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
	AL11968608	A. BUILDING: _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS GARDENS SENIOR RESIDENCE	17250 SW 137 AVENUE MIAMI, FL 33177

(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 complaint investigation (#2025011039 and #2025007242) was conducted at Seasons Gardens Senior Residence from to . Deficiencies were identified at the time of the survey. Class I deficiency was found at tag A-0030. A Class I deficiency is a deficiency that the agency determines present a situation in which immediate corrective action is necessary because the facility's non-compliance has caused, or is likely to cause, serious injury, harm, , or to a resident receiving care in a facility. The Class I non-compliance began on . The facility Administrator was notified on . The census at the start of the survey was 151 residents. A resident was verbally and , , by a staff member of the facility .	A 000		
A 030 SS=J	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery	A 030		

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A 030	Continued From page 2 of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can	A 030		

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A 030	Continued From page 3 demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or	A 030		

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A 030	Continued From page 4 arrangement of transportation to health care . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that	A 030		

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A 030	Continued From page 5 a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or	A 030		

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A 030	Continued From page 6 representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide a safe living environment, free from for 2 out of 40 sampled residents (Resident 18 and Resident 19). Resident 18 was injured when she was verbally and , , , by a staff member. Resident 19 was mistreated by a staff member. Findings included: Resident 18) A review of the facility's Incident/Accident report dated revealed that on at 4:05 PM Staff D had an altercation while assisting Resident 18 with her medications. Further review showed that Staff D was observed hitting, scolding, throwing water and pulling at Resident 18's clothes after the Resident refused to take her medication and hid the medication on a napkin. Further review showed that Resident 18 sustained a on her right . A review of Resident 18's nurse's notes dated showed" On at 4:05 PM Resident 18 was sitting in the dining area where she was given medications prior to her dinner. The Resident spit her medication into a napkin and tried to hide it from staff. [Staff D]	A 030		

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A 030	Continued From page 7 approached the Resident and asked about the medication while realizing that the napkin contained the medication. [Staff D] tried to take the napkin to expose the medication, and the Resident resisted. [Staff D] snatched the napkin from the Resident's and an altercation between the Resident and [Staff D] ensued. [Staff D] was observed by hospice staff members hitting, throwing water at Resident 18, pulling at her clothes, scolding, and finally raising her to the Resident as if to hit her again. The Resident was observed in distress and afraid and was comforted by hospice staff. Hospice staff observed that the Resident sustained a to her right and was . Hospice staff provided first aid and cleaned up the Resident. The facility Administrator was informed about the incident via email by [Hospice] staff Lead CNA (Certified Nursing Assistant) on at 8:08 AM." Interviewed on at 11:30 AM Participant # 2 stated that she heard Resident 18 and Staff D screaming, and she intervened to separate Staff D from the Resident. Participant # 2 further stated that she observed that Staff D was screaming and hitting Resident 18. Interviewed on at 11:18 AM Participant # 3 stated that she heard a commotion, and she observed Staff D screaming, using profanity and hitting Resident 18 on the because Resident 18 would not take her medication. Participant 3 further stated that she reported the incident to her supervisor. Interviewed on at 1:35 PM the Administrator stated, "The morning after the incident I received an email asking me to look at the cameras. When I looked at the cameras, I	A 030		

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A 030	Continued From page 8 saw the entire incident when [Staff D] had an altercation with [Resident 18]. She grabbed her, threw water at her, hit her; she walked away and then she came and hit her some more. As soon as I was done with the video, I called her into the office and terminated her on the spot" A review of [another state agency's] Notice of Conclusion of an investigation dated regarding Adult [Resident 18] revealed substantiated findings of maltreatment and physical injury by [Staff D]. A review of Resident 18's health assessment dated revealed diagnoses of , , , , type 2 , , , abnormalities of gait and mobility, , of , and structure. Physical limitations showed the Resident needed a wheelchair propelled by staff for ambulation. The status showed alert and oriented to person. Nursing requirements showed hospice services. The Resident needed assistance with all activities of daily living (ADL) and with self-administration of medication. Resident 19) Interviewed on at 10:20 AM CNA Supervisor E stated that she witnessed an incident involving Staff D and Resident 19 when she found Staff D screaming at Resident 19. Supervisor E further stated that she had to physically separate Staff D from Resident 19 and Staff D followed Resident 19 to the hallway yelling at the Resident after she had separated them. Interviewed on at 10:30 AM CNA Supervisor E further stated that Staff D worked on the shift prior to her shift and she often heard	A 030		

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A 030	Continued From page 9 from the residents about Staff D's rude and aggressive behavior. CNA Supervisor E stated, "I tried to talk to [Staff D] several times about it, but I believe [Staff D] did not have the temperament to work with patients, children or residents" A review of Resident 19's health assessment dated revealed diagnoses of Unspecified , Hypertensive , presence of , repeated , Inflammatory , generalized Physical limitations showed hearing loss. status showed alert and oriented to person and place. Nursing requirements showed half bedrails for safety. The activities of daily living (ADL) showed the Resident needed supervision with bathing and needed assistance with self-administration of medications. A review of staff D's personnel file revealed a hire date of and the following disciplinary actions: : Reprimanded for improper communication with residents. : Suspended for one week for rude & aggressive behavior with a resident in front of family and other residents and employees. : Staff D's employment was terminated the day after she was observed physically abusing hospice residents 18 by hitting, slapping, and throwing water at her. Interviewed on at 1:35 PM when she was asked why Staff D was allowed to remain working at the facility, caring for residents the Administrator stated, "That is a good question. Unfortunately, it was prior to me	A 030		

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A 030	Continued From page 10 coming here." When asked what had the facility done to prevent incidents the Administrator stated, "There was a training, I am not sure if every department has documentation for the training, like an attendance record or a signing sheet." A review of the facility's , Neglect and , Policy and Procedure last revised on showed." Staff members who have knowledge of the or neglect of a adult, have reasonable cause to believe that a adult is being or has been abused or neglected, or have knowledge that a adult has sustained a physical injury which is not reasonably explained by the history of injuries of the adult that has been provided by the caregivers are mandated to report their suspicions to the central registry (Toll free #1-800-96-)" Class I	A 030		
A 152 SS=D	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	A 152		

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A 152	Continued From page 11 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 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 observation and interview, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order for a census of 151 out of 151 (Residents 1 through 151) sampled residents. Findings included: On at 10:06 AM, observed the # with a hole in the bathroom shower wall, a metal soap dish with exposed screws on the floor near the toilet and the light switch was broken.	A 152		

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A 152	Continued From page 12 # with a broken metal tissue holder near the toilet. On at 12:22 PM observed the laundry room with peeling paint and dried brown spots on the ceiling near the light. On at 1:00 PM, the Administrator acknowledged findings and stated, "We are in the process of changing the roof." Class III	A 152		