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
	AL11964730	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC MEMORY CARE BY RSR	1200 ARTHUR STREET HOLLYWOOD, FL 33019

(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 and Generator Monitoring survey was conducted on at Majestic Memory Care By Rsr. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide appropriate and personal supervision while on the premises, and awareness of the general health, safety, and physical and emotional well-being before Resident #1 was found without a , under her bed. The facility failed to ensure supervision for Resident #2 who was diagnosed with an unexplainable right , . The facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses for with hospitalizations for Residents #2, and #3.	A 025		

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A 025	Continued From page 2 Findings: 1) A review of hospital records dated showed the following: "The patient [Resident #1] is an female with a history of SSS , who presents to the emergency department with a chief compliant of . Patient resides at a long-term memory care facility. This morning, they found her under the bed without a (unknown downtime)." Interviewed on at 2:00 PM when asked if she worked when Resident #1 was found on the floor, Staff E (Certified Nursing Assistant) stated, "I came in at 7:00 AM she was on the floor. She was lying on the floor. We called 911. She was talking. She said that she could not breathe. I called the medication technician. Staff E stated that she did not do Interviewed on at 11:55 AM Staff F (Medication Technician) Stated Staff E called her to the resident's room. Staff F stated that Staff E called her to let her know that Resident #1 was not breathing. Staff F stated further, "When I got in the room, she was on the floor. She could not breathe. I called my boss the Director of Nursing. He said to go ahead and call 911." Interviewed on at 1:19 PM when asked if rounds were conducted at the facility, the Administrator stated, "Yes, we have a two-hour log that we require our on-duty staff to check	A 025		

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A 025	Continued From page 3	A 025		

every resident to make sure they there are in the room." The Administrator stated that the last check on Resident #1 was at 5:08 AM on by the Home Health Aide (HHA). The Administrator stated that it was reported that Resident #1 was sitting up and did not need any help at the time. When informed that this information was not recorded in her progress notes, the Administrator stated, "I would have to check with the director of nursing. However, no one knew how long Resident #1 was on the floor before she was found.

A review of Resident #1's health assessment dated showed a diagnosis of . The activities of daily living showed assistance with ambulation, bathing, , self-grooming, toileting and transferring, and independent with eating. The resident was a risk.

2)

A review of facility records showed Resident #2 was sent out to the hospital on due to and sent to hospital where he was diagnosed with a right , on . The AIRS report stated further that no one knew if he or not.

A review of Resident #2's progress notes showed no documentation of his hospitalization or right , .
A review of Resident #2's health assessment dated showed a diagnosis of and Left . The resident had precautions. The activities of daily living showed total care with bathing, , self-care, toileting, and assistance with eating, independent with ambulation and

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A 025	Continued From page 4 supervision with transferring. 3) A review of the adverse incident reporting systems database showed Resident #3 was found on the floor at 1:30 AM and was transported to the hospital and was diagnosed with a right , . A review of Resident #3's progress notes showed no documentation that the resident had a right , from a . A review of Resident #3's health assessment dated showed a diagnosis of Wedge , . The resident had precautions. The activities of daily living showed assistance with ambulation, bathing, , toileting, transferring, eating and supervision with self-care. Interviewed on at 2:57 PM the Administrator acknowledged that the notes were not in the residents' records. Class III	A 025		
A 027	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical,	A 027		

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A 027	Continued From page 5 dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to make medical arrangements for healthcare for Resident #1 who had an unwitnessed and was found lying on the floor on . The facility failed to follow their policy and procedures. Findings: A review of Resident #1's progress notes dated showed the resident was found lying on the floor without any injuries and and that the son, power of attorney, was notified. However, there was no documentation that Resident #1's primary care physician was notified. A review of Resident #1's hospital records dated showed the resident was found on the floor again under the bed without a , . A review of the facility's prevention policy and procedures states: "The physician is contacted for further instruction if the was not involved in the and the resident is able to move all extremities. The administrator informs the physician of subsequent and instability. Medical intervention, , , , , and/ or gait analysis is arranged when residents remain a significant risk for ."	A 027		

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A 027	Continued From page 6 Interviewed on at 1:19 PM the Administrator stated, "Remember, she was on hospice care, and she was not . She was okay. We called hospice care. The Administrator stated that the primary care physician was not called. When informed that this was not documented in Resident #1's progress notes, the Administrator stated that she had to check with the Director of Nursing. A review of Resident #1's health assessment dated showed a diagnosis of . The physical status showed Resident #1 used a walker to transfer and a wheelchair for mobility. The resident had precautions. The activities of daily living showed assistance was needed with ambulation, bathing, self-grooming, , toileting, transferring and independent with eating. Interviewed on at 2:57 PM the Administrator acknowledged that the resident did on . A review of the hospital records dated showed Resident #1 was found on the floor again under the bed unresponsive. Class III	A 027		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is	A 036		

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A 036	Continued From page 7 an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to reduce the risk of the transmission of for a total census of 83 residents. Findings Included: Observation on at 9:00 am during tour showed restroom in wing two appeared to have fecal matter smeared throughout the restroom on the walls, toilet, floor, and sink. Interviewed on at 9:00 am the Director of Nursing stated, "We have to clean this up; I'll lock the door for now." Observation on at 9:37 am showed the hallway in wing three appeared to have fecal matter on the handrail. (Photographic Evidence	A 036		

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A 036	Continued From page 8 Obtained) Interviewed on at 9:38 am the Administrator stated, "yes that's what you think it is but we clean the handrails every day." During the exit interview on at 2:56 pm the Maintenance Supervisor stated, "that had just happened." Class III	A 036		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in	A 055		

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A 055	Continued From page 9 a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if	A 055		

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A 055	Continued From page 10 prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all medications were kept in a locked cabinet, locked cart, or other locked storage receptacle room, or area always. Findings Included: Observation on at 9:15 am showed during tour Resident #16 hospice resident had over the counter medications milk of magnesia 1200MG/ 15ml, wild-caught fish oil, 500 MG, spray, cream, Destin diaper skin paste, Playtex baby diaper cream 40% , and Fleet suppositories in an unsecured closet.	A 055		

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A 055	Continued From page 11 (Photographic Evidence Obtained) Interviewed on at 9:17 am the Director of Nursing stated, "she's a hospice resident that needs assistance wirh medication administration but it's her husband; he's coming here today I'll talk to him." A review of Resident 16's health assessment dated showed a diagnosed of Unspecified. or behavioral status showed alert and oriented x1 . Resident #16 needed assistance with all activities of daily living. Further review of the resident health assessment showed she needed assistance with self-administration of medications. During the exit conference on at 2:56 pm the Director of Nursing stated, "I have addresed the issue with the husband." Class III	A 055		
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.	A 075		

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A 075	Continued From page 12 (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 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, record review and interview, the facility licensed for 115 beds failed to always have on the premises a functioning automated external defibrillator ( ). The facility had a total of 60 residents who were full coded onsite. Findings: Observation on at 9:26 AM found the not working. Interviewed on at 9:26 AM the Administrator stated that it was the only in the building. Interviewed on at 9:33 AM the Director of Nursing (DON) stated that the	A 075		

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A 075	Continued From page 13 was new. The DON stated further, "We used to have an log. We have to look for it. It ( ) was blinking last week." A review of the facility's records found 60 out of a census of 83 residents were full coded. The food and Drug Administration (FDA) states: "Automated external defibrillators (AEDS) are portable, life saving devices designed to treat people experiencing sudden , a medical condition in which the stops beating suddenly and unexpectedly. The combination of and early is effective in saving lives when used in the first few minutes following a collapse from sudden ." According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths." The National Library of Medicine states: "full code refers to a patient desire to receive all possible intervention during a medical emergency, such as , , or , This could involve everything from , , to advanced interventions using a or ." Class III	A 075		
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	A 160		

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A 160	Continued From page 14 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 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	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964730	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC MEMORY CARE BY RSR	1200 ARTHUR STREET HOLLYWOOD, FL 33019

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A 160	Continued From page 15 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., 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	A 160		

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A 160	Continued From page 16 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 interview and record review the facility failed to maintain an accurate admission and discharged log. The facility failed to document the discharge address for residents who left the facility. Findings Included: A review of the admission/discharge log found no documented address for any resident who no longer lived at the facility. During the exit interview on at 2:56 pm the Administrator acknowledged that the admission/discharge log did not have address to where the residents were discharged too. Class	A 160		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records	A 162		

Agency for Health Care Administration

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A 162	Continued From page 17 must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (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	A 162		

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A 162	Continued From page 18 representatives, or their physicians request in writing that ˘ not be taken. (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. (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. (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. (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. (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. (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 and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. 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.	A 162		

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A 162	Continued From page 19 (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (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. (o) The resident's , DH Form 1896, if applicable. (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. (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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain and updated health assessment for Resident #2 to reflect resident was under hospice care services, for 1 out of 2 sampled residents. Findings:	A 162		

Agency for Health Care Administration

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A 162	Continued From page 20 A review of Resident #2's health assessment dated showed no documentation of hospice care services. Interviewed on at 2:57 PM the Administrator stated that Resident #2's health assessment was not updated to show hospice care. Class III	A 162		