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
	AL11969665	A. BUILDING: _____ B. WING _____	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRO	5901 LOXAHATCHEE ROAD PARKLAND, FL 33067

(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 Abbreviated Relicensure, Complaint (#2024001645, #2024008323 & #2025007451) and Generator Monitoring survey was conducted at Allegro on - . Deficiencies were identified related to the Relicensure at the time of the survey .	A 000		
A 075	429.255( ) FS Use of Personnel; Emergency Care ( ) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw , , or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing , , or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing , , or use of an	A 075		

AHCA Form 3020-0001

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

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A 075	Continued From page 1 automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to have a functioning Automated External Defibrillator ( ) on the premises, available for the 117 residents of the facility in the event of a medical emergency. The findings included: An observation on at 11:58AM showed the (automated external defibrillator) sign on the 1st. floor, further observations revealed the was not found in Wall Mounted Defibrillator Cabinet. In an interview on at 11:59PM, the Director of Maintenance was asked why the was not in the wall mounted defibrillator cabinet on the 1st. floor, he stated, "It was in the Director of Nursing Office". An observation on at 12:10PM showed the missing from the 1st floor in the Director of Nursing Office (located on the 3rd floor) and the defibrillator pads. Observations of the pads revealed they were expired on as well. In an interview on at 12:10PM, the Administrator was asked about why the defibrillator pads expired on . He acknowledged the defibrillator pads were expired. He stated, the was removed and	A 075		

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A 075	Continued From page 2 given to the Director of Nursing to order new pads immediately. According to Philips website, pads must be replaced after use or once every 2 years regardless of use. Further review of pads revealed they are electrodes used by machine to analyze rhythms and deliver life-saving electric shocks during sudden Class III	A 075		
A 078	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 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	A 078		

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A 078	Continued From page 3 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 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.	A 078		

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A 078	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on interviews, and review of records, the facility failed to have documentation of negative examination for, 1 out of 11 sampled staff records reviewed (the Administrator). Findings Included: During an interview on the Administrator stated that he had been on the job for "three days." A review of the employee background clearinghouse records showed that the Administrator's hire date was and was previously employed by the facility's operator before the hire date with a break in service. A review of the Administrator's personnel file showed that the last one-time statement completed by a health care provider showed the Administrator to be free of communicable was dated on . There was no test done in the last six months. During an interview on at 10:30am the Administrator acknowledged that he did not have an examination by a healthcare provider or test showing him free of communicable in the last six month after reviewing his records. Class III	A 078		