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
	AL11942762	A. BUILDING: _____ B. WING _____	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS GARDENS ALF	5120 -22 NW 4 TERRACE MIAMI, FL 33126

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CZ814	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.	CZ814		

AHCA Form 3020-0001

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

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CZ814	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 an interview and record review, the facility failed to maintain an updated employee roster in the background screening clearinghouse database for one out of eight (Staff G) sampled staff. The facility failed to obtain a new background screening for one out of eight (Staff G) sampled staff. Staff G had a break in service of more than 90 days from a position that required screening. Findings included: On at 10:00 AM, observation showed Staff G (caregiver) working at the facility. A review of Staff G's personnel records showed a copy of the background screening eligibility dated A review of the facility's employee roster in the background screening clearinghouse database	CZ814		

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CZ814	Continued From page 2 showed that Staff G, hired on was added to the roster on . The background screening eligibility was dated , 130 days before employment. The employment history did not show that the staff worked in another facility during that time. On at 10:20 AM, Staff G stated that she had been working in the facility for one year. Unclassified	CZ814		
CZ828 SS=K	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility exceeded its licensed capacity of 14 beds. The	CZ828		

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CZ828	Continued From page 3 facility had 16 residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #16, #17) in the facility when Resident #2 Resident #1 who was pronounced at the hospital on . The facility had 16 residents from to and 17 residents for an unknown amount of time. Findings included: 1) A review of the police service call record showed that Resident #2 was assaulted by Resident #1 on at 8:13 AM. Resident #1 did not allow staff members to get close to Resident #2 that was on the ground. Resident #2 was not responsive, not breathing and Resident #1 was detained. Resident #2 later was pronounced . A review of the facility's license revealed that their licensed capacity was for 14 residents. On at 9:40 AM, Staff H stated there were 12 residents at the facility. She added that two residents were discharged on after an altercation. She added that one resident , and the other resident was in jail. On at 9:00 AM, Staff B stated there were 12 residents at the facility. On at 12:12 PM, the Ombudsman stated that they visited the facility on . She added that Residents #16 and #17 were interviewed during the visit. On at 9:20 AM, resident records review showed that the facility did not have	CZ828		

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CZ828	Continued From page 4	CZ828		

records of Residents #16 and #17.

On at 1:20 PM, a male individual arrived at the facility. He brought the records of Resident #16 and #17.

A review of Resident #16's health assessment dated showed a diagnosis of severe generalized , major , sick , 's , and Cortical Atrophy. The physical status showed decreased sensitivity lower, high risk of and and use of a walker. The status showed important and no behavioral changes. The resident had precautions. The activities of daily living showed assistance with ambulation, bathing, , toileting, transferring, and independent with eating and self-care.

A review of Resident #17' health assessment dated showed a diagnosis of severe , and unsteady gait. The physical status showed a , unsteady gait and the use of a walker. The resident had precautions. The resident needed supervision with ambulation, self-care, and was independent with bathing, , eating, toileting and transferring.

On at 11:30 AM, Resident #16's and #17's case manager stated that the residents were admitted to the facility on and discharged on . The residents were readmitted on .

On at 1:29 PM, the Administrator stated that the facility had 16 residents when

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CZ828	Continued From page 5 Resident #1 Resident #2. The Administrator stated, "I was over the capacity on .“ On at 12:28 PM, an interview was conducted at the hospital with Resident #16. She stated that she and her son (Resident #17) lived in the facility and shared a room. She was in the facility the day of the incident. She never spoke with the residents involved in the incident. She did not hear or see anything. She was transferred to the hospital because she was , had , and did not feel safe at the facility. On at 12:30 PM, an interview was conducted at the hospital with Resident #17. He stated that he and his mother (Resident #16) were in the room up front when he heard a noise on the date of the incident. He heard screaming and was told to go to his room. His mother was transferred to the hospital on the same date, and he went with her. He added that there were 16 residents at the facility on the date of the incident. On at 12:35 PM, an interview was conducted at the hospital with Resident #16's and #17's case manager. He stated that they resided in a room on the right side of the facility's entrance. Resident #17's bed was removed the next day of the incident. He did not understand why the facility removed his bed because the residents had a hold bed policy. A review of the facility's admission and discharge log listed 14 residents at the facility. The log indicated that Residents #16 and #17 were admitted on and discharged to another facility on . The log did not document that the residents were readmitted to	CZ828		

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CZ828	Continued From page 6 the facility on . A hospital record review showed that Resident #16 was admitted for evaluation on acute and acute at 2:28 PM. 2) A review of the police service call record showed that Resident #15 had difficulty breathing on . A review of the admission and discharge log documented that there were 13 residents at the facility from to . The log did not list Residents #15, #16, and #17. On at 12:12 PM, the Ombudsman stated that they visited the facility on . She added that Resident #15 was interviewed during the visit. A review of the resident records revealed the facility did not have a record for Resident #15. A review of Resident #15's hospital discharge record showed she was admitted to the hospital on with a diagnosis of , and , . On at 12:15 PM, Resident #15's case manager stated that the resident was admitted to the facility on . She stated visited the resident on and her supervisor on .She further stated that the case management agency paid the Resident's rent at the facility.	CZ828		

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CZ828	Continued From page 7 On at 1:45 PM, Staff D stated that Resident #15 resided at the facility for about a month. During an interview on 12:50pm Resident # 15 stated that she had been at the facility since and that her roommate was Resident #9. She stated she went to the Hospital on and was discharged on . She stated that she did not return to the facility but went to another assisted living facility (ALF) in Hialeah and had no clothing with her. Resident #15 stated that Staff F bought her some clothing. On at 12:52 PM, an interview was conducted at the hospital with Resident #15. She stated that she lived at the facility and was transferred to the hospital because she did not feel well. She stated she was admitted to another facility owned by the same owner when she was discharged from the hospital, but she did not remember the facility's name. During an interview on at 1:40pm Staff F stated that Resident #15's clothing was at the facility. A review of the facility policies showed that it defined , as " when person who in the position of trust and confidence with adults who knowingly retains or uses, or endeavors to obtain or use, a adults funds, assets, or property with the intent to , , or permanently deprive a adult of the use, benefit, or possession for the benefit of someone other than the adult."	CZ828		

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CZ828	Continued From page 8 Class I	CZ828		

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A 055 SS=D	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 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;	A 055		

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A 055	Continued From page 1 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 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	A 055		

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A 055	Continued From page 2 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, record review and interview, the facility failed to secure centrally stored medications in a locked cabinet. The facility failed to store refrigerated medications in a locked box. Findings: Observation on at 10:07 AM found in the refrigerator in an unlocked box. Photographic evidence obtained. Observation on at 10:08 AM found , 2MG/ML Concentrate, , Sol, and , , unlocked in the refrigerator with Resident #11. Photographic evidence obtained. A review of the facility's Central Medication Storage Policy showed: "There must be a proper storage area of medications that is maintained with the safety of the residents in mind at all times. All medications will be stored in a locked cabinet or closet. Only authorized staff will have access to the medications." A review of the Department of Justice/Drug Enforcement Administration Drug Fact Sheet showed: " , is a non-synthetic with a high potential for and is derived from	A 055		

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A 055	Continued From page 3 opium. It is used for the treatment of , . , is a schedule II under the Controlled Substances Act." Class III	A 055		
A 056 SS=I	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. (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	A 056		

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A 056	Continued From page 4 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. (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	A 056		

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A 056	Continued From page 5 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 Observation, Interview and Record review the facility failed to ensure that qualified staff were administering medications to 17 of 17 sampled residents (Residents # 1,2,3,4,5,6,7,89.10,11,12,13,14,15,16,17). Findings: Interviewed on at 9:06AM, Staff G (unlicensed staff) stated that she had passed out medication at 8 AM. Staff G further stated that she had training for Assistance with Self Administration of Medications. Staff G stated that she was assigned to assist with self administration of medication to 8 residents. She stated that she assisted resident #12,# 5, #9, #8, #13 ,#6, #14 and #7 with medication administration. Staff G stated that she crushed Resident# 8 and Resident #14 medications and mixed them in food. She stated that another staff member gave the residents the medication. Interviewed on at 1025 AM, Staff D	A 056		

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A 056	Continued From page 6 stated that she observed Staff G crushing medicine for residents. On at 10:25 AM, Staff D stated that Staff G gave her the medication to give to Residents # 8 and Resident #14. Review of Resident #8's record revealed the resident was admitted on . The health assessment dated indicated the resident needed assistance with medication. A review of Resident #14's record revealed the resident was admitted on . The health assessment dated indicated the resident needed assistance with medication. On at 10:20 AM, Staff G stated she had been working in the facility for one year. She prepared, served the food, and assisted the residents with medications. She crushed Residents #8's and #14's medications, mixed them in the food, and another staff member fed the residents the medications. On at 10:25 AM, Staff D stated that Staff G crushed Resident #8's and #14's, mixed them in the food, and she fed the residents the medications. She added that Resident #8 was unable to assist with medications and was not receiving hospice service. A review of Staff G's file revealed 6 hours training completed on and 2 hours training on Assistance with Self Administration of Medications. dated (on the same day of the survey) . A review of the Clearinghouse website revealed that, Staff G was not on the facility's roster on the morning of .	A 056		

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A 056	Continued From page 7 On a review of the facility's roster revealed Staff G's name on the facility's roster. The name was added on . A review of Resident #8's Medication Observation Record and health assessment revealed no order for crushed medications. A review of the Medication Observation Record and health assessment of Resident #14, revealed no order for crushed medications. Class II	A 056		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II	A 077		

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A 077	Continued From page 8	A 077		

of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule.
(5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.

59A-36.010
(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.
(a) An administrator must:
1. Be at least ;
2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;
4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and,
5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.

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A 077	Continued From page 9 (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and	A 077		

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A 077	Continued From page 10 may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that it was under the supervision of an Administrator who provided appropriate care of all residents. The Administrator failed to provide a safe and living environment for 17 out of 17 sampled residents, including Resident #2 who was strangled by Resident #1 and . The Administrator failed to make health care arrangements for Resident #1, who had a change of behavior before strangling his roommate. The Administrator failed to ensure that the facility arranged health care for Resident #16 who had , and for several days . The administrator failed to ensure the employees were effectively trained regarding , , , and control and self-administration of medication. The facility failed to maintain an updated admission and discharge log to include admissions and discharge dates of Residents #15, #16, and #17. The Administrator failed to adhere to the facility's licensed capacity, maintaining a census of 14 residents and not exceed the licensed capacity. Findings:	A 077		

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A 077	Continued From page 11 1) review of the Fire-Rescue transport record for Resident # 2 dated showed that Emergency Medical Services ( ) was dispatched at 8:10am and that initiated at 8:18 am. During an interview on at 10:58 am, Staff D stated that Staff B stopped , , , ( ) prior to arrival because Staff B believed 'nothing else could be done for Resident #2. Staff D stated she did not perform on Resident #2. Staff D stated that she was the first to see Resident #1's and #2 's altercation. A review of call logs for the facility address showed that on the 911 dispatcher heard struggling in the background over an open line with people screaming. During an interview on at 10:50 am Staff C stated that she did not perform on Resident # 2. She stated that she was watching Resident #1 in the hallway. Staff C stated that she did not directly witness Staff B performing . During an interview on at 11:30am Staff E stated that he did not directly witness Staff B performing . A review of the ambulance run record dated showed that initiated on their arrival at the facility. A review of Resident # 2's hospital records showed that Resident #2 arrived at the hospital at 8:53am not breathing and with no , or heartbeat, and was pronounced at 8:55am.	A 077		

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A 077	Continued From page 12 Interviewed on at 9:13 AM when asked about Resident #1's past behaviors, Staff C (Caregiver) stated, "Sometimes when he did not like the food, he would get aggressive. He would throw the food. He would ask for cookies and when he does not get enough, he would get upset." However, there was no documentation where the Administrator addressed Resident #1's behavior including employees on duty that spoke English fluently. Interviewed on at 12:30 PM Resident #17 stated that he and his mother went to the hospital because she was for a few days and both of them did not feel safe in the facility. Interviewed on at 12:50 PM Staff E (Caregiver) stated that Resident #1 would get upset when the toast was not ready. Staff E stated, "he did not like to wait." However, the Administrator never documented, addressed the behaviors and concerns, and there was no documentation that the facility notified Resident #1's primary care physician. 2) Observation on at 9:41 AM the Assistant Administrator stated that the Administrator and Owner were on their way to a vacation. The Assistant Administrator stated further that she was not there when Resident #2 was . Interviewed on at 2:34 PM the Administrator stated that he came to the facility, but he could not get it because it was a crime scene. The Administrator stated further that it must have been a that Resident #2 from because Resident #1 was not able to	A 077		

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A 077	Continued From page 13 choke Resident #2. However, the Administrator never stated whether any of his employees performed ( ) on Resident #2 who was unresponsive. 3) Interviewed on at 12:30 PM Resident #17 stated that his mother Resident #16 had , and was for three to four days before she was transported to the hospital on . Interviewed on at 11:50 AM when asked where Residents #16 was and #17, the Administrator stated that they were discharged one year ago. A review of Resident #16's progress notes found no documentation of the incident, transport and hospitalization. 4) Observation on at 8:44 AM found Staff G (Caregiver) in the facility without any training or job application and not added to the roster was assisting residents. Interviewed on at 9:29 AM when informed that Staff G did not have a records in the facility, the Administrator stated that the Assistant Administrator was on her way. 5) A review of the admissions and discharge log showed Resident #15 was not listed although she moved into the facility on .	A 077		

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A 077	Continued From page 14 Interviewed on at 12:56 PM the case manager for Resident #15 stated that the resident was placed in the facility on and that her supervisor visited Resident #15 in the facility on . Interviewed on at 12:30 PM the Administrator did not know when Residents #16, and #17 were admitted and discharged from the facility. Interviewed on :30 PM Resident #17 stated that he and his mother, Resident #16 were in the facility on . Class I	A 077		
A 078 SS=G	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	A 078		

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A 078	Continued From page 15 individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 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.	A 078		

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A 078	Continued From page 16 (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. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that four of four sampled staff (Staff B, C D and E) performed their assigned duties in accordance with their training. The staff failed to provide to a resident who became unresponsive after being strangled by his roommate. Findings included: Staff B, Staff C, Staff D, and Staff E (Caregivers) performed , , ( ) on Resident #2 who was unresponsive for an unknown period and was pronounced at the hospital. The facility failed to ensure Staff G (Caregiver) had evidence of a negative examination documentation, including control, activities of daily living and behavioral needs training, medication, and training on file. Findings: 1) A review of the police and hospital records and the Adverse Incident Database System showed that Resident #1 strangled his roommate, Resident #2 around 7:55 AM on , Resident #2 . A review of Staff B's telephone call record showed 911 was called at 8:08 AM on .	A 078		

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A 078	Continued From page 17 A review of the Emergency Medical Services ( ) report dated showed a dispatched time of 8:10 AM and that , were initiated at 8:18 AM and attempted by the staff. A review of the hospital records dated showed, "[Resident #2] who presented to the [hospital] via due to assault status post strangled by patient at [assisted living facility]. Patient time of was called at 8:55 AM." Interviewed on at 10:40 AM, Staff B stated that she called 911 at 8:08 AM. Staff B stated further that she separated Resident #1 from #2 and moved Resident #1 to the hallway. Staff B stated that she was the only staff member who rendered on Resident # 2. Staff B stated that she did 30 , and two breaths followed by more , until emergency medical services ( ) arrived. Staff B stated that she cupped her over and blew into Resident #2's airway because there was in his . Staff B further stated she did not have a protective barrier device to perform . Interviewed on at 11:14 AM when asked what she was doing to assist Resident #2 and whether he was responsive, Staff C did not respond to the question. Staff C stated that Staff B started doing . Staff C stated that Staff B stopped because Resident #2 was not responding. When asked if was being done when fire rescue arrived, Staff C stated, "No." However, on at 9:13 AM, Staff C stated that she checked Resident #2's , but found no , and waited for Staff B to do .	A 078		

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A 078	Continued From page 18 Interviewed on at 10:58am Staff D stated that Staff B stopped prior to 's arrival when nothing else could be done for Resident #1. Staff D stated she did not perform . Staff D stated that she was the first to see Resident #1 and #2 's altercation. Interviewed on at 11:50 AM Staff B stated that during the assault she told Staff E to watch the residents and to make sure the beans did not . Interviewed on at 11:30 AM Staff E stated that he did not directly witness Staff B performing yet stated that she did. Staff E stated that he did not do . Interviewed on at 2:38 PM Staff B stated that Staff C did not perform because she was nervous. A review of Staff B's personnel records showed a hire date of and training on . A review of Staff C's personnel records showed a hire date of and training on . A review of Staff D's personnel records showed a hire date of and training on A review of Staff E's personnel records showed a hire date of and training on . According to the American Association, "For healthcare providers and those trained: conventional using , and	A 078		

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A 078	Continued From page 19 -to- breathing at a ratio of 30:2 -to-breaths." 2) Observation on at 8:44 AM found Staff G (Caregiver) in the facility with 12 residents including seven residents under hospice care and five residents who did not have a and therefore wished to be revived if they became unresponsive. A review of the facility records found no personnel records for Staff G. Interviewed on at 9:09 AM Staff G stated that she gave medications to eight residents. Interviewed on at 9:29 AM when informed that Staff G did not have any training or records, the Administrator stated that the Assistant Administrator was on her way to the facility. Class II	A 078		
A 079 SS=G	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253	A 079		

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A 079	Continued From page 20 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency	A 079		

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A 079	Continued From page 21 medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.	A 079		

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A 079	Continued From page 22 (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing	A 079		

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A 079	Continued From page 23	A 079		

requirements for the facility and the facility will no longer be required to maintain a plan with the agency.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure adequate and sufficient staffing were available to meet the schedule and unscheduled needs for 17 residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17) after Resident #2 was assaulted by Resident #1 and was later pronounced at the hospital. The facility exceeded its licensed capacity of 14 beds. The facility failed to ensure adequate and qualified staffing was in the facility with 12 residents, including seven residents under hospice care when Staff G (Caregiver) was found in the facility working with Staff C and Staff D (Caregivers).

Findings:

1)

A review of the police report dated Tuesday, , showed a patient was assaulted by another and was pronounced at the hospital around 8:55 AM.

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A 079	Continued From page 24 Interviewed on at 10:30 AM when asked the names of employees who worked the day of the assault, Staff E (Caregiver) stated, Staff B, Staff C and Staff D (Caregivers) and himself. Interviewed on at 10:40 AM when asked the names of employee who worked the day of the assault, Staff B stated Staff C, Staff D and Staff E and herself. A review of the staffing pattern for Tuesday, , when the assault occurred, showed Staff B and Staff E (Caregivers) scheduled from 6:00 AM-6:00 PM and Staff C (Caregiver) scheduled from 10:00 AM to 6:00 PM and Staff D (Caregiver) scheduled from 8:00 AM-9:00 PM. According to the adverse incident reporting systems (AIRS), the report stated that the assault occurred around 7:55 AM. A review of the admissions and discharge log showed a census of 14 residents. However, Residents #16, and 17, were not added to the admissions and discharge log although they were in the facility when Resident #1 Resident #2. The facility was only licensed for 14 residents but had 16 residents in the facility when the occurred. Interviewed on at 1:29 PM the Administrator stated that he had 16 residents in the facility when Resident #2 was and was over the capacity. Interviewed on at Resident #17 stated that he and his mother (Resident #16) were in the facility at the time when Resident #1	A 079		

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A 079	Continued From page 25 Resident #2, Resident #17 stated that there were about 16 Residents including him and his mother in the facility. A review of the facility's records relating to activities of daily living for a census of sixteen (16) residents showed the following: four residents needed assistance with ambulation, seven with bathing, five with _, two with eating, seven with toileting, three with self-grooming, and six with transferring. Residents needing supervision showed the following: three with ambulation, one with bathing, zero with _, zero with eating, two with self-care, zero with toileting, and zero with transferring. A total of six residents needed total care in ambulation, bathing, _, eating, self-care, toileting, and transferring. 2) Observation on at 8:44 AM found Staff C, Staff D, and G (Caregivers) in the facility with 12 residents, including seven residents under hospice care. However, Staff G was not on the schedule or roster and did not have any training, including Activities of Daily Living & Behavioral Needs a three-hour training. A review of the posted staffing pattern for Saturday, showed the Assistant Administrator and Owner scheduled from 6:00 AM-6:00 PM and Staff C and D from 6:00 PM-6:00 AM. However, the Owner and Assistant Administrator were not in the facility and only two employees (Staff C and D) were qualified to provide care for 12 residents. Interviewed on at 9:29 AM the Administrator stated that the [Assistant	A 079		

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A 079	Continued From page 26 Administrator] was on her way to the facility. Interviewed on at 2:34 PM the Administrator stated that he always keep enough staff in the facility. The following 12 residents were in the facility: A review of Resident #1's health assessment dated showed a diagnoses of Moderate, Unspecify. The physical Status showed alert and Oriented times three. The nursing status the resident was at the facility for medication management and physical and . The resident was a risk. The resident needed supervision with ambulation, bathing, , eating, self-care, toileting and transferring. The resident needed assistance with self-administration of medication. A review of Resident #2's health assessment dated showed a diagnoses of Bening Prostatic hyperplasia ( ), , Hyperkalemia, of and , Atherosclerotic . The status showed periods of . The resident had universal prevention for special precautions. The activities of daily living showed independent with ambulation, , eating, self-care, transferring, and assistance with bathing, and toileting. The resident needed assistance with self-administration of medications. The resident did not have a . Resident #3's health assessment dated	A 079		

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A 079	Continued From page 27	A 079		

showed a diagnoses of , , , History of Covid 19, . The patient status showed alert times one. The patient was under hospice care. The special precautions showed , and Covid 19. The activities of daily living showed total care with ambulation, bathing, eating, , self-care, toileting and transferring. The resident was on a pureed diet with thickened liquids.

A review of Resident #4's health assessment dated showed a diagnoses of , , Aneurysm, . The physical Status showed with , . The nursing status the resident was at the facility for medication management and total assistance with ADLS. The resident was a risk. The residents needed total care supervision with ambulation, bathing, , eating, self-care, toileting and transferring. The resident needed medication administration. Resident was a puree diet with instructions noted

A review of Resident #5's health assessment dated showed a diagnoses of , , , , Visal loss . The physical Status showed Alert and oriented x 2 . The nursing status the resident was at the facility for medication management. The resident was a risk. The residents needed supervision with bathing and assistance with self-care. The resident needed assistance with medication self- administration.

A review of Resident #6's health assessment dated showed a diagnoses of

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A 079	Continued From page 28 , Type II , . The physical Status showed unsteady gait with normal with periods of . The nursing status the resident was at the facility for medication management. The resident was had precautions. The residents needed supervision with ambulation and Assistance with , bathing, , eating, self-care, toileting and transferring. The resident needs Assistance with medication self-administration. A review of Resident #7's health assessment dated showed a diagnoses of , , , , , , . The physical Status showed Ambulate using wheelchair Alert and oriented X3 . The nursing status the resident was at the facility for medication management. The resident was universal prevention. The residents needed supervision with ambulation, and self-care. Assistance with bathing, , eating, toileting and transferring. The resident needs assistance medication self- administration. A review of Resident #8's health assessment dated showed a diagnosis of , . Occasional . The physical Status showed wheelchair Alert and oriented to person and place and forgetful not of MMSE due to , . The nursing status the resident was at the facility for medication management and overall health status. The resident was a risk with . The residents needed assistance with ambulation, with bathing, , toileting and transferring. The resident needs assistance medication self- administration. The resident had a no salt added diet restriction noted. Resident #9's health assessment dated	A 079		

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A 079	Continued From page 29 showed a diagnoses and . The status showed . The resident had precautions. The activities of daily living showed independent with ambulation, bathing, , eating, toileting, transferring, and assistance with self-care. The resident had a 1800 calorie diet. Resident #10's health assessment dated showed a diagnoses of II , , Hypolipidemia, , , , . The physical status showed wheelchair. The status showed alert times one. There were no special precautions. The activities of daily living showed assistance needed with ambulation, bathing, , eating, self-care, toileting, and transferring. The resident needed assistance with self-administration of medication. Resident #11's health assessment dated showed a diagnoses of , , of , , , , , , , , . The physical status showed awake, alert and oriented times one and the resident needed assistance with ADLS. The resident had , precautions, precautions and covid 19 and the patient end hospice care. The activities of daily living showed total care with ambulation, bathing, , eating, self-care, toileting and transferring. The resident needed medication administration. The resident was under a pureed diet. Resident #12 health assessment dated showed a diagnoses , 2, , , , , , , . The physical status showed unsteady gait and mobility. The status showed	A 079		

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A 079	Continued From page 30	A 079		

and oriented to person. The nursing notes showed under hospice care. The resident had precautions, and breakdown precautions. The activities of daily living showed assistance needed with ambulation, eating, transferring and total care with bathing, self-care and toileting. The resident is on a mechanical soft diet. The resident needed needs assistance with self-administration of medications.

Resident #13's health assessment dated showed a diagnoses of retention. The physical status showed loss of ambulation. The resident was under hospice care services. The resident had precautions, skin , and standard precautions. The activities on daily living showed supervision, and total care with ambulation, bathing, self-care, toileting and transferring. The resident had care. The resident needed assistance with self-administration of medications.

Resident #14's health assessment dated showed a diagnoses of 's of , , Bedbound. The physical status showed the patient was bedbound. The status showed disoriented due to 's . The special precautions showed , and precautions. The activities of daily living showed assistance with eating, and total care with ambulation, bathing, , self-care, toileting and transferring. The resident was on a pureed diet and nectar consistency diet.

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A 079	Continued From page 31 , precautions. 3) A review of the police record dated showed Resident #15 was in the facility at 2:19 PM when 911 was called because she (Resident #15) was having difficulty breathing. A review of the staffing pattern for Sundays showed only two employees (Staff B and Staff E) scheduled from 6:00AM-6:00PM with 16 resdents, including six residents under hospice care. A review of the admissions and discharge log showed 13 residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14) listed at the time of 911 call. However, the facility had 16 residents in addition to Residents #15, #16, and #17 who were not listed and over its capacity. Interviewed Resident 15's case worker for Resident #15 stated that she visited the resident on and her supervisor on at the facility. Interview on the Administrator stated that Resident #15 only stayed in the facility two to three days. Class II	A 079		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND	A 084		

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A 084	Continued From page 32 MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and	A 084		

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A 084	Continued From page 33 dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with , and continuous positive airway pressure (CPAP) devices, excluding the titration of the , levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with	A 084		

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	AL11942762	A. BUILDING: _____ B. WING _____	09/05/2025

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A 084	Continued From page 34 self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that unlicensed staff who provide assistance with self-administered medications completed the initial 6-hour training on assistance with self-administered medications and safe medication practices in an assisted living facility for one out of eight (Staff G) sampled staff.	A 084		

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A 084	Continued From page 35 Findings included: 1) On at 8:30 AM, Staff G was observed taking care of 14 residents. A review of the employee records revealed the facility did not have record available for Staff G, hired date was unknown. 2) On at 10:00 AM, Staff G was observed taking care of 14 residents. A review of Staff G record showed documentation of the initial 6-hour training on assistance with self-administered medications and safe medication practices dated and two hours dated . On at 10:20 AM, Staff G stated that she has been working in the facility for one year. She received medication training by Staff E, (Cook). She stated that she never received medication training by a nurse. Class III	A 084		
A 093 SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current table of Dietary	A 093		

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A 093	Continued From page 36 Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.	A 093		

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A 093	Continued From page 37 (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of ˽ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A	A 093		

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A 093	Continued From page 38 supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow and prepare a therapeutic diet as prescribed by the health care provider for Resident #3 who was on a pureed diet. The facility failed to offer residents a variety of food choices and to encourage them to participate in menu planning. Findings: 1) Observation on at 12:23 PM in # Staff D (Caregiver) fed Resident #2 chunks of banana from a bowl. Photographic evidence obtained. A review Resident #3's hospice records dated showed a pureed diet with thickened liquids. Resident #3's health assessment dated showed a diagnoses of and	A 093		

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A 093	Continued From page 39 . The resident status showed alert times one. The patient was under hospice care. The resident had precautions. The activities of daily living showed total care with ambulation, bathing, eating, self-care, toileting and transferring. The resident was on a pureed diet with thickened liquids. A review of data from the Mayo Clinic defined as: "a medical term for difficulty swallowing. can be a painful condition. In some cases, swallowing is impossible." A review of data from the University of Mississippi Medical Center showed: "A diet is used for people who have difficulty swallowing. Foods on this diet are easier to chew and move around in your . This will reduce the risk of food and liquids going the wrong way. Foods on a pureed diet are a pudding like texture that is smooth, blended, or pureed. Eating foods not allowed on this diet will increase your chance of swallowing problems and can result in food going into your airway instead of your (food tube). Food or liquid that goes into your airway instead of your puts you at risk for not getting enough nutrition and/or getting sick (,)." 2) A review of the facility records found no documentation of residents being encouraged to participate in the menu planning. Interviewed on at 10:55 AM Resident #1's emergency contact stated, "[Resident #1] always likes to eat good food. We brought him cereal and blueberries. He likes blueberries. We	A 093		

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A 093	Continued From page 40 would pick him up and take him out to eat. He wanted to find another place. We were supposed to move on ." The emergency contact stated further that if there were any concerns, it would be the food. Interviewed on /225 at 12:30 PM Resident #17 stated, [Resident #1] did not like the food. He did not like the soup every day. He was upset." Interviewed on at 1:40 PM the Owner acknowledged the problems with the food. Class II	A 093		
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,	A 152		

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A 152	Continued From page 41 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 interviews, the facility failed to provide a safe living environment free of hazards. Findings included: Observation on at 9:30am showed that the storage room was kept unlocked. In the storage, food items were kept alongside, shampoo and body wash, dishwashing soap, floor cleaner, and soap. (photographic evidence obtained) During an interview on at 9:30am the Assistant Administrator stated that the use to storage room to store food items. Observation on at 9:49am showed that the dressers in # , and # did not function correctly and would not open and close. (photographic evidence obtained) Observation on at 9:50am showed that several closet doors would not open/close	A 152		

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A 152	Continued From page 42 and some were missing handles would not open correctly. (photographic evidence obtained) Observation on at 10:00am showed that shampoo and body wash was found beneath the sink in a resident bathroom. (photographic evidence obtained) Observation on at 8:53am showed that the medicine cabinet in resident was rusty. (photographic evidence obtained) Observation on at 9:00am showed that in # there was a lamp missing. Observation on at 9:00am showed no garbage cans in any of the residents' rooms. Observation on at 9:10am showed that the staff room was unlocked and on shelves in the staff room where unlocked medications for Staff D. The unlocked medications were D3 50,000unit, Rosuvastatin 10mg, 1000 mcg supplements. (photographic evidence obtained) During an interview on at 9:10am Staff B stated that Staff C and Staff D sleep in the staff room and those are their personal items. Class III	A 152		
A 160 SS=D	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 legally authorized entity. If records are maintained	A 160		

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A 160	Continued From page 43 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 in Rule 59A-36.013, F.A.C.	A 160		

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A 160	Continued From page 44 (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 response drills.	A 160		

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A 160	Continued From page 45 (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 have an up-to-date admission and discharge record for three out of seventeen (Resident #15, #16, #17) sampled residents. Findings included: A review of the facility's admission and discharge log revealed that Residents #16 and #17 were admitted on and discharged to another facility on . The log did not document that the residents were re-admitted to the facility on . In addition, the log did not list Resident #15. On at 11:30 AM, Resident #16's and #17's case manager stated that the residents were readmitted to the facility on . On at 12:15 PM, Resident #15's case manager stated that the resident was admitted to the facility on . She visited the resident on and her supervisor on .	A 160		

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A 160	Continued From page 46 On at 1:45 PM, Staff D stated that Resident #15 resided at the facility for about a month. Class III	A 160		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to	A 161		

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(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 161	Continued From page 47 screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have a complete employment application with references for one out of eight (Staff G) sampled staff. Findings included: A review of Staff G's employee record revealed no documentation of a complete employment application with references. Staff G was hired on On at 10:20 AM, Staff G confirmed that her record did not have documentation of a complete employment application. She added	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942762	A. BUILDING: _____ B. WING _____	09/05/2025

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PRINCESS GARDENS ALF	5120 -22 NW 4 TERRACE MIAMI, FL 33126

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A 161	Continued From page 48 that she had been working in the facility for one year. Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records 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.	A 162		

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A 162	Continued From page 49 (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 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	A 162		

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A 162	Continued From page 50 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. (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.	A 162		

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A 162	Continued From page 51 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate health assessment for two out of seventeen (Resident #8 and #14) sampled residents. Findings included: A review of Resident #8's record revealed the resident was admitted on . The health assessment dated indicated the resident needed assistance with medication. A review of Resident #14's record revealed the resident was admitted on . The health assessment dated indicated the resident needed assistance with medication. On at 10:20 AM, Staff G stated she had been working in the facility for one year. She prepared, served the food, and assisted the residents with medications. She crushed Residents #8's and #14's medications, mixed them in the food, and another staff member fed the residents the medications. On at 10:25 AM, Staff D stated that Staff G crushed Resident #8's and #14's, mixed them in the food, and she fed the residents the medications. She added that Resident #8 was unable to assist with medications and was not receiving hospice service. Class III	A 162		
A 167 SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts.	A 167		

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A 167	Continued From page 52 (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible	A 167		

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A 167	Continued From page 53 party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge	A 167		

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A 167	Continued From page 54 for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not	A 167		

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A 167	Continued From page 55 require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.	A 167		

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A 167	Continued From page 56 (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have documentation of resident contracts for one out of seventeen (Resident #15)	A 167		

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A 167	Continued From page 57 sampled residents. Findings included: A review of the resident records revealed the facility did not have a record available for Resident #15. There was no documentation of the contract with the resident. A review of the facility's admission and discharge log revealed that Resident #15 was not listed. On at 12:15 PM, Resident #15's case manager stated that the resident was admitted to the facility on . She visited the resident on and her supervisor on . On at 1:45 PM, Staff D stated that Resident #15 resided at the facility for about a month. Class III	A 167		
A 000	Initial Comments A complaint investigation (#20250128813) was conducted from through at Princess Gardens ALF. The provider had deficiencies at the time of the survey. Class I deficiencies were found at tags A0030, A0077, Z828. A class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious harm, , , or to a resident receiving care in a facility.	A 000		

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A 000	Continued From page 58 The class I non-compliance began on . The facility Administrator was notified of the emergency suspension order on due to the Class I deficiencies. The census at the start of the survey was 17 residents. One resident was assaulted and strangled by another resident and was unresponsive for an unknown period of time before , ( ) was attempted. The emergency medical services initiated , but the resident was pronounced at the hospital. The facility was over its capacity at the time of the assault. The following is a description of deficiencies found at the time of the investigation: A 0010, A 0025, A 0027, A0030, A0053, A 0054, A0055, A0056, A0077, A0078, A0079, A0084, A0093, A0152, A0160, A0161, A0162, A0167, Z814, Z828.	A 000		
A 010 SS=G	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	A 010		

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A 010	Continued From page 59	A 010		

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, 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

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A 010	Continued From page 60 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 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	A 010		

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	AL11942762	A. BUILDING: _____ B. WING _____	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS GARDENS ALF	5120 -22 NW 4 TERRACE MIAMI, FL 33126

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A 010	Continued From page 61 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 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	A 010		

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A 010	Continued From page 62 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 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 Observation, Interview and Record review, the facility failed to properly assess one out of 17 sampled residents prior to admission (Resident #13). Resident #13 did not meet criteria for being at the facility. Findings: On , at 9:30AM, Resident#13 was observed in a room of the facility. Resident #13 was in a hospital bed with full rails. Observation on at 09:33am revealed that Resident #13 had an	A 010		

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A 010	Continued From page 63 A Review of Cleveland Clinic Hospital's database, showed es that " A , or an is a device that drains (pee) from the into a collection bag outside of your body when you can't pee on your own or for various medical reasons . Proper care involves handwashing, cleaning the drainage bag and ensuring the is free of kinks to prevent and ensure it functions properly. The drainage bag attached to the should be kept below the level of the to ensure proper drainage and prevent from flowing up the which can cause . The main risk of having a is a which is getting into the tract. Symptoms are , when , cloudy , smelly , in , chills, , discharge." Interviewed on -12025 at 1030AM, Resident #13 stated that the staff at the facility emptied the from the bag. A review, of Resident #13's Comprehensive Assessment and Plan of Care revealed that Resident #13 had an because he had retention. A review, of Resident #13's progress note stated that Resident #13 was admitted on . He arrived from [ ] Rehabilitation Center. A review of Resident #13's progress note dated , revealed that Resident #13 was on hospice services. A review, of Resident #13's interdisciplinary care plan by hospice stated that on Resident #13 was admitted to the hospice program.	A 010		

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A 010	Continued From page 64 A review of the health assesment dated showed that Resident #13 required Assistance with eating or self care and and needed assistance with self administration of medications. Resident #13 also required total care with ambulation, bathing and toileting and transferring. A review, of the Comprehensive Assessment and Plan of Care of Resident #13 showed that "the facility nurse is to insert, and maintain, the . The Facility nurse may irrigate as needed. The facility nurse is to provide care. The facility nurse is to change the every 30 days or as needed for blockage, sediment or ." A review of the facility records, revealed that there was no skilled nurse on staff. Class II	A 010		
A 027 SS=H	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, 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	A 027		

Agency for Health Care Administration

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A 027	Continued From page 65 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 arrange medical services for two out of 17 sampled residents (#1, and #16). Resident #1 strangled Resident #2. The facility failed to arrange mental health services after there were significant changes in Resident # 1 behavior. The facility failed to make arrangements for health services for Resident #16, who and was for several days before getting hospitalized due to a fecal impaction. Finding included: 1) During an interview on at 10:30am Staff E stated that on on or about 8:00am Resident #1 was found strangling Resident #2. A review of the Eleventh Judicial Circuit for Miami Dade County's records showed that Resident # 1 was charged with the second-degree of Resident # 2. A review of Resident #1 health assessment dated showed that he had a diagnosis of , , , , had a history of , and , . Resident # 1 was admitted to the facility on . A review of data from Keiser Permanente showed " , , , is a problem in the caused by a chemical imbalance in the . The imbalance is caused by an illness or that are not working as well as they	A 027		

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A 027	Continued From page 66 should. It can lead to , changes and can also make it harder to think clearly and remember things. Symptoms include but are not limited to , problems thinking, being grouchy, , , and feeling drowsy". A review of data from the Mayo Clinic showed " is a type of decline caused by damage to the in the . This damage disrupts flow to the , depriving it of and nutrients, leading to , . Symptoms include but are not limited to , difficulty with decision making, problems with memory/ , problems with deciding what to do next, and agitation/ aggression." During an interview on at 10:30am Staff E stated that Resident #1 displayed agitation when he received meals, when asked if Resident #1 displayed aggressive behavior. Staff E recalled an incident were Resident #1 told him something in English with a displeased look on his when he was served toast. Staff E stated that he would serve Resident #1 first to avoid upsetting him. Staff E stated that Resident #1 slept most of the time and spoke very little and did not interact much with other residents or staff throughout his residency at the facility. Staff E stated that Resident #1 would get up at 12:00pm eat breakfast and go to bed. During an interview on at 10:55am Resident #1's adult child's mother stated he had a a few years ago and has been dealing with , since, he liked to sleep in. She stated that Resident #1 only complained about the food at the facility, he preferred steak. She would visit him occasionally with his son and take him out for dinner and would bring him blueberries to eat with	A 027		

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A 027	Continued From page 67 his cereal, something he enjoyed. She further stated that she never received a call from the facility regarding Resident #1 behavior and only heard from them after the incident on . A review of data from the Mayo Clinic showed " , is a that causes a persistent feeling of sadness and loss of interest. , may require long-term treatment. Symptoms include or sleeping too much, angry outbursts, irritability or frustration, , agitation or restlessness." During an interview on at 12:00pm, Staff B stated that she remembered that Resident #1 displayed odd behavior about 15 days earlier. Staff B recalled that Resident #1 stood still in the middle of the hallway in front of his room blocking the path. Staff B stated that she asked him what was wrong and did not get a response from him. Staff B stated that Resident #1 did not move from the spot for some time. When asked if she thought that this behavior was normal for him, she said no but did not think too much of it. During an interview on at 12:15pm Staff E stated that he recalled the incident about 15 days earlier when asked about Resident #1's behavior. He said that he thought Resident #1 was "praying." A review of Resident #1's chart showed no documentation of his behavior changes, excessive sleepiness, changes in his , , nor the incident where the resident froze. There was no documentation of any arrangement for a mental health evaluation for Resident #1 after displaying changes in his behavior. During an interview on at 12:40pm	A 027		

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A 027	Continued From page 68 with the Case Manager for Resident #1 she stated that there was no report or notification from the facility regarding any change in behavior. 2) A review of the admission and discharge log showed that Residents #16 was discharged on . During an interview on at 12:00pm the case manager for Resident #16 and #17 stated Resident #16 was admitted to the facility on . During an interview on at 1:20pm Resident #17 stated that he was at the facility on and stated that he went with his mother, Resident #16 to the hospital. Resident's #17 stated that Resident #16 was for two days prior to her leaving the facility. A review of Resident # 16 's hospitalization records from showed that she was diagnosed with a fecal impaction. A review of Resident #16's observation log showed that last entry was . Class II	A 027		
A 030 SS=L	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	A 030		

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A 030	Continued From page 69 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 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	A 030		

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A 030	Continued From page 70 and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery 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.	A 030		

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A 030	Continued From page 71 (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 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	A 030		

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A 030	Continued From page 72	A 030		

paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or 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

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A 030	Continued From page 73 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 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,	A 030		

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(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 030	Continued From page 74 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 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 observation, interviews, and record review, the facility failed to ensure that one out of 17 sampled residents (#2,) lived in a safe environment, free from and neglect, and are treated with consideration and respect and with due recognition of personal dignity. Resident #1 strangled Resident #2, who from his injuries. The facility also failed to perform ( ) on Resident # 2. The facility failed to treat Residents #1, #2, #3, #4, #6, #10, #14, # #16 and #17 with consideration and respect for his right to receive health care. Finding included: 1) During an interview on at 10:30am Staff E (caregiver) stated that on on or about 8:00 am Resident #1 was found strangling Resident #2. Staff E stated that Staff B, C, D attempted to separate Resident #1 from	A 030		

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	AL11942762	A. BUILDING: _____ B. WING _____	09/05/2025

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A 030	Continued From page 75 Resident #2 and eventually were able to. Staff E stated that Resident # 2 had a look of terror on his before becoming . Staff E stated he did not perform . A review of data from the Office of Justice Programs, National Criminal Justice Reference Service, "Strangulation is a form of asphyxia characterized by the closure of the and/or passages of the which result in external pressure on the . Loss of occurs within 5 to 10 seconds, and can occur in 2 ½ - 5 minutes. During an interview on at 10:40am Staff B stated that she called 911 at 8:08 am, separated the Residents, and moved Resident #1 to the hallway. Staff B stated that she was the only staff member who rendered on Resident # 2. Staff B stated that she did 30 , and 2 breaths followed by more , until emergency medical services ( ) arrived. Staff B stated that she cupped her over and blew in Resident #2's airway because there was in his . Staff B further stated she did not have a protective barrier devices to perform . A review of data from the American Red Cross showed the steps in performing were, " 1) check the scene for safety; 2) check the persons unresponsiveness (breaths, , , tap or shouts); 3) call 911; 4) perform , 100 to 120 , (30 at a time) followed by 2 breaths; 5) check vitals; 6) continue giving sets of 30 , and 2 breaths until 911 arrives. should be started immediately, after ensuring that the scene is safe and after calling 911 (or instructing someone else to do so). "	A 030		

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A 030	Continued From page 76 A review of the Fire-Rescue transport record for Resident # 2 dated showed that was dispatched at 8:10am and that initiated at 8:18 am. During an interview on at 10:58 am, Staff D stated that Staff B stopped prior to Emergency Medical Services' ( ) arrival because Staff B beleived 'nothing else could be done for Resident #2. Staff D stated she did not perform on Resident #2. Staff D stated that she was the first to see Resident #1's and #2 's altercation. A review of call logs for the facility address showed that on the 911 dispatcher heard struggling in the background over an open line with people screaming. During an interview on at 10:50 am Staff C stated that she did not perform on Resident # 2. She stated that she was watching Resident #1 in the hallway. Staff C stated that she did not directly witness Staff B performing . During an interview on at 11:30am Staff E stated that he did not directly witness Staff B performing . A review of the ambulance run record showed that initiated on their arrival at the facility. A review of Resident # 2's hospital records showed that Resident #2 arrived at the hospital at 8:53am not breathing and with no , or heartbeat, and was pronounced at 8:55am. 2) A review of Resident #1's health assessment	A 030		

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A 030	Continued From page 77 dated showed that he had a diagnosis of , , , , , had a history of , and , . Resident # 1 was admitted to the facility on . A review of data from Kaiser Permanente showed, " , , , , is a problem in the caused by a chemical imbalance in the . The imbalance is caused by an illness or that are not working as well as they should. It can lead to , changes and can also make it harder to think clearly and remember things. Symptoms include but are not limited to , problems thinking, being grouchy, , , and feeling drowsy." A review of data from the Mayo Clinic showed, " is a type of decline caused by damage to the in the . This damage disrupts flow to the , depriving it of and nutrients, leading to , . Symptoms include but are not limited to , difficulty with decision making, problems with memory/ , problems with deciding what to do next, and agitation/ aggression." During an interview on at 10:30am Staff E stated that Resident #1 displayed agitation when he received meals, when asked if Resident #1 displayed aggressive behavior. Staff E recalled an incident were Resident #1 told him something in English with a displeased look on his when he was served toast. Staff E stated that he would then serve Resident #1 first to avoid upsetting him. Staff E stated that Jerome slept most of the time and spoke very little and did not interact much with other residents or staff throughout his residency at the facility. Staff E stated that Resident #1 would get up at 12:00 pm,	A 030		

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A 030	Continued From page 78 eat breakfast, and go to bed. During an interview on at 10:55am Resident #1's child's mother stated he had a a few years ago and had been dealing with , since, and that he liked to sleep late. She stated that Resident #1 only complained about the food at the facility. She stated dhe would visit him occasionally with his son and take him out for dinner, and would bring him blueberries to eat with his cereal, something he enjoyed. She further stated that she never received a call from the facility regarding Resident #1's behavior and only heard from them after the incident on . A review of data from the Mayo Clinic showed, " , is a that causes a persistent feeling of sadness and loss of interest. , may require long-term treatment. Symptoms include or sleeping too much, angry outbursts, irritability or frustration, , agitation or restlessness." During an interview on at 12:00pm Staff B stated that she remembered that Resident #1 displayed odd behavior about 15 days prior to . Staff B recalled that Resident #1 stood still in the middle of the hallway in front of his room blocking the path. Staff B stated that she asked him what was wrong and did not get a response from him. Staff B stated that Resident #1 did not move from the spot for some time. When asked if she thought that this behavior was normal for him, she said no but did not think too much of it. A review of the facilities policies showed it defined neglect as a "failure or omission on the part of the caregiver to provide the care,	A 030		

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A 030	Continued From page 79 supervision and services necessary to maintain the physical and mental health of a adult, including but not limited to food, clothing, medicine, shelter, supervision and medical services, which a prudent person would consider essential for the wellbeing of a adult." A review of Resident #1's chart showed no documentation of his behavior changes, excessive sleepiness, changes in his , , nor the incident where the resident froze. There was no documentation of any arrangement for a mental health evaluation for Resident #1 after displaying changes in his behavior. During an interview on at 12:40, the Case Manager for Resident #1 she stated that her office had not been conactec by the facility regarding any changes in Resident #1's behavior. 3) Observation on at 9:30 am showed the in several wheelchairs and walkers were being stored in the room and closet. (Photographic evidence obtained) Resident # 6 was on the bed in . During an interview on at 9:32am, Resident # 6 stated that was her room. When asked about the wheelchair and walkers she stated that those did not belong to her and further stated regarding staff, that "they just park them here." Observation on at 9:40am showed Resident # 4, a man, was sleeping in . Further observation revealed that the resident's bed had full bedrails in the up position. A review of the resident's record showed that the resident	A 030		

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A 030	Continued From page 80 was under hospice care. In the resident's closet there were storage bins containing women's clothing and a woman's purse. There was also a locked closet in . During an interview on at 9:45am the Assistant Administrator stated that the facility kept Christmas items in the locked closet in Resident #4's room when asked to open the closet door. (Photographic evidence obtained) When asked about the women apparel and purse she did not know and said she would have to ask another staff member. During an interview on at 10:40am Staff B stated "poquito" (translation from Spanish found that the word mean ' a littl'e) when asked if she spoke English. When asked if any other staff spoke English she stated that Staff D spoke some English. Staff B stated that Resident #1 spoke only English and that Resident # 2 spoke a little Spanish but mostly English. Staff B stated that she was not aware of any complaint or conflicts between Resident # 1 and # 2.Further interview showed that when spoken to in English, Staff B was unable to understand a sentence. Observation on at 9:50am showed two beds in . Resident #1 and #2 occupied the room until when Resident #1 Resident # 2 resulting in the of Resident #2. The beds in the room were only three apart and there was more space available in room for better accommodations. Observation on at 9:20am showed that in # Residents #3 and #10 were in bed. There was a private bathroom in # , and the bathroom was locked and occupied. There was also a walk-in closet in # .	A 030		

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A 030	Continued From page 81 During an interview on at 9:22am Staff B stated that Staff D was in the bathroom taking a bath. Observation on at 9:23am Staff D came out of the bethroom and put on sandals that were kept in walk-in closet across the bathroom. (Photographic evidence obtained). Observation on at 10:50am in , Resident #14 was being changed and the door to her room was wide open. Resident #14 naked backside was seen from the hallway. Facility staff, family and other residents the hallway frequently. A review of the facility admission and discharge log showed that Residents #16 and #17 were discharged on . During an interview on at 12:00pm the case manager for Resident #16 and #17 stated Residents #16 and #17 were admitted to the facility on . A review of Residents' #16's and #17's contract agreements with the facility were dated . A review of the admission discharge log showed that the residents had moved out, with no date give. During an interview on at 11:20am the Administrator acknowledged that the facility was over capacity on , and that it had 16 residents, including Residents #16 and #17. During an interview on at 1:20pm Resident #16 stated that she was at the facility on and left to go the hospital that same	A 030		

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A 030	Continued From page 82 morning after experiencing , , , and . During an interview on at 1:20pm Resident #17 stated that he was at the facility on and stated that he went with his mother to the hospital. Resident's #17 stated that Resident #16 was for two days prior to her leaving the facility. A review of Resident #16's observation log showed that last entry was . A review of Resident #17's observation log showed that last entry was , which stated that Resident #16 called 911 for , and Resident #17 left with her to the hospital. During an interview on at 1:30 pm the case manager for Resident #16 and #17 stated that when he visited the facility on Resident #17 bed was missing. 4) A review of Resident #15's hospital discharge record showed she was admitted to the hospital on with a diagnosis of , and , . On at 12:15 PM, Resident #15's case manager stated that the resident was admitted to the facility on . She stated visited the resident on and her supervisor on .She further stated that the case management agency paid the Resident's rent at the facility. On at 1:45 PM, Staff D stated that Resident #15 resided at the facility for about a	A 030		

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A 030	Continued From page 83 month. During an interview on 12:50pm Resident # 15 stated that she had been at the facility since and that her roommate was Resident #9. She stated she went to the Hospital on and was discharged on . She stated that she did not return to the facility but went to another assisted living facility (ALF) in Hialeah and had no clothing with her. Resident #15 stated that Staff F bought her some clothing. On at 12:52 PM, an interview was conducted at the hospital with Resident #15. She stated that she lived at the facility and was transferred to the hospital because she did not feel well. She stated she was admitted to another facility owned by the same owner when she was discharged from the hospital, but she did not remember the facility's name. During an interview on at 1:40pm Staff F stated that Resident #15's clothing was at the facility. A review of the facility policies showed that it defined , as " when person who in the position of trust and confidence with adults who knowingly retains or uses, or endeavors to obtain or use, a adults funds, assets, or property with the intent to , , or permanently deprive a adult of the use, benefit, or possession for the benefit of someone other than the adult." Class I	A 030		

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A 053	Continued From page 84	A 053		
A 053 SS=I	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including waived testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone	A 053		

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A 053	Continued From page 85 (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, facility failed to follow the procedure outlined by the State when providing medication to 2 out of 17 residents (#8 and # 14) with administration of medications. Findings included: During an interview on at 9:09am Staff F stated that she had been working at the facility for about a year and works primarily on Saturdays and Sundays from 8am to 5pm. Staff F stated that she works as a cook, gives resident their medications and helps with residents' care, when asked what she does at the facility. Observation on at 10:05am showed there were twelve residents and three staff at the facility. During an interview on at 10:35am Staff F stated that she crushed the medications for Resident # 8 and Resident # 14 and put them in their food. Staff F stated that Staff D gave them the food with the crushed medications. She further stated that the residents have trouble swallowing their medications when asked why she crushed their medications and put it in their food. According to the National Library of Medicine improper crushing techniques can reduce the medication doses a patient receives, it can alter the way the body absorbs (pharmacokinetics) medication and its effects on the body (, ,), and compromises treatment efficacy and patient safety.	A 053		

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A 053	Continued From page 86 During an interview on at 10:40 am Staff D stated that she is aware that the medications were in Residents # 8 and # 14 food. She further stated that Residents #8 and #14 have trouble swallowing. A review of Resident #8 medication observation record (MOR) showed that Resident #8 received Asprin 81mg (chewable), .5 mg, 0.5mg, Rosuvastatin 5mg, 1000MCg, D3 500mcg on . A review of Resident #14 medication observation record (MOR) showed that Resident #14 received D 1.25Mg, 10mg on . According to the Mayo Clinic , is an medication and should not be crushed in tablet form, alternative forms are available. According to the Mayo Clinic, Rosuvastatin is a statin medication and should not be crushed in tablet form, alternative forms are available. According to the Mayo Clinic, (D3) is a dietary supplement for D deficiency and should not be crushed in tablet form, alternative forms are available. According to the Mayo Clinic is an and should not be crushed in tablet form, alternative forms are available. A review of Resident #8's health assessment dated showed that the patient has	A 053		

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A 053	Continued From page 87 , and occasional . He had a and was wheelchair dependent. Resident #8 required a no salt added diet. Resident # 18 needed assistance with self-administration of medications. Observation on 10:30am showed that Resident #8 could not lift his to his when instructed. A review of Resident # 8's facility records showed that there were no physician orders or instructions to crush any of Resident # 8's medications. A review of Resident #14's health assessment dated showed that the patient has , and is bedbound. The resident needed precautions and requires a puree with "nectar consistency" diet. Resident # 14 needed assistance with eating and assistance with self-administration of medications. Observation on 10:33am showed that Resident #14 was bedbound and could not lift her to her . A review of Resident # 14's records showed that there were no physician orders or instructions to crush any of Resident # 14 medications. A review of Staff F's records showed that she completed six hours of Assistance with Self-Administration of Medication training on and two hours of Assistance with Self- Administration: Medication Savvy for Nursing Assistants on (photographic evidence obtained).	A 053		

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A 053	Continued From page 88 A review of Florida Department of Health License Verification database showed that Staff F did not possess a license to administer medications from the State of Florida. A review of Staff D's record showed that she did not complete Assistance with Self-Administration of Medication training. A review of Florida Department of Health License Verification database showed that Staff D does not possess a license to administer medications. Class II	A 053		
A 054 SS=F	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;	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942762	A. BUILDING: _____ B. WING _____	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS GARDENS ALF	5120 -22 NW 4 TERRACE MIAMI, FL 33126

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A 054	Continued From page 89 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 observation, interview and record review, the facility failed to ensure that resident medication records were properly documented. Findings: Interviewed on at 9:06AM, Staff G stated that she had passed out medication at 8AM. Interviewed on at 906AM, Staff G stated that she had training for Assistance with Self Administration of Medications. On at 906 AM Staff G stated that she was assigned to assist with self-administration of medication to 8 residents. She stated that she assisted Residents #12,# 5, #9, #8, #13 ,#6, #14 and #7 with medication administration. Review of the Medication Observation Records (MORs) of Resident #12, #5, #9, #8, #13, #6, #14, and #7 revealed that Staff G did not sign off on the residents' MOR on the morning of .	A 054		

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
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A 054	Continued From page 90 Review of the MOR revealed that on , the medications given on were signed off when they were not previously signed off on . Review of staff G's file revealed that she received 6 hours training on and 2 hours training on Assistance with Self Administration of Medications dated (on the same day of the survey). Class III .	A 054		