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
	AL11968055	A. BUILDING: _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE SENIOR LIVING AT WELLINGTON	10334 NUVISTA AVENUE WELLINGTON, FL 33414

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (#2025002458, 2025001484 and 2024015835) and Generator Monitoring survey was conducted on - at Luxe Senior Living At Wellington. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review, observation and interviews, it was determined that, the facility failed to maintain sufficient staffing (direct care staff) to ensure all residents received assistance and/or supervise with their Activities of Daily Living as needed for Residents #3, 4, 5, 6, 7, 8, 15, 16, 19, 20, 21, 22 and 23 that reside on the second floor. The findings included: Record review of the facility's Policy and Procedures titled, ADL "Care and Services", Issued and Revised Page 1, documented as follows: Standard: Residents will be provided with care, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).	A 028		

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A 028	Continued From page 1 Guideline: Residents who are unable to carry out activities of daily living independently will receive the services necessary. Procedure: Residents will be provided with care and services to ensure that their activities of daily living (ADLs) are met. During a tour conducted on through between 8:00 AM and 3:00 PM, this surveyor observed the following concerns on the Assisted Living (AL) second floor. During a Med Pass on at approximately 8:30 AM this surveyor observed Staff F (Medication Technician / CNA) handling multiple tasks such as: a) conducting Med Pass b) serving breakfast to residents c) assisting residents that need assistance with transferring (residents that do not eat in their room and like to go to the dining room on the first floor) During an interview on at approximately 8:50 AM, this surveyor asked Staff F how many staff members are on the second floor, and she stated one staff member per floor. On observation at approximately 9:25 AM, this surveyor observed Staff F reaching into the hot box for Resident #7's breakfast plate. During an interview on at approximately 9:35 AM. She was asked how many breakfast meals she had left to distribute and she stated approximately 3 or 4. She was asked if any servers from the main dining room	A 028		

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A 028	Continued From page 2	A 028		

assist in distributing breakfast and she stated kitchen staff only brings hot boxes to each floor and direct care staff distributes the meals. She stated breakfast and dinner are usually the busiest time because residents like to eat their meals in bed.

During an interview on at approximately 10:50 AM the Administrator was asked to provide assignment report and/or log for direct care staff. At this time, she confirmed that each Direct Care Staff on each floor was assigned for the following tasks:
a) Medication Pass
b) Distribution of meals
c) Assist residents with their ADLs needs

Review of the facility's assignment report for the second floor, provided by the Administrator revealed the following residents requiring assistance with their ADLs:
assist put on brace
prothesis in bra assist
assist with transfer
monitor odors in room put dirty clothes in plastic bag
deliver meal (dines in room)
assist with , (empty bag)
assist resident with ADLs
hospice assist
meals in room /monitor odors in room assist
limited vision assist
bring to dining room assist
meals in room assist

During an interview on at approximately 11:10 AM, this surveyor asked Staff F how many medications passes she had

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A 028	Continued From page 3 left and she stated approximately six, this surveyor asked Staff F if the medication pass was the morning or noon pass and she stated she was still conducting the morning pass. During an interview on at approximately 11:30 AM, this surveyor observed Staff F conducting a medication pass on the first floor for Resident #15, Staff F stated she finally found resident on the first floor. At this time, she was asked if she was finished with her morning medication pass and she stated Resident #15 was her las morning medication pass. She stated she was delayed because she needed to attend to other residents in between medication pass. Staff F stated she had asked for help from another staff that works on the first floor because Resident #7 is assisted with two persons. During the survey conducted between and confidential staff interviews were conducted. Staff voiced their concerns regarding facility not having sufficient staff to carry out daily tasks to assist residents with ADLs. During an interview on at approximately 4:35 PM, a team of surveyors met with the Administrator and she was informed of the concerns regarding facility not having sufficient staff to provide care and services and ensure residents ADLs are met. She acknowledged the findings. Class III	A 028		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 4 (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new	A 056		

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A 056	Continued From page 5 directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary	A 056		

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A 056	Continued From page 6 prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that, the facility failed to review the Medication Observation Record (MOR) and medication label at the time of medication pass for 1 of 5 sampled residents (Resident #15). The findings included: A Medication Observation Record (MOR) must include the name of the resident, the name of each medication prescribed, the strength and direction of use. 1) An observation on at 11:18 AM, during medication pass, Staff F (Medication Technician/CNA) was observed putting in a medication cup the following medications for Resident #15: a) tablet 100 milligrams (mg), 1 tablet in the morning at 9:00 AM b) tablet 8.6 mg, 1 tablet in the morning at 9:00 AM c) , tablet 500 mg, 1 tablet in the morning at 9:00 AM d) tablet 500 mg, 1 tablet in the morning at 9:00 AM e) tablet 50 mg, 1 tablet in the morning at 9:00 AM f) , tablet 10 mg, 1 tablet in the morning at 9:00 AM g) Oral tablet, Extended release 24 Hours 50 mg, 9:00 AM	A 056		

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A 056	Continued From page 7 Record review of the facility's MOR dated through revealed Resident #15 medications direction of use was to be given at 9:00 AM, instead this surveyor observed Resident #15 take his medication at 11:18 AM. Further reviewof the MOR revealed, , tablet 10 mg, required vital checks before Staff assist with self-administration of medication by following direction of use the MOR documented as follows; hold for , less than 110 or . Review of the MOR revealed the following dates that staff did not document the resident vitals for . tablet 10 mg, 9:00 AM - , , , , , , and and 5:00 PM . During an interview on at approximately 11:40 AM with Staff F, she was asked why she was not following medication parameters (direction of use) Staff stated she was not aware of the direction of use at the time of medication pass. During an interview on at approximately 2:50 PM with Staff H (Facility Nurse) she was informed of the findings during medication pass with Staff F, not following medication parameters (direction of use) Staff H acknowledged the findings. During an interview on at approximately 5:45 PM, a team of surveyors met with the Administrator and she was informed of the concerns regarding unlicensed personal (Medication Technicians) not following medication parameters (direction of use) at the time of medication pass. She acknowledged the findings.	A 056		

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A 056	Continued From page 8 Class III	A 056		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. 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. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 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, 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 . (c) A log listing the names of all temporary	A 160		

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A 160	Continued From page 9 emergency placement and respite care residents if not included on the log described in paragraph (b). (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. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (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. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (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. (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. (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.,	A 160		

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A 160	Continued From page 10 issued within the last 2 years. (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. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to provide an up-to-date Admission and Discharge log listing for all residents during a biannual survey. The findings included: Record review of the facility on revealed no documentation for an up-to-date Admission and Discharge log documenting as follows: 1) Date of Admission: facility or place from which resident is admitted	A 160		

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A 160	Continued From page 11 2) Date of Discharge: reason for discharge and identification of the facility or home address to which the resident was discharged. During an interview on at approximately 5:15 PM the Administrator acknowledged the findings. No additional documentation was provided during the survey. Class III	A 160		

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CZ841	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	CZ841		

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CZ841	Continued From page 1 providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section,	CZ841		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to meet the Florida State regulation requirements in their Policy and Procedure and on the Facility website on Visitation. The facility's Policy and Procedure failed to include in-person visitation guidelines. The findings included: On review of the facility's website www.Luxeatwellington.com and written Policy failed to address the following State Visitation Policy and Procedure requirements: a) Visitation in End-of-life situations. b) Visitation for resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support. c) Visitation in the event the resident, client, or patient is making one or more major medical decisions. d) Visitation when a resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . e) Visitation when a resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. f) Visitation when a resident, client, or patient who used to talk and interact with others is seldom speaking. g) control education for visitors. h) Screening.	CZ841		

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
	AL11968055	A. BUILDING: _____ B. WING _____	06/12/2025

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CZ841	Continued From page 3 i) PPE. j) Essential caregiver designation. k) Visit length (essential caregivers must be allowed visitation at least two hours daily). l) Consensual physical contact. m) Designation of a person responsible for ensuring staff adhere to the policies and procedures. During an interview with the Administrator on at approximately 3:00 PM, she stated she was newly hired, and she was not aware of the State Visitation Policy and Procedure requirements. She acknowledged the findings. No additional documentation was provided. unclassified	CZ841		