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
	AL11910644	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APOLLO GARDENS RETIREMENT RESIDENCE CARE	2718 JOHNSON STREET HOLLYWOOD, FL 33020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted on at Apollo Gardens Retirement Residence Care, Inc. The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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

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

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

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A 010	Continued From page 4 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, it was determined that the facility failed to ensure a Resident's Health Assessment form (AHCA form 1823) was accurate and reflective of the Resident's current care needs, for 1 out of 2 sampled residents (Resident# 4). The findings included: During an interview with the Administrator on at approximately 9:50 AM, she was informed to provide a list of residents on a special diet and their Health Assessment (AHCA 1823 form). An observation during lunch between 11:45 AM and 12:30 PM this surveyor observed Staff F (Caregiver) feeding a puree meal to Resident #4. During an interview with Staff F on at 12:36 PM she was asked if Resident #4 can feed himself and she stated "no". Staff F stated, Resident #4 is total care and he forgets that he is eating and he takes too long to feed himself. A review of Resident #4 file documented that he was admitted on . Review of Resident #4's Health Assessment dated documented the following: a) Diagnoses: Hemipledia following infraction affecting right side, infraction due to of left , , and b) Physical or sensory limitations as ambulates via wheelchair. c) Special Diet documented as no added salt. Further review of Resident #4's Health	A 010		

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A 010	Continued From page 5 Assessment revealed the resident requires assistance (staff provides physical assistance with the resident's participation) with all Activities of Daily Living (ADLs). The facility also failed to ensure that the resident received a to assessment after the signficant change of enrollement into hospice services. In reviewing the Health Assessment form dated , the following concerns were noted. 1) The current Health Assessment failed to list ADLs as total care (staff completes the action for the resident), not reflective of the resident's current ADLs. To ensure appropriate care is rendered to the resident. 2) The current Health Assessment failed to document residents' special diet as puree diet. 3) The current Health Assessment failed to document a diagnosis related to the resident's special diet as puree diet. 3) The resident was enrolled into Hospice services on , admitting diagnosis not noted on the AHCA form 1823. During an interview on at approximately 4:50 PM, the Administrator acknowledged the findings. No additional information was provided. Class III	A 010		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.	A 026		

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A 026	Continued From page 6 (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that, the facility failed to encourage residents to participate in social, recreational, educational and leisure activities. The findings included:	A 026		

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A 026	Continued From page 7 During facility tour observations on between 8:00 AM and 4:00 PM, an Activity Calendar was posted in the TV room (the room was located near the smoking area). Further observations revealed approximately 9 residents were sitting around the table of which 6 were in wheelchairs and ◡ , . During an interview on at approximately 2:00 PM with Staff B (Caregiver), she was asked if she was the person in charge of Activities for the day and she stated "yes". Staff B was asked if residents are encouraged to participate in daily activities provided by the facility. Staff B stated the vast majority of residents do not participate in Activities. Staff B was asked what kind of activities she is providing during scheduled activities. She was asked to show items used during the activity sessions and the following was revealed: 1.) Bingo (Staff B, stated the ball inside the canister is missing) 2.) Stack of wooden circle shapes (Staff B, stated toy is used for the ◡ , residents) 3.) 3 coloring books (Staff B, stated some residents keep the books and do not return them) 4.) 2 crossword books 5.) Television (Staff B, stated residents watch television) 6.) Bag of approximately 4 stress balls 7.) One medicine Ball Staff B was asked what other items are being used for the ◡ , residents and she stated there is not much you can do with them. Furthermore, observation revealed facility census at the time of survey was 38 residents. During an interview on at	A 026		

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A 026	Continued From page 8 approximately 1:39 PM with Resident #1, he was asked if he is encouraged to participate in daily activities provided by the facility and he stated "no". Resident #1 was asked if staff have asked him to participate in activities and he stated no. During an interview on at approximately 1:43 PM with Resident #5, she was asked if she participates in activities provided by the facility and she stated the facility had not provide activities in a long time. During an interview on at approximately 1:45 PM with Resident #2, she was asked to name activities provided by the facility that she enjoys. At this time, resident was very upset and she stated the facility does not offer activities. During an interview on at approximately 1:50 PM Resident #6 was asked if he enjoys activities provided by the facility and he stated the facility does not provide activities. He stated he cannot remember the last time he participated because it has been that long. During an interview on at approximately 4:40 PM with the Assistant Administrator she was informed of the findings noted above. She stated that she was aware of residents not participating in activities. She was asked if she had consulted/communicated with the facility residents in selecting, planning, or providing diversified individual and/or group activities to accommodate residents needs, abilities and interest. At this time, she stated no, she acknowledged the findings. Class III	A 026		

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A 036	Continued From page 9	A 036		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, and interview, it was determined that the facility failed to ensure staff implemented Control Procedures when assisting with Self-Administration of medication during a Medication Pass (Med Pass) for 3 out of 3 sample residents (Resident #1, 2 and 3). The findings included:	A 036		

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A 036	Continued From page 10 An observation during a Med Pass on in the dining room area/common area, at approximately 8:30 AM surveyors observed Staff E (Facility Nurse) use a box cutter/utility knife. The knife was used to create an opening to cut through the protective plastic seal covering of the morning individual medication package (morning pills and capsules were mixed in individual compartments) to remove the medication. (Photo evidence was obtained) 1) Staff E, used a box cutter/utility knife to cut through the protective plastic film/sealed covering of the morning individually packaged medication for Resident #1 a) , 10 mg tablet, take one tablet by every day, 8:00 AM. b) , 10 mg tablet, take one tablet by every day, 8:00 AM. c) tablet, take one tablet by every day, 8:00 AM. d) , 5 mg tablet, take one tablet by two times a day, 8:00 AM and 5:00 PM. e) , 50 mg tablet, take one tablet by two times a day, 8:00 AM and 5:00 PM. f) , 25 mg tablet, take one tablet by two times a day, 9:00 AM and 12:00 PM. 2) Staff E, used a box cutter/utility knife to cut through the protective plastic film/sealed covering of the morning individually packaged medication for Resident #2 a) , 2.5 mg tablet, take one tablet by every day, 8:00 AM. b) 325 mg tablet, take one tablet by every day, 8:00 AM. c) 1 mg tablet, take one tablet by every day, 8:00 AM.	A 036		

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A 036	Continued From page 11 d) , 10 mg tablet, take one tablet by with breakfast, 8:00 AM. e) Ocuvite with Lutein tablet, take one tablet by every day, 8:00 AM. f) 25 mg tablet, take one tablet by every day, 8:00 AM. 3) Staff E, used a box cutter/utility knife to cut through the protective plastic film/sealed covering of the morning individually packaged medication for Resident #3 a) , 5 mg tablet, take one tablet by every day, 8:00 AM. b) , 5 mg tablet, take one tablet by every day, 8:00 AM. c) 325 mg tablet, take one tablet by every day, 8:00 AM. d) 800 mcg tablet, take one tablet by every day, 8:00 AM. e) Rosuvastatin 20 mg tablet, take one tablet by every day, 8:00 AM. f) 1000 mcg tablet, take one tablet by every day, 8:00 AM. g) D 2000-unit capsule, take one capsule by every day, 8:00 AM. h) 20 mg tablet, take one tablet by every day, 8:00 AM. i) 100 mg capsule, take one capsule by two times a day, 8:00 AM and 5:00 PM. j) , 500 mg tablet, take one tablet by two times daily, 8:00 AM and 5:00 PM. During an interview on at 9:20 AM Staff E was asked why was she using a box cutter/utility knife to cut through the individually packaged medication and she stated that it was easier to cut, by using the box cutter than peeling the seal off.	A 036		

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A 036	Continued From page 12 During an interview on at approximately 2:50 PM with Staff E and the Assistant Administrator they were both informed of the concerns for control (the use of the box cutter/utility knife to cut through the residents individually packaged medications). They both acknowledged the findings. Class III	A 036		