055 | | |

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| A 055 | Continued From page 11<br>possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is | A 055 | | |

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| A 055 | Continued From page 12<br><br>located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).<br>(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.<br>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing | A 055 | | |

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| | AL11967411 | A. BUILDING: _____ B. WING _____ | 04/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| DIOS DA EL MANA CORP | 9980 SW 1 STREET MIAMI, FL 33174 |

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| A 055 | Continued From page 13<br><br>pharmacy pursuant to Rule 64B16-28.870, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interviews, and review of records, the facility failed to centrally store medications, and failed to keep medications locked for 5 of 5 sampled residents (Resident #1, #2, #3, #4 and #5).<br><br>Findings included:<br><br>1)<br><br>Observation on 7:08 am showed on the dresser in # there was a jar of , cream that was not locked in a central location. (Photographic evidence obtained)<br><br>Observation on 7:10 am showed in the unlocked storage room there was a bottle of prescription dental rinse with a fill date and there was also a prescription bottle not labeled containing medications (Photographic evidence obtained)<br><br>Observation on 7:17 am showed the medication closet was unlocked (Photographic evidence obtained).<br><br>Interview on 7:17 am Staff B (caretaker) stated that the cabinet had just been opened for inspection.<br><br>Observation on 7:17 am showed that medications were mixed together in the storage closet. There were grocery bags filled with medications in the bottom of the closet, bins on the shelves labeled with patient names, and loose assorted medications in all the shelves. (Photographic evidence obtained) | A 055 | | |

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| A 055 | Continued From page 14<br><br>Observation on 7:19 am showed that behind one of the bins in the rear of the closet there was a prescription medication bottle for the ADMINSTRATOR for , (once per day) QD. (Photographic evidence obtained)<br><br>Observation on 9:30 am showed that in the medication bins for residents #1 and # 5 located in the closet several labeled and unlabeled prescription bottles were found. Bottles were found with several sizes and colors of mixed pills inside. Some of the medications could be identified only by their manufacturing marking. Those pills identified were , 10mg, 100mg, mcg, 500 mg, , 50 mg, , 200 mg (Photographic evidence obtained).<br><br>A review of residents MOR showed 2 of 5 residents were prescribed , 10mg, and/or 500 mg.<br><br>Interview on /2025 at 9:34 with Staff B stated that there were extra medications that residents' families bring them and have not been disposed of or taken.<br><br>Observation on at 12:00pm showed that residents # 1 received assistance with their medication and depended on facility staff to bring them their medications.<br><br>II<br><br>Observation on 7:17 am showed medications in the bottom of the storage closet in grocery bags. | A 055 | | |

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| A 055 | Continued From page 15<br><br>Interview on 7:17 am with Staff B (caretaker) stated that these are old medications, and previous inspectors did not have a problem with them.<br><br>A review of record prescription medications in grocery bags were expired for Resident # #4 and #5. For resident #3 ,12% expired on , DIP expired on , and , 2.5 expired on and , , 100,000 Unit/Ml expired on . For resident # 4 0.05% expired on . For Resident #5 , .05% expired on , and , 3.75 mg expired on .<br><br>Observation on 9:30 am showed that in the medication bins for resident #1 and #5 located in the medication closet, there were several labeled and unlabeled prescription bottles. In the bottles were mixed pills. The medications in the bottles could only be identified by their manufacturing markings. Medications that were identified included , 10mg, 100mg, , mcg, 500 mg, , , 50 mg, 200 mg, , 10 mg (Photographic evidence obtained) For bottle not labeled the use before date could not be determined, and for one bottle Patient #5 500mg the use before date was .<br><br>Interview on at 9:34 with Staff B stated that there were extra medications that residents' family brought them that have not been disposed or picked-up.<br><br>Observation on at 12:00pm showed | A 055 | | |

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| A 055 | Continued From page 16<br><br>that Resident #1 received assistance with medication and depended on facility staff to bring them their medications and assist with administration.<br><br>Class II | A 055 | | |
| A 056 SS=F | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(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.<br>(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 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 | A 056 | | |

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| A 056 | Continued From page 17<br>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.<br>(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.<br>(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.<br>(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.<br>(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, 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, | A 056 | | |

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| A 056 | Continued From page 18<br><br>they must be kept in a container that bears a label containing the following:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interviews, and review of records, the facility failed to properly store/dispose of not unidentifiable prescriptions. The facility kept improperly labeled and unlabled medications at the facility affecting 5 out of 5 residents (resident #1, #2, #3, # 4 and #5).<br><br>Finding Included:<br><br>Observation on 7:08am showed on the dresser in # (resident #2 and #4) was a jar of , cream that had its prescription label removed. (Photographic evidence obtained)<br><br>Observation on 7:10am showed in the storage room there was a prescription bottle not labeled containing medications. (Photographic evidence obtained)<br><br>Observation on 7:17am showed that in Residents #1 and #5's medication bins there were prescription bottles not labeled containing various medications inside. Some of the | A 056 | | |

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| A 056 | Continued From page 19<br><br>medications could only be identified by their marking, including , 10mg, 100mg, , mcg, 500 mg, , , 50 mg, 200 mg, , 10 mg<br>(Photographic evidence obtained)<br><br>Interview on /2025 at 9:34 with Staff B (caretaker) stated that this was extra medication that residents' family brings them and have not been disposed or returned to resident families.<br><br>Observation on at 12:00pm showed that Resident #1 received assistance with medication and depends on facility staff to bring them their medications and assist with administration.<br><br>Class III | A 056 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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.<br>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 | A 078 | | |

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| A 078 | Continued From page 20<br>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 .<br>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 .<br>(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 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.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff | A 078 | | |

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| A 078 | Continued From page 21<br><br>position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure that one of three sampled staff (Staff 2) was not able to demonstrate and the elopement procedure consistent of level of education, training, preparation and experience. The facility also failed to have documentation of negative examination for 1 out of 3 staff. Staff C did not have current documentation for a negative examination.<br><br>Findings:<br><br>Interviewed on at 11:54 am, when it was asked if she would find a resident eloping, staff 3 stated she would 911 and look for the resident.<br><br>A review of facility records revealed that the last time an elopement drill was done on with all residents and staff members.<br><br>According to the 's Association: "It's common for a person living with to or become lost or about their location, and it can happen at any stage of the . Six in 10 people living with will at least once; many do so repeatedly. Although common, can be dangerous - even life-threatening - and the stress of this risk weighs heavily on caregivers and family. | A 078 | | |

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| A 078 | Continued From page 22<br><br>2, Observation on showed that Staff C (caretaker) was preparing meals and having direct contact with all residents.<br><br>A review of records showed that Staff C last physical examination was dated .<br>(Photographic evidence obtained).<br><br>Class III | A 078 | | |
| A 152 SS=F | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, | A 152 | | |

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| A 152 | Continued From page 23<br><br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(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 .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to maintain a safe and clean environment for 5 of the 5 sampled residents (Residents 1,2,3,4, and 5)<br><br>Findings:<br><br>Observation on at 7:10am showed was cluttered with items on top of the two dressers there were unopened adult briefs, an opened pack of wipes, a package of bed pads, a shoe box, folded clothes, and a jar of medication with the label ripped off. 2 walkers being stored behind the door 3 wheelchairs at the of a bed. Empty boxes sitting on top of a chair. Closet blocked by a dresser. There was a video camera sitting on top of a radio that was on a dresser (Photographic evidence obtained)<br><br>Observation on 7:15am showed baseboard to the outside right of wood was rotted and deteriorating. (Photographic evidence obtained)<br><br>Observation on 7:16am showed an unlocked closet storing medications (numerous | A 152 | | |

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| A 152 | Continued From page 24<br><br>jars of , an unlabeled pill bottle with different types of pills, actulose, silver 1% cream, and hot medication patches, 2 bottles .12% oral rinse) a bucket of laundry detergent. (Photographic evidence obtained)<br><br>Observation on at 7:17am Bathroom paint and caulk were chipping around the sink. Three assistive devices were being stored in the shower, and one was on the toilet, a broom was also in the shower. (Photographic evidence obtained)<br><br>Observation on at 7:18 am revealed the hallway light not working,<br><br>Observation on at 7:19am laundry room closet door was unlocked and was cluttered with numerous chemicals stored on the shelves such as laundry detergent, glass cleaner, dishwasher liquid, hornet spray miracle foam cleaner and Fresquito all-purpose cleaner. There was a garbage can on top of the dryer. On top of the washing machine was a blue storage bin, sneakers, a roll of toilet tissue, and a bottle of dish washing liquid and a blue jug of laundry detergent. (Photographic evidence obtained)<br><br>Observation on at 7:25am the kitchen counter had pots dishes and cups with crusted food on them. The countertop was cluttered with food items, containers, utensils and appliances. (Photographic evidence obtained)<br><br>Observation on at 7:30am bathroom between two assistive devices were being stored in the shower as well as broom. The shower tile was discolored and appeared to have mold. The cabinet | A 152 | | |

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| A 152 | Continued From page 25<br><br>underneath the sink had a spray bottle with an unknown blue substance There also was a can of Lysol spray. There were seven bed pans being stored underneath the cabinet, along with cleaning utensils and multiple grocery bags. (Photographic evidence obtained)<br><br>Observation on at 8:06am backyard area had a shopping cart, metal window shutters, numerous assistive devices, pieces of wood, boxes, buckets, a blue mattress, a metal bed frame all scattered throughout the property. An unlocked shed was cluttered with metal pipes walkers and other various items. Ducks in rusted cages were observed in the yard as well. (Photographic evidence obtained)<br><br>During an interview on at 9:00 am, Staff B (caregiver) stated the residents do not go to the closet . She further stated that the area of the home was not part of the license.<br><br>Class III | A 152 | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. | A 160 | | |

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| A 160 | Continued From page 26<br><br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff.<br>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special | A 160 | | |

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| A 160 | Continued From page 27<br><br>care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.<br>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;<br>(q) The facility's prevention policies and procedures;<br>(r) The facility's medication practices;<br>(s) The facility's policy on physical ;<br>(t) The facility's policy on assistive devices; | A 160 | | |

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| A 160 | Continued From page 28<br><br>(u) The facility's policy on third-party providers;<br>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;<br>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>A0160 - Records - Facility: Hospice Comfort Kit not readily available in the premises.<br>Based on observation and interview, the facility failed to make the Comfort Kit readily available for the hospice resident.<br><br>Findings:<br>Observation on at 9:47 am, showed The Comfort Kit was not in the facility as per protocol for hospice resident's access.<br>Interview on at 9:48 am, it was asked to Staff 2, Where is the Comfort Kit? She responded and confirmed that the hospice nurse took it away from the facility yesterday.<br><br>Interview via phone at 9:38 am, spoke with Hospice Access Care staff, explained that hospice nurse took away the comfort kit on and were waiting for the doctor's signature of expired medication.<br><br>Interview on via phone at 9:48 am with the primary care provider. Primary care provider further stated that he was working with the hospice physician to discontinue the medication and was working with the facility owner (who had a ) to update facility documents. According to the provider, he was at the facility on to update documentation and left at about 5pm. | A 160 | | |

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| A 160 | Continued From page 29<br><br>Class III | A 160 | | |
| A 161 SS=D | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,<br>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description | A 161 | | |

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| A 161 | Continued From page 30<br><br>given to each staff member pursuant to Rule 59A-36.010, F.A.C.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C.<br>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on review of records, the facility failed to have documentation of negative examination for 1 out of 3 staff. Staff C did not have current documentation of a negative examination.<br><br>Finding Included:<br><br>Observation on showed that Staff C (caretaker) was preparing meals and having direct contact with all residents.<br><br>A review of records showed that Staff C last physical examination was dated<br>(Photographic evidence obtained) | A 161 | | |
| A 200 SS=F | 59A-36.025 FAC Emergency Environmental Control | A 200 | | |

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| A 200 | Continued From page 31<br><br>59A-36.025 Emergency Environmental Control for Assisted Living Facilities.<br>(1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:<br>(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.<br>1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not | A 200 | | |

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| A 200 | Continued From page 32<br><br>prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.<br>2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.<br>3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.<br>a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.<br>b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any | A 200 | | |

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| A 200 | Continued From page 33<br>necessary movement of residents must be clearly described in the emergency power plan.<br>c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.<br>(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.<br>1. Facilities must store minimum amounts of fuel onsite as follows:<br>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.<br>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.<br>2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.<br>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.<br>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted | A 200 | | |

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| A 200 | Continued From page 34<br>living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.<br>(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.<br>(d) The acquisition and maintenance of a monoxide alarm.<br>(2) SUBMISSION OF THE PLAN.<br>(a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.<br>(b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval.<br>(3) APPROVED PLANS.<br>(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.<br>(b) Within 30 days of the approval of the plan from the county emergency management agency, | A 200 | | |

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| A 200 | Continued From page 35 | A 200 | | |

the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com.
(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation.
(4) IMPLEMENTATION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule.
(b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.
(c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.
(5) POLICIES AND PROCEDURES.
(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that

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| A 200 | Continued From page 36<br>residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:<br>1. The use of cooling devices and equipment;<br>2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;<br>3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and<br>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.<br>(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.<br>(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.<br>(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration | A 200 | | |

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| A 200 | Continued From page 37<br><br>may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.<br>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.<br>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.<br>(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.<br>(8) NOTIFICATION.<br>(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:<br>1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval;<br>2. Upon final implementation of the plan by the assisted living facility.<br>3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan.<br>(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" | A 200 | | |

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|---|---|---|---|
| | AL11967411 | A. BUILDING: _____ B. WING _____ | 04/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| DIOS DA EL MANA CORP | 9980 SW 1 STREET MIAMI, FL 33174 |

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| A 200 | Continued From page 38<br><br>means the ability to immediately produce the notifications, either in electronic or paper format, upon request.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, interviews and review of records, the facility failed to maintain room temperatures at or below 81 degrees Fahrenheit.<br><br>Finding included:<br><br>Observation on 7:11am showed the temperatures at the facility felt warm.<br><br>A Review of record, Fisher Brand Thermos Hygrometer showed room temperature at 85F in dining area at 11:20am.<br><br>Interview on 11:29am Staff B (caretaker) stated that the residents felt fine and were not hot. Staff B stated that the AC was working and was set at or below 77F. Staff B stated that it gos warm in the dining area because of the kitchen.<br><br>Observation on 11:30am Staff B turned on the fan in the dining area.<br><br>Class III | A 200 | | |

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| CZ824 | 408.811 FS; 59A-35.120 FAC Right of Inspection; Inspection Reports<br><br>408.811 Right of inspection; copies; inspection reports; plan for correction of deficiencies.-<br>(1) An authorized officer or employee of the agency may make or cause to be made any inspection or investigation deemed necessary by the agency to determine the state of compliance with this part, authorizing statutes, and applicable rules. The right of inspection extends to any business that the agency has reason to believe is being operated as a provider without a license, but inspection of any business suspected of being operated without the appropriate license may not be made without the permission of the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license issued under this part, authorizing statutes, or applicable rules constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application.<br>(a) All inspections shall be unannounced, except as specified in s. 408.806.<br>(b) Inspections for relicensure shall be conducted biennially unless otherwise specified by this section, authorizing statutes, or applicable rules.<br>(c) The agency may exempt a low-risk provider from a licensure inspection if the provider or a controlling interest has an excellent regulatory history with regard to deficiencies, sanctions, complaints, or other regulatory actions as defined in agency rule. The agency must conduct unannounced licensure inspections on at least 10 percent of the exempt low-risk providers to verify regulatory compliance.<br>(d) The agency may adopt rules to waive any inspection, including a relicensure inspection, or grant an extended time period between relicensure inspections based upon: | CZ824 | | |

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| CZ824 | Continued From page 1<br><br>1. An excellent regulatory history with regard to deficiencies, sanctions, complaints, or other regulatory measures.<br>2. Outcome measures that demonstrate quality performance.<br>3. Successful participation in a recognized, quality program.<br>4. Accreditation status.<br>5. Other measures reflective of quality and safety.<br>6. The length of time between inspections.<br>The agency shall continue to conduct unannounced licensure inspections on at least 10 percent of providers that qualify for an exemption or extended period between relicensure inspections. The agency may conduct an inspection of any provider at any time to verify regulatory compliance.<br>(2) Inspections conducted in conjunction with certification, comparable licensure requirements, or a recognized or approved accreditation organization may be accepted in lieu of a complete licensure inspection. However, a licensure inspection may also be conducted to review any licensure requirements that are not also requirements for certification.<br>(3) The agency shall have access to and the licensee shall provide, or if requested send, copies of all provider records required during an inspection or other review at no cost to the agency, including records requested during an offsite review.<br>(4) A deficiency must be corrected within 30 calendar days after the provider is notified of inspection results unless an alternative timeframe is required or approved by the agency.<br>(5) The agency may require an applicant or licensee to submit a plan of correction for deficiencies. If required, the plan of correction must be filed with the agency within 10 calendar | CZ824 | | |

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| CZ824 | Continued From page 2<br><br>days after notification unless an alternative timeframe is required.<br>(6)(a) Each licensee shall maintain as public information, available upon request, records of all inspection reports pertaining to that provider that have been filed by the agency unless those reports are exempt from or contain information that is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution or is otherwise made confidential by law. Copies of such reports shall be retained in the records of the provider for at least 3 years following the date the reports are filed and issued, regardless of a change of ownership.<br>(b) A licensee shall, upon the request of any person who has completed a written application with intent to be admitted by such provider, any person who is a client of such provider, or any relative, spouse, or guardian of any such person, furnish to the requester a copy of the last inspection report pertaining to the licensed provider that was issued by the agency or by an accrediting organization if such report is used in lieu of a licensure inspection.<br><br>59A-35.120 Inspections.<br>(1) When regulatory violations are identified by the Agency:<br>(a) Deficiencies must be corrected within 30 days of the date the Agency sends the deficiency notice to the provider, unless an alternative timeframe is required or approved by the Agency.<br>(b) The Agency may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time.<br>(2) If an inspection is completed through off-site record review, any records requested by the Agency in conjunction with the review, must be received within 7 days of request and provided at | CZ824 | | |

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| CZ824 | Continued From page 3<br><br>no cost to the Agency. Each licensee shall maintain the records including medical and treatment records of a client and provide access to the Agency.<br>(3) Providers that are exempt from Agency inspections due to accreditation oversight as prescribed in authorizing statutes must provide:<br>(a) Documentation from the accrediting agency including the name of the accrediting agency, the beginning and expiration dates of the provider's accreditation, accreditation status and type must be submitted at the time of license application, or within 21 days of accreditation.<br>(b) Documentation of each accreditation inspection including the accreditation organization's report of findings, the provider's response and the final determination must be submitted within 21 days of final determination or the provider is no longer exempt from Agency inspection.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on Observation, interviews, and review of records, the facility failed to provide access to a locked part of assisted living facility (ALF) during an inspection.<br><br>Finding Included:<br><br>Observation on 7:10am showed that in the storage room next to # there was a door locked and marked private. (Photographic evidence obtained)<br><br>Interviewed on 7:10 am Staff B (caregiver) stated that the room was private and not part of ALF. Staff B was asked to provide a copy of a lease agreement and did not provide a document or state anything further. | CZ824 | | |

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| CZ824 | Continued From page 4<br><br>Observation on 7:40am showed that not all areas of the ALF were accessible. There were windows on the southeast side of the structure boarded up. In between the accessible portions and the inaccessible parts was a courtyard. In the courtyard there were two outside entrances to the inaccessible parts. One part of the structure was attached to the accessible parts of ALF were the inside private door is. (Photographic evidence obtained)<br><br>Interviewed on 7:45am Administrator stated that there were two efficiencies in the inaccessible area, one was rented out and the other belonged to him and his wife (Administrator and Staff B). When asked to access the other area the Administrator did not reply. A copy of the lease agreements was again requested of the administrator and non was provided.<br><br>Interviewed on 7:46 am a resident came out of one of the dwellings and he stated that he lived there with his wife and three children. He stated that he paid rent and there was another unit next door.<br><br>Interviewed on 11:50am the administrator was asked to open the private door since he'd said early it was his property. He did not answer and was interrupted by Staff B.<br><br>Interviewed on 11:51 am Staff B was reluctant to open the door and stated that the space was being rented to two ladies. When asked again for a copy of the lease agreement, again she did not provide it. Staff B stated that she'd rather pay the fine than get sued by the residents of the unit behind the private door.<br><br>Observation on 12:00pm showed | CZ824 | | |

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| CZ824 | Continued From page 5<br><br>Staff B was speaking to someone on her private phone asking them to draft up a lease agreement for the unit in the front (the private inaccessible area attached to the ALF from the inside).<br><br>A review of records from agency licensing dated titled affidavit of compliance showed no limitations in the floor plan and noted the facility as a single-family resident (duplex) property.<br><br>A review of record United States Postal Services address records shows only one address at ALF location.<br><br>A review of Miami Dade County property records showed that the living area for 9980 SW 1 ST Unit C Miami, Fl 33174 Folio No. 30-4005-029-0052 is 2,903 Sq ft.<br><br>Observation on 12:23 pm showed that the accessible portions of the ALF was smaller than 2,90s. The area made for inspection was only approximately 1,200 sqft .<br><br>Unclassified | CZ824 | | |