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
	AL11967370	A. BUILDING: _____ B. WING _____	R 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING WELL ALF #2	21280 OLD CUTLER ROAD CUTLER BAY, FL 33189

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{A 000}	Initial Comments A revisit to a standard licensure survey was conducted at Living Well ALF #2 on . Deficiencies were found at the time of the survey.	{A 000}		
{A 031} SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by	{A 031}		

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{A 031}	Continued From page 1 the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the recertification care plan for administration was maintained for Resident #5 receiving care	{A 031}		

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{A 031}	Continued From page 2 from a third- party provider. Also, the facility failed to maintain an updated log of Resident #5 daily ⌄ / with daily documentation. Findings Included: Observation on at 7:26 am showed Resident #5 lying in bed sleep. Interviewed on at Staff E (Caregiver) stated, Resident #5 already received her morning medications which included . A review of Resident 5's records revealed no care plan for administration for the resident. A review of Resident 5's daily ⌄ / log showed from up to . However, the current date was . . . . . During the exit interview on at 09:36 am the Owner stated, "The log has a two-week window in order to be updated. I don't send them every day; I complete them weekly." Uncorrected Class III	{A 031}		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff	{A 078}		

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{A 078}	Continued From page 3 does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to	{A 078}		

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{A 078}	Continued From page 4	{A 078}		

perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility must:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.
(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review the facility failed to ensure Staff B (Caregiver) was qualified to perform their assigned duties consistent with their level of education, training, and preparation. Staff B was unable to accurately describe , , , ( ).

Findings Included:

Observation on at 7:28 am showed Staff B (Caregiver) on duty with 6 residents.
Interview on at 9:09 am when asked would you perform on a resident that does not have a do not order ( ) Staff B stated, "No, what do you mean ." The question was rephrased when you would perform , , on a resident. Staff B stated, "when he's eating and comes out like he is eating."

Observation on at 9:09 am showed Staff B placed her together and started to

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{A 078}	Continued From page 5 push upward. Appeared to show the thrust (Heimlich maneuver). According to the National Library of Medicine, " thrusts is an emergency technique to help clear someone's airway. The procedure is done on someone who is choking and is also ." " A review of Staff B's personnel records showed Staff B was hired on and current training dated . According to the American Red Cross, "The American Red Cross guidelines recommend 100 to 120 , per minute, 30 at a time, and give 2 breaths." During the exit interview on at 9:36 am the Owner stated, "remember they are not nurse's, you would be here every month. Why do you think they work here." Class III Uncorrected	{A 078}		
{A 093} SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are	{A 093}		

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{A 093}	Continued From page 6 incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to	{A 093}		

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{A 093}	Continued From page 7	{A 093}		

participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .

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{A 093}	Continued From page 8 (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to follow the prescribed diet of puree from the health care provider for two (Residents #1 and 5) out of six sampled residents. Findings Included: Observation at 7:58 am showed Staff B (Caregiver) fed Resident #1 cereal and milk inside of cup. Further Observation showed Staff B fed Resident #5 Cereal with toast and milk inside of a cup. Interviewed on at 8:35 am Staff B (Caregiver) stated there were no residents on a puree diet. A review of Resident #1's health assessment dated showed the resident was prescribed a pureed diet. Further review of Resident #1 health assessment showed a medical diagnosis of , , . According to the National Library of Medicine " , , is a term that means difficulty	{A 093}		

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{A 093}	Continued From page 9 swallowing. When you try to swallow liquids, food, or even your saliva, you may ␣ or choke. Swallowing may be uncomfortable or painful, and these issues may even stop you from swallowing." A review of Resident #5's health assessment dated showed the resident was prescribed a pureed diet. During the exit interview on at 9:36 am the Owner acknowledged that the residents were not fed the proper food according to the doctor's orders and stated he would reach out to his dietitian. Uncorrected Class III	{A 093}		
A 160 SS=D	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	A 160		

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A 160	Continued From page 10 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 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	A 160		

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A 160	Continued From page 11 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., 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	A 160		

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A 160	Continued From page 12 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 interview and record review the facility failed to maintain an accurate and up to date health assessment for one out of six sampled residents (Resident #2). Findings Included: A review of Resident 2's health assessment dated showed the resident needed assistance and total care for all activities of daily living ambulation, bathing, , eating, self-care, toileting, and transferring. Section C of the health assessment showed the Resident #2 was bedridden. During the exit interview on at 9:36 am the Owner acknowledged the health assessment was not corrected and updated. Uncorrected Class III	A 160		
{AN275} SS=D	59A-36.022 FAC; 429.07(3)(c)3 FS LNS - Licensing 59A-36.022 Limited Nursing Services. Any facility intending to provide limited nursing services must obtain a license from the agency. 429.07(3)(c)3 A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this	{AN275}		

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LIVING WELL ALF #2	21280 OLD CUTLER ROAD CUTLER BAY, FL 33189

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{AN275}	Continued From page 13 part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain a limited nursing services license to provide limited nursing services consisting of monitoring and the administration of , including medication administration for three (#1, 2, 3) hospice residents. Findings Included: A review of the medication observations records showed the initial "J" signed for the administration of medications for Residents #1, 2, 3, 4, 5, and 6. A review of Resident's #1, #2, and #3 health assessment showed the residents needed assistance with medication administration. A review of Resident 5's daily log showed the nurse initials "JG". During an interview on at 9:33 am the Owner stated that he had continued to administer medications to the residents, including for Resident #5, through the same [Home Health Agency] by which he was employed. The Owner further stated, "Do I need to get a new nurse to provide the services, because I can't file for limited nursing services license while my license is still under review." Uncorrected Class III	{AN275}		