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
	AL11965639	A. BUILDING: _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE ASSISTED LIVING RESIDENCE	8501 NW 38TH STREET CORAL SPRINGS, FL 33065

(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 Complaint survey, #2025014903, was conducted at Unique Assisted Living Residence on . The facility had deficiencies at the time of the survey.	A 000		
A 007	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least . 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate,	A 007		

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A 007	Continued From page 1 guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any ⌄ or 4 , . A resident requiring care of a ⌄ , may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. 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.	A 007		

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A 007	Continued From page 2 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. , and , , performed in the facility; b. , , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual;	A 007		

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A 007	Continued From page 3 b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable , , or assistance with routine , care of site , placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from , with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an	A 007		

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A 007	Continued From page 4 assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission 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 record review and interview, the facility failed to ensure that only residents meeting their admission criteria were admitted to the facility for 1 of 5 residents (Resident #5) admitted to the facility during the survey. The findings include: A review of the facility Admission policy contained in their Resident Agreement documented its criteria which included the facility may not admit a resident who requires 24-hour nursing or professional mental health care and is a danger to himself or others (copy obtained). Or whose care and services exceeded the scope of the facility's license. A review of the facility's license documented they are a Standard Assisted Living Facility and offer no services for residents requiring supervision for Behavioral or ˏ ˽ behaviors. A review of Resident #5 Health Assessment, AHCA Form 1823 (1823) dated by this surveyor documented her diagnosis as ˏ , (ˏ,), ˏ, and ˏ . It also documented she needed assistance with medication administration, and Assistance with all her Activities of Daily Living (ADLs) - Ambulation, Self-Care (Grooming),	A 007		

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A 007	Continued From page 5 Toileting, Transferring, Bathing, Eating, . In an interview with the Administrator on at 10:12 AM she stated Resident #5 (who was admitted to the facility on) has a history of and became difficult and aggressive, and attempting to leave the facility. She stated she called the police, and the Resident was sent to a psych facility for five days. She stated after she spent the five days at the facility, she was returned to their facility on . The Administrator stated she was going out of town that day, but they were locking the door in order to keep her from leaving the facility. In an interview with the Administrator on at 10:27 AM, she stated after Resident #5 returned from the local Behavior Hospital (no dated provided) she was informed by the provider that Resident #5 was okay. However, when she came from the hospital on Wednesday , she stated she explained to the hospital that Resident #5 was inappropriate for their facility due to her erratic behavior which could threaten the other patients. And that she was always trying to leave the facility. In a confidential telephone interview on at 11:58 AM with a representative from the State Agency charged with ensuring the safety of the adult and population, she stated she visited the facility on . The Investigator also stated that Resident #5 would appear to be okay, but when she talked with her, she became very aggressive, which could present a danger to the other residents who are all sickly. She also stated Resident #5 had been twice and the facility still took her on .	A 007		

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A 007	Continued From page 6 She also stated that Staff B is said to have told family members that she was quitting because the facility is not equipped to handle residents like Resident #5. In a telephonic interview with Resident #2's family member on at 1:59 PM she stated Staff B told her that one of the patients (Resident #5) is very aggressive and says rude things, and always trying to escape from the facility. She stated when she was at the facility visiting, Resident #5 would be next to the door trying to leave and was aggressive. Observation of the facility by this surveyor revealed it is a 4-bedroom home in a residential community located next to a municipal facility with heavy automobiles and equipment arriving and leaving throughout the day. As the facility has no secured unit, preventing elopement is difficult without having to the doors and windows with furniture, which could be moved by Resident #5. Additionally, as the facility was not equipped to address the supervision needs of Resident #5, who required constant monitoring and supervision, she was at constant risk of exiting the facility and traveling on residential streets and busy roadways. Class III	A 007		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition	A 025		

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A 025	Continued From page 7 in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case	A 025		

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A 025	Continued From page 8 manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility to ensure there was adequate staff available to provide supervision as appropriate for 4 of 4 Residents reviewed/observed (Residents #1, #2, #3, and #4). The facility was also unable to offer/or provide personal supervision as appropriate for 1 of 5 Residents reviewed/or observed (Resident #5). The findings include: The Agency received notification, that the facility's 5 residents (Resident #1-#5) were lefte alone at the facility on . The facility had no staff available to replace Staff B who immediately terminated her employment with the facility. In an interview with the Administrator on at 3:41 PM, a request was made for the facility's Supervision Policy. She provided this surveyor with a template Resident Agreement Packet and pointed to the Services section as their supervision policy. The Administrator also confirmed that on she was out of the state when she was notified by Staff B that she	A 025		

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A 025	Continued From page 9 was leaving the residents with no -up(staff). She stated a few of the family members had also notified her of the circumstances due to the notification by Staff B. She stated, she immediatley called the local emergency services for assistance as she was unable to get to the facility timely and had no placement. She further stated, she was eventually able to contact Staff D to come over and assist later in the day. A review of the facility's Resident Agreement provided to this surveyor documented the facility will provide assistance with Activities of Daily Living (ADL's) such as Ambulation, Self-Care (Grooming), Toileting, Transferring, Bathing, Eating, . It also revealed the facility will provide 24-hour care and emergency contact. A review of Resident #1 Health Assessment, AHCA form 1823 (1823) dated documented her diagnosis to include , Type II Mellutis, . It also documented her Activities of Daily Living (ADLs) as Assistance in Ambulation, Self-Care (Grooming), Toileting, Transferring, Bathing, Eating, . A review of Resident #2 Health Assessment, AHCA form 1823 (1823) dated documented her diagnosis as , Muscular . It also documented her Activities of Daily Living (ADLs) as Assistance in Ambulation, Self-Care (Grooming), Toileting, Transferring, Bathing, Eating, .	A 025		

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A 025	Continued From page 10 A review of Resident #3 Health Assessment, AHCA form 1823 (1823) documented her diagnosis as , , , , , , , , , and . It also documented her Activities of Daily Living (ADLs) as Total Care in Ambulation, Self-Care (Grooming), Toileting, Transferring, Bathing, Eating, . A review of Resident #4 Health Assessment, AHCA form 1823 (1823) dated documented his diagnosis as . It also documented his Activities of Daily Living (ADLs) as Total Care in Ambulation, Bathing, Grooming, Transferring and Assistance in Eating and . A review of Resident #5 Health Assessment, AHCA form 1823 (1823) dated documented her diagnosis as , , , , , , and , . It also documented her Activities of Daily Living (ADLs) as Assistance in Ambulation, Self-Care (Grooming), Toileting, Transferring, Bathing, Eating, . In an interview with the Administrator on at 9:55 AM, she stated it is just herself working at the facility currently (since), and that everybody (Staff) left after the incident on . In a confidential telephone interview on at 11:58 AM with a witness to the events and circumstance regarding the facilities lack of supervision. It was revealed that Staff B is said to have told family members that she was quitting because the facility is not equipped to handle residents like Resident #5. She further stated Staff	A 025		

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A 025	Continued From page 11	A 025		

B shared with family members that she had to place things against the doors to prevent Resident #5 from leaving the facility. She further stated she personally observed Resident #5, and she appeared to be okay. But when she talked with the Resident, she became very aggressive, which could present a danger to the other residents who all have health conditions.

In an interview with the Administrator on at 3:00 PM, she stated that on her cousin (Staff D) came to the facility first to see if she could help with the family members who had come after receiving a call from Staff B who informed them, she had quit and was leaving the facility.

A review of the facility's files and documents did not identify Staff D as an employee, nor was their documentation that Staff D had the requisite training to provide care and services to residents in an Assisted Living Facility (ALF), including supervision.

In a telephonic interview with Staff B on at 3:08 PM, she stated she was the only employee of the facility most of the time during her almost two years of employment. And that she was the only employee working at the facility during an incident on . She stated in the interview with the surveyor that Resident #5 was very violent and that she refused to take her medications. She stated the Resident was once (no date provided) and was allowed to be brought to the facility on from a local hospital. She stated that on the morning of she fainted from exhaustion as she had not slept in a week and was awakened by

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A 025	Continued From page 12 Resident #5 who was on top of her hitting her; and that she had to raise her arms to protect herself. She stated 911 was called and the paramedics took Resident #5 out of the facility and to a local hospital. She further stated she had been the only employee working at the facility for months, where she resided and provided care 24/7(twenty-four hours a day, seven days a week). In a telephonic interview with Resident #2's family member on at 1:59 PM, she stated the Nurse aide (Staff B) called and told her there was an emergency. She stated she was not given a reason at that time, and that the emergency was not with her family member, but with her and she needed to come right away. She stated she arrived at the facility at 12:39 PM and there were two other family members there. She stated she did not leave the facility until after 2:58 PM on in the afternoon when a staff person arrived (Staff D). She also stated the Administrator arrived at the facility 9:00 PM that night. In a telephone interview with Resident #3 family member on at 2:37 PM she stated she went to the facility on after receiving a call from Staff B around 11:30 AM. She stated Staff B informed her that she was calling all the resident families to inform them that she was leaving because Resident #5 was "crazy" and she hadn't slept in a week because of her. She stated Staff B informed her that she must lock the door, put chairs, sofas and everything at the door because Resident #5 wants to leave the facility. She further sated Staff B informed her that she once found Resident #5 in Resident #3's room. Resident #3's 1823 dated documented her diagnosis as , , , , , ,	A 025		

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A 025	Continued From page 13 , , , , and , . Resident #3 is also bed bound, enrolled in Hospice and is total care in all her Activities of Daily Living (ADLs). She (Representative of Resident #3) further stated in the interview that Staff B left about 20 minutes after she arrived at the facility. And that there was another family member present, to whom she told they needed to call the police because Resident #5 wanted to run (away from the facility). She stated one of the Administrator's family members (Staff D) came to the facility around 2:00 PM and stated she was going to take care of everything. In a telephone interview with a family member for Resident #4 on at 4:15 PM, she stated she received a telephone call from Staff B around 12:40 PM, and she called her around 3:00 PM. She stated she arrived at the facility on around 7:00 PM and there was a lady there who introduced herself as (Staff D). She stated she was at the facility for about a half-hour, and that there were 2 other ladies (family members) there as well. She stated she visited the facility the next day ( ) and Staff D was there. In a telephone interview with a family for Resident #1 on at 10:52 AM, she stated she received a message that the caregiver (Staff B) had left the facility. She stated she called the Administrator who informed her that she was on a plane coming to the facility as the caregiver had abandoned her post and left the facility. She stated she went to the facility a little before 7:00 PM and there were two people there (family members), and one caregiver (Staff D) who provides care to them. She stated she was familiar	A 025		

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	AL11965639	A. BUILDING: _____ B. WING _____	10/09/2025

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A 025	Continued From page 14 with Staff D who were there attending to them physically, helping them to the bathroom. Record review and interview revealed Staff B was left alone for an indefinite period of time providing care 24 hours per day, 7 days per week without assistance, thus putting residents in jeopardy due to insufficient staffing required to provide care and supervision for residents of the facility. Additionally, at the time of the survey residents remained at risk due to inadequate staff as the Administrator, Staff A, is the only staff person providing care and services (i.e. meals, observation, monitoring, assistance with medications, assisting with ADLs) 24 hours a day. No additonal information was provided during the survey. Class II	A 025		
A 079	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 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457	A 079		

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A 079	Continued From page 15 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 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	A 079		

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A 079	Continued From page 16 . 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. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern	A 079		

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A 079	Continued From page 17	A 079		

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 requirements for the facility and the facility will no longer be required to maintain a plan with the

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A 079	Continued From page 18 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 record review and interview, the facility failed to ensure they provided adequate staffing to provide care and services for five (5) of (5) Residents of the facility (Resident 1,2,3,4,5). The findings include: A review of the facility's Staff Calendar provided to the surveyors by the Administrator on documented three direct staff (Staff A,C and D) were employed to provide care and services for a Census of four (4) residents. A review of the Staff Schedule provided the surveyors by the Administrator documented there were three (including herself) working at the facility (Staff A, C and D). A review of facility's documents and records revealed a Census of four Residents (Resident #1, #2, #3, and #4). In a telephone interview with Staff B (Caregiver) on at 3:09 PM, she stated she lived at the	A 079		

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A 079	Continued From page 19 facility for 2 years and was providing care/supervision 24/7 (twenty-four hours a day, seven days a week). She stated she repeatedly told the Administrator she needed help; she needed a break and that there were no other caregivers employed at the facility. She stated there were two other caregivers (she couldn't remember their names) who attempted to work there but lasted less than a day. As result, she had been working by herself again since , . . In a confidential telephone interview on at 11:58 AM with a representative, it was revealed during a confidential visit on , she confirmed the Administrator's cousin (Staff D) was present and was providing care to Residents. A review of the facility's files and documents do not identify Staff D as an employee, nor was their documentation that Staff D had the requisite training to provide care and services to residents in an Assisted Living Facility (ALF), including supervision. Staff D also is not related to any of the Residents of the facility. In an interview with the Administrator on at 9:55 AM, she stated it is just herself working at the facility currently, "everybody left after the incident on Monday." As such, the facility does not meet the required number of direct care staff needed to provide care and services to the residents of the facility. No other information or documentation was provided during the survey. Class III	A 079		