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 _____	R 06/05/2025

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

(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 A revisit to a biannual re-licensure survey was conducted at Dios Da El Mana Corp on . Deficiencies were identified at the time of the survey .	{A 000}		
{A 054} SS=I	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (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. (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: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , 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.	{A 054}		

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observations, Interview, and review of records, the facility failed to keep medication observation records (MOR) accurate and up-to-date. Medication Observation Record (MOR) for two of five sampled residents (#2 and #4) were not accurate. Finding included: During an Interview on 6:35am, Staff B stated that the medications had already been given to residents. A review of all residents MOR showed that medications were prescribed to be given at 8:00am. Observation on 6:40am showed that the medication closet contained medications for residents locked. Individual bins contained resident medications inside them. The medications were in packs that are chronologically ordered by day per . The MOR was provided by Staff B from her private room in the Assisted Living Facility (ALF). (Photographic evidence obtained) Observation on 8:05am showed that medications for Residents #2 were found in the medication closet. For , 50 mg on the pill was still in the pack, and marked in MOR as given; For , 100mg on the pill was still in the pack, and marked in MOR as given; For . 10 mg on and the pills were still in the pack, and marked in MOR as given; For , 25mg on and pills were still in the pack, and marked in MOR as	{A 054}		

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{A 054}	Continued From page 2 given; and for Reno Caps 1mg for and the pills were still in the pack, yet marked in MOR as given. (photographic evidence obtained) Observation on 8:05am showed that medications for Residents #4 were found in the medication closet. For 15 mg on there was still a pill in the pack, and there were no marks in the MOR. The MOR did not annotate a skipped/not taken medication or any variation thereof. For the pill was not in the and there were no markings in MOR as given. (Photographic evidence obtained) A review of record, showed that the only marking in the MOR is the initials "TM." Uncorrected Class II	{A 054}		
{A 056} SS=F	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container.	{A 056}		

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{A 056}	Continued From page 3 (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 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.	{A 056}		

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{A 056}	Continued From page 4 (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 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 interviews, and review of records, the facility failed to assist five of five sampled residents with medications at the time prescribed by the health care provider (Residents #1, #2, #3, # 4 and #5). Findings included:	{A 056}		

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{A 056}	Continued From page 5 In an interview on at 6:36AM, when asked if medication were already given to the residents, Staff B (caregiver) was asked, staff B stated "Yes, the medications were already given." A review of the Medication Observation Records (MOR) showed medications were prescribed at 8AM and had been signed as given by Staff B. Further review showed no documentation that the medication orders had been changed to allow the medications to be given more than one hour earlier than the prescribed time. (Photographic evidence obtained). Uncorrected Class III	{A 056}		
A 058 SS=F	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies	A 058		

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A 058	Continued From page 6 related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such	A 058		

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A 058	Continued From page 7 consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to correct deficiencies regarding medication storage and disposal, medication labeling and orders, and medication records. The facility is required to employ the consultant services or a licensed registered nurse or pharmacist to provide onsite quarterly consultations until the Agency for Health Care Administration has determined that such consultation services are no longer required. Finding included: 1) During an Interview on at 6:35am, Staff B stated that the medications had already been given to residents. A review of all residents' Medication Observation Records (MOR) showed that medications were prescribed to be given at 8:00am. During an interview on at 6:50am, Resident #5 stated that she had already received her medications earlier in the morning. Observation on at 8:05am showed that , 50 mg, , 100mg, , 10 mg, , 25mg, and Reno Caps 1mg for Residents #2 were found in the medication closet. , 50 mg on the pill was still in the pack, and marked in the MOR as given; ,	A 058		

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A 058	Continued From page 8 100mg on the pill was still in the pack, and marked in MOR as given; , 10 mg on and the pills were still in the pack, and marked in MOR as given; For , 25mg on and pills were still in the pack, and marked in MOR as given; and for Reno Caps 1mg for and the pills were still in the pack, and marked in MOR as given. (photographic evidence obtained) Observation on 8:05am showed that 15 mg for Residents #4 were found in the medication closet. 15 mg on there was still a pill in the pack, and there were no marks in the MOR. The MOR did not annotate a skipped/not taken medication or any variation thereof. For the pill was not in the and there were no markings in MOR as given. A review resident #2 and #4's MOR, shows that the only marking in the MOR is the initials "TM." 2) In an interview on at 6:36AM, when asked if medication were already given to the residents, Staff B (caregiver), Staff B stated "Yes, the medications were already given." A review of the MOR showed that medications were prescribed at 8AM. Staff B had put the initials "TM" on the 8AM box. The MOR was reviewed at 6:45am. There was no other documentation to indicate that medication orders had been changed to allow medications to be given more than one hour earlier than the prescribed time. (Photographic evidence	A 058		

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A 058	Continued From page 9 obtained). Class III	A 058		
{A 152} SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (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: 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, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and	{A 152}		

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{A 152}	Continued From page 10 personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and interviews the facility failed to keep its premises free of hazards. Findings Included: Observation on at 6:38am showed that the hallway bathroom was under renovation and unlocked. The bathroom was not usable. The floor and shower were not finished and there was construction material inside. (photographic evidence obtained) During an interview on at 6:38, the Administrator stated that the renovations started about a week earlier. Observation on at 7:30am showed on the outside of the facility there was construction material. There was a stack of concrete blocks on the side of the building. The side of the building is an egress from the yard to the front. (Photographic evidence obtained) During an Interview on at 8:37am, Staff B (caregiver/co-owner) stated during the exist conference the residents did not go to the backyard. Uncorrected Class III	{A 152}		

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{CZ824}	408.811 FS; 59A-35.120 FAC Right of Inspection; Inspection Reports 408.811 Right of inspection; copies; inspection reports; plan for correction of deficiencies.- (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. (a) All inspections shall be unannounced, except as specified in s. 408.806. (b) Inspections for relicensure shall be conducted biennially unless otherwise specified by this section, authorizing statutes, or applicable rules. (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. (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 1. An excellent regulatory history with regard to deficiencies, sanctions, complaints, or other regulatory measures. 2. Outcome measures that demonstrate quality performance. 3. Successful participation in a recognized, quality program. 4. Accreditation status. 5. Other measures reflective of quality and safety. 6. The length of time between inspections. 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. (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. (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. (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. (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 days after notification unless an alternative timeframe is required. (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. (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. 59A-35.120 Inspections. (1) When regulatory violations are identified by the Agency: (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. (b) The Agency may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time. (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}		

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 _____	R 06/05/2025

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

(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
{CZ824}	Continued From page 3 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. (3) Providers that are exempt from Agency inspections due to accreditation oversight as prescribed in authorizing statutes must provide: (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. (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. This Statute or Rule is not met as evidenced by: Based on Observation, interviews, and review of records, the facility failed to comply with the Agency For Health Care Administration's right of inspection. The agency authorized representatives were not permitted to access part of the Assisted Living Facility (ALF). Finding Included: Observation on at 6:38 am showed that in the storage room next to # there was now a wall where there was once a door marked private. (Photographic evidence obtained) During an Interview on at 6:39 am, when asked about the door that was no longer there, which previously showed an entrance into	{CZ824}		

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 _____	R 06/05/2025

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

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{CZ824}	Continued From page 4 a room or apartment inside of the assisted living facility, the administrator stated that the wall was put up recently. The Administrator was asked for the initial application to the agency where only a certain part of the building is allocated as the assisted living facility (ALF) and stated that he would need to look for it. Observation on at 7:30 am 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 of the ALF was a courtyard. In the courtyard there were two outside entrances to the inaccessible parts. There was a wooden gate with a 'No Trespassing "sign on it. Part of the structure was attached to the accessible parts of ALF. (Photographic evidence obtained) During an interview on at 7:30 am with the Administrator, he stated that he did not put up the no trespass sign, and that the person that rents the inaccessible part did. The Administrator stated that he was the owner of the property and the ALF. He further stated that there was not a separate address for the inaccessible area and that the mailing address was the same. Administrator said that the structure was like this when he purchased the property and was like this when he applied for license. The Administrator stated there were two units in the inaccessible part of the building that were rented, but that one of them belonged to him. When asked to provide an entry to the unit he possessed, he refused. During an interview on at 7:37 am, Staff B (caretaker/co-owner) refused access to the inaccessible units and became upset. Staff B	{CZ824}		

Agency for Health Care Administration

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{CZ824}	Continued From page 5	{CZ824}		

further stated that like before she would rather take the fine than provide access to the agency. A review of the document provided by Staff B showed a partially executed lease for the supposed tenant of one of the rented spaces. The lease was for "9980 SW 1 Street, Miami" , the same address as the ALF. The lease showed an effective date from to , just one day. (Photographic evidence obtained)

During an interview on at 8:37 am, Staff B stated at the exit conference that they could expand the license as a means to correct the deficiency.

A review of records from the Agency for Healthcare Administration (AHCA) licensing dated titled affidavit of compliance showed no limitations in the floor plan and noted the facility as a single-family resident (duplex) property. According to the document the ALF property address was 9980 SW 1 Street.

A review of record United States Postal Services address records shows only one address at ALF location.

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.

Observation on at 8:30 am showed that the accessible portions of the ALF was smaller than 2,90D. The area accessible to agency staff was only approximately 1,200 sqft.

Uncorrected
Unclassified