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
	AL11968785	A. BUILDING: _____ B. WING _____	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KOZIE KOTTAGE, LLC	12576 54TH ST N WEST PALM BEACH, FL 33411

(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 (#2025001940), and Generator Monitoring survey was conducted on at Kozie Kottage LLC. The facility had deficiencies identified related to the Relicensure and Complaint at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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A 010	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the	A 010		

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A 010	Continued From page 2 applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's	A 010		

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A 010	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities	A 010		

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A 010	Continued From page 4 holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, interview and record review, it was determined that the facility failed to have a resident reassessed by a Healthcare Provider to ensure the resident met the criteria for continued residency after the resident exhibited a signficiant behavior change resulting in the resident eloping from the facility; and the findings documented on a new Resident Health Assessment form(AHCA form 1823) , for 1 out of 1 sampled residents (Resident #1). The findings included: Upon arrival to the facility on at 9 AM, Resident #1 was observed sitting on the porch unsupervised; and immediately walked to the locked gated and greeted the Surveyor. Resident #1 greeted the Surveyor as if she was an employee at the facility and offered to obtain the key from the house to open the gate. As the resident turned from the gate, at this time, Staff D (Caregiver) came out to the gate and identifed herself as a staff member and unlocked the gate. She also stated, that [name of the resident] was actually a resident of the facility and not a staff member. Additional observations of Resident #1 on from 9 AM to 4 PM, revealed the resident was pleasant and friendly. However, the resident paced (walking and forth, unsettled) the floor of the facility and was mildly throughout the entire time. Staff were observed on multiple occassion redirecting the resident as she was constantly pacing.	A 010		

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A 010	Continued From page 5 During an interview with the Administrator on at 10 AM, she stated Resident #1 had eloped from the facility on and had walked down the dirt road and a neighbor observed the resident and called the police. The resident was transported by local law enforcement to the hospital. Upon arrival to the hospital during intake, the resident was identified (as a prior patient) and the ALF was contacted. The facility was not aware that the resident had left the facility until the hospital notified the Administrator by phone. The resident was then returned to the facility on the same date. During an interview with Staff C at 2:15PM on ; she stated Resident #1 was in bed when she did the 11:30PM check on . She revealed around 1:30AM the Administrator called her saying Resident #1 eloped from the building. The alarm was on, but I didn't hear it I dozed off to sleep and she went through the door(sliding door). Staff C stated the police brought Resident #1 home,there were no injuries and the Administrator was notified. Staff C stated Resident #1 continues to be exit seeking. Review of facility records revealed Resident #1 (a 73 year) on at 3 AM. At 11:30 PM, Resident #1 was last seen in bed with , closed resting comfortably no change in mental status, resident condition was normal. At 1:15 AM the Administrator received a phone call from law enforcement, who stated that Resident [resident's name] was found by neighbors own the street from the facility, . Resident #12 was taken to the local hospital for observations. There were no injuries. Resident was discharged and sent to the facility. Doctor and family notified of the incident.	A 010		

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A 010	Continued From page 6 Resident #1 was admitted to the facility on . The Resident's current Health Assessment (AHCA Form 1823) dated documented the resident's diagnosis as Gait instability, status post multiple ground level , , type 2, Adhesive , , right with right side subacromial or behavior needs documented as she is awake, alert, and oriented to herself only, not to place, time, nor circumstances, non -agitated and follows simple commands but nothing more than one step. The physical/sensory limitations were documented as balance , bed mobility , , decrease knowledge of condition, , activity tolerance, , gait, , judgement/safety awareness, strength , transfer transition , wheelchair mobility . Special Precautions noted as risk. The resident is marked as not an elopement risk. On at 3:00 PM the Administrator acknowledged that Resident #1 did Eloped on , and her current Health Assessment does not reflect the significant change. The Administrator was also unable to provide any documentation indicating the resident had been reassessed to ensure she met the criteria for continued residency and that the facility could provide adequate supervision to Resident #1 to prevent future elopement reoccurrences. Class III	A 010		
A 054	59A-36.008(5) FAC Medication - Records	A 054		

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A 054	Continued From page 7 (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have Medication Observation Records (MOR's) available for Medication Audit for 5 of 5 sampled Residents (Resident #1 Resident #2,Resident #3 Resident #4 and Resident #5).	A 054		

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A 054	Continued From page 8 The findings included: Upon entering the facility, Staff D was asked to provide the MOR's. Staff D looked in the locked medication cabinet and was unable to locate the MOR binder. During and interview on at approximately 9:15 AM with Staff D, it was revealed that Staff A who works as a Registered Nurse (RN) dispensed the resident medication this morning and Staff D administered their medications. Staff D further stated she can't locate the MOR binder. Staff D showed the bingo cards for each resident and verified that each bingo card was punched on today's date . During an interview conducted on at approximately 10:10 AM with the Administrator, she acknowledged that Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5 had no MOR binder available for the surveyor to conduct a medication audit. She further stated Staff A took the binder with her to call the pharmacy regarding resident refills. She acknowledged the findings. Class III	A 054		

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

AHCA Form 3020-0001

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

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview,the facility failed to ensure that the Agency for Health Care Administration (AHCA)background screening clearing house and any changes in status must be reported within 10 business days for 1 of 5 sampled staff records reviewed (Staff D). The findings included: On at approximately 12:15 PM, the facility's Background Screening Clearing House roster was reviewed and the following staff member was not on the roster: Staff D (hire date). During the interview with the Administrator on at approximately 3:30 PM, She acknowledged the findings.	ZZ814		

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ZZ814	Continued From page 2 Unclassified	ZZ814		