

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969444</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/10/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PLAZA AT PARKSQUARE (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2940 NE 207 STREET<br/>AVENTURA, FL 33180</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {A 000}                                                              | Initial Comments<br><br>A revisit from a complaint investigation was<br>conducted at Plaza At Parksquare from<br>through . Deficiencies<br>were found to be uncorrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | {A 000}                                                                                   |                                                                                                                          |                                                                    |
| {A 162}<br>SS=D                                                      | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records<br>must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of<br>other health insurance ,<br>8. Name, address, and telephone number of next<br>of kin, legal representative, or individual<br>designated by the resident for notification in case<br>of an emergency; and,<br>9. Name, address, and telephone number of the<br>resident's health care practitioner and case<br>manager, if applicable.<br>(b) A copy of the Resident Health Assessment<br>form, AHCA Form 1823 or the health care<br>practitioner's medical examination form described<br>in Rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services,<br>therapeutic diets, , or<br>other services to be provided, supervised, or<br>implemented by the facility that require a health<br>care provider's order.<br>(d) Documentation of a resident's refusal of a<br>therapeutic diet pursuant to Rule 59A-36.012,<br>F.A.C., if applicable.<br>(e) The resident care record described in<br>paragraph 59A-36.007(1)(f), F.A.C. | {A 162}                                                                                   |                                                                                                                          |                                                                    |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| {A 162}                                                              | <p>Continued From page 1</p> <p>(f) A      ✓      record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their      ✓      recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that      ✓      not be taken.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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</p> | {A 162}                                                                                   |                                                                                                                          |                          |

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| {A 162}                                                              | <p>Continued From page 2</p> <p>and available for review at:<br/> <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a>. 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.</p> <p>(m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(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.</p> <p>(o) The resident's _____, DH Form 1896, if applicable.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> | {A 162}                                                                                         |                                                                                                                          |  |                                                                    |

AHCA Form 3020-0001

Agency for Health Care Administration

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| {A 162}                                                              | Continued From page 4<br><br>A review of the facility elopement risk residents list showed seven residents were an elopement risk Residents #22, 23, 24, 25, 26, 27, 28. However, four out of the seven resident's health assessment didn't show an elopement risk.<br><br>A review of Resident 22's health assessment dated _____ showed the resident was not an elopement risk.<br><br>A review of Resident 23's health assessment dated _____ showed the resident was not an elopement risk.<br><br>A review of Resident 24's health assessment dated _____ showed the resident was not an elopement risk.<br><br>A review of Resident 25's health assessment dated _____ showed the resident was not an elopement risk.<br><br>During the exit interview on _____ at 12:50 pm the Administrator stated, "we have that list for people we suspect to be at risk for elopement even though their doctors haven't signed off on the health assessments."<br><br>Class III<br>Uncorrected | {A 162}                                                                        |                                                                                                                          |  |                                                                    |
| {A 165}<br>SS=D                                                      | 429.23( & ) FS Risk Mgmt & QA<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {A 165}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 165}                                                              | <p>Continued From page 5</p> <p>establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.</p> <p>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:</p> <p>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:</p> <ol style="list-style-type: none"> <li>1. _____ ;</li> <li>2. _____ or _____ damage;</li> <li>3. Permanent _____ ;</li> <li>4. _____ or _____ of bones or joints;</li> <li>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;</li> <li>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or</li> <li>7. An event that is reported to law enforcement or its personnel for investigation; or</li> </ol> <p>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.</p> <p>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's</p> | {A 165}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 165}                                                              | Continued From page 6<br><br>investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.<br>(6) _____, neglect, or _____ must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or | {A 165}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 165}                                                              | <p>Continued From page 7</p> <p>administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.</p> <p>(10) The agency may adopt rules necessary to administer this section.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to submit an adverse incident report to the agency within one business day or within fifteen days for one (Resident #3) out of 39 sampled residents.</p> <p>Findings Included:</p> <p>A review of Resident #3 progress notes dated showed the resident was observed on the floor of her bathroom lying on her right side. The resident private duty aide was in the kitchen when the incident occurred. The rescue was called, and the resident was transported to the hospital. On the resident returned to the facility; the resident had and her during the .</p> <p>A review of the agency's adverse incident database showed no incidents were filed for Resident #3's injury.</p> <p>During the exit interview at 12:50 pm the Administrator stated, "I'll do it right away."</p> <p>Class III<br/>Uncorrected</p> | {A 165}                                                                        |                                                                                                                          |                          |                                                                    |