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 |
|---|---|---|---|
| | AL11969174 | A. BUILDING: _____ B. WING _____ | 10/02/2025 |

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| NEW ERA COMMUNITY HEALTH CENTER LLC | 1351 N KROME AVE HOMESTEAD, FL 33030 |

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| A 000 | Initial Comments<br><br>A standard re-certification survey with generator monitoring component was conducted at New Era Community Health Center from through . Deficiencies were identified at the time of the survey. | A 000 | | |
| A 004 SS=D | 59A-36.004 FAC Licensure - Requirements<br><br>59A-36.004 License Requirements.<br>(1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide.<br>(2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C.<br>(3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C.<br>(4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on | A 004 | | |

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| A 004 | Continued From page 1<br><br>contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter.<br>(5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C.<br>(6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to have an updated and approved fire inspection report reviewed annually.<br><br>Findings Included:<br><br>A review of the facility fire inspection dated showed a reinspected Notice of Violation ( ) for failure to provide a secondary means of escape.<br><br>Interviewed on at 9:35 AM the Owner | A 004 | | |

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| A 004 | Continued From page 2<br><br>stated that the fire department had given him two options and that he was currently working with a contractor.<br><br>Class III | A 004 | | |
| A 030 SS=D | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.<br>(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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 3 | A 030 | | |

and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery 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

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| A 030 | Continued From page 4<br><br>residents reside.<br><br>429.28 Resident bill of rights.-<br>(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:<br>(a) Live in a safe and decent living environment, free from and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(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.<br>(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.<br>(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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 5<br><br>provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(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.<br>(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.<br>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or 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.<br>(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 | A 030 | | |

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| A 030 | Continued From page 6<br><br>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.<br>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(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 | A 030 | | |

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| A 030 | Continued From page 7<br><br>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.<br><br>429.27 Property and personal affairs of residents.-<br>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interviews, and record review, the facility failed to ensure that 2 out of 32 sampled residents (#7 and 28) live in a safe environment, free from and neglect, and are treated with consideration and respect and with due recognition of personal dignity.<br><br>Finding included:<br><br>Observation on at 6:38am showed | A 030 | | |

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| A 030 | Continued From page 8<br><br>that the facility was a large two-story facility with 127 Residents. The facility had a limited mental health license.<br><br>According to the National Alliance on Mental Illness (NAMI) mental health conditions include but are not limited to, , eating , etc.<br><br>A review of the facilities admission and discharge log showed that all the residents at the facility are mental health residents.<br>Observation on at 7:10am showed that Residents # 7 and 28 reside in # . Both residents were in bed awake.<br><br>Resident #28 was covered up and curled in a serpentine position on his side, and Resident #7 was lying flat on his he had perspiration on his forehead and . The room was warm, and the air conditioning was not on. On the ceiling by the air conditioning vent there was discoloration that had been painted over. In the bathroom on the dropdown ceiling by the air conditioning return vent there were large black stains. (photographic evidence obtained) There was a musty smell in the room, and it felt humid. There were no windows open in the room, and the door was closed. The air conditioner controls were enclosed in a clear box. The residents did not have a television set nor any bedside lamps. The blinds were broken and provided some privacy from the outside. There was no clothing in the room other than the clothing that the residents had on their backs.<br><br>During an interview on at 7:11am the Owner stated that the residents mess with the | A 030 | | |

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| A 030 | Continued From page 9<br><br>air-conditioning controls all the time and that the facility tries to lock them, but they still manage to change the settings. The Owner acknowledged that it was warm in the room. When asked about the stains on the ceiling the administrator acknowledged and said that maintenance would fix that right away. When asked if there was a leak in the ceiling the Owner stated no.<br><br>Observation on at 7:11am the owner tried to turn on the air conditioning when asked if he felt the room was warm. The Owner asked the residents if they were warm and Resident #7 said "uhm" and Resident #28 did not reply. The Air conditioning did not turn on after the owner turned it on.<br><br>According to the National Weather Service the average temperature on in Homestead, Florida was 84.9 F.<br><br>During an interview on at 7:19am the owner stated that they destroy them all the time and that's why they don't have any, when asked about the missing table lamps. When asked about the resident clothing the Owner stated that they keep the resident clothing in the laundry room labeled separately. The Owner further elaborated that if the residents were given their clothing, they would have it thrown all over the place. He further stated that the facility provided everything to many of the residents, including clothing. The Owner elaborated that many residents come with nothing to the facility. When asked how residents would get their clothing, he stated that staff would bring them clothing if they asked.<br><br>Observation on at 7:23am showed clean clothing belonging to residents in the | A 030 | | |

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| A 030 | Continued From page 10<br><br>laundry room that only staff have access to. The Owner asked a random resident in the hallway what they would need to do to get their clothing and the resident looked when asked.<br><br>A review of the facility rules and regulation states that the facility is not responsible for the residents' belonging unless they are in our safekeeping and that rooms will be cleaned thoroughly, daily by a staff member.<br><br>Observation on at 8:11am showed the damage to the ceiling and walls caused by a leaking air-conditioning unit in another resident room.<br><br>Class III | A 030 | | |
| A 056 SS=F | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(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 | A 056 | | |

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| A 056 | Continued From page 11<br>another.<br>(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 who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.<br>(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.<br>(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.<br>(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 | A 056 | | |

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| A 056 | Continued From page 12<br><br>or refilled in a timely manner.<br>(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 label containing the following:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interviews and record review, the facility failed to assist 3 out of 33 sampled residents with self-administration of medications at the time ordered by the health care provider (#27, 29, and 30)<br><br>Findings included<br><br>Interviewed on at 9:00 AM Staff B stated that her work schedule was from 4:00 AM to 12:30 PM and she had passed the morning medication dosages to the residents as soon as | A 056 | | |

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| A 056 | Continued From page 13<br>she arrived at work.<br><br>A review of the medication observation records of Resident #27, 29 and 30 revealed that they received their medications at 4:09 AM, "Last given at 4:09 AM". Further review showed that the medications were ordered at 6:00 AM.<br><br>Interviewed on at 9:15 AM, the Owner stated that the staff would now start giving the medications not earlier than one hour before the time indicated by the health care provider.<br><br>Class III | A 056 | | |
| A 075 SS=F | 429.255( ) FS Use of Personnel; Emergency Care ( )<br><br>(3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b).<br>(b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director.<br>(c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility.<br>(4) Facility staff may withhold or withdraw , , or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional | A 075 | | |

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| A 075 | Continued From page 14<br><br>conduct, for withholding or withdrawing , , or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing , , or use of an automated external defibrillator as otherwise permitted by law.<br>(5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and review of records, the facility failed to have a properly functioning automated external defibrillator ( ) on the premises available for the 127 residents of the facility in the event of a medical emergency. Resident # 1 was found unresponsive, and an was used to render life-saving emergency procedures.<br><br>Findings Included:<br><br>Observation on at 6:38am showed that the facility was a large two-story facility with 127 Residents. The facility had a limited mental health license.<br><br>A review of resident #1's observation log records showed that on at approximately 11:40am Resident #1 was found unresponsive in his wheelchair in the dining room and that life-saving emergency procedures were initiated by the Administrator and Owner. An automated external defibrillator ( ) was used on Resident #1. | A 075 | | |

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| A 075 | Continued From page 15<br><br>Observation on at 9:00am showed that the facility had two automated external defibrillators ( ) devices. (photographic evidence obtained) One device was in the nursing station on the first floor and another in the nursing station on the second floor.<br><br>The on the first floor had pads, its status indicator was red, and the automated voice prompt indicated a low battery. The on the second floor did not have pads, its status indicator was red, and the automated voice prompt indicated a low battery as well. The date on the battery of both devices was in 2022.<br><br>According to the Science manual, when the status indicator is red call customer service and that batteries should be replaced every 2.5 years.<br><br>During an interview at approximately 12:00pm the Owner stated there were no residents with ( ).<br><br>During an interview on at approximately 1:00pom the Owner stated that he purchased replacement batteries for the device.<br><br>Class III | A 075 | | |
| A 078 SS=F | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(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 | A 078 | | |

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| A 078 | Continued From page 16<br><br>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.<br>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 individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of .<br><br>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 .<br><br>(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.<br>(c) All staff must comply with the training | A 078 | | |

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| A 078 | Continued From page 17<br><br>requirements of rule 59A-36.011, F.A.C.<br>(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.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure 5 out of 10 sampled staff were qualified to perform their assigned duties consistent with their level of education, training and experience. (The Administrator, F, G, D, H)<br><br>Findings included:<br><br>Interviewed on at 11:18 AM when he was asked to describe the technique the Administrator stated," 20 to 30 , and to "<br><br>A review of the Administrator's record showed documentation for First Aid/ valid through<br><br>Interviewed on at 12:10 PM Staff F, a Caregiver, stated that she did not know what a do | A 078 | | |

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| A 078 | Continued From page 18<br><br>not order ( ) was. When she was asked to describe the procedure Staff F stated," 20 to 30 , and 2 to 3 breaths"<br><br>Interviewed on at 12:18 PM Staff G, a Caregiver, when she was asked to describe the technique Staff G stated that she could not describe it, but she was a doctor in Cuba, and she knew how to administer . When asked about the facility's emergency management plan and what her role was Staff G stated, "I don't know"<br><br>Interviewed on at 12:25 PM when asked to describe the technique Staff D stated, "20 to 30 , and 3 breaths"<br><br>Interviewed on at 12:35 PM when asked to describe the technique Staff H stated,"21 to 30 , and about 3 breaths"<br><br>According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths."<br><br>Class III | A 078 | | |
| A 152 SS=F | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and, | A 152 | | |

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| A 152 | Continued From page 19<br><br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(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 .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide a safe living environment that was free of hazards to the residents. There were insects resembling roaches, mold-like stains and hazardous materials in the kitchen and inside the residents' living quarters. | A 152 | | |

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| A 152 | Continued From page 20<br><br>Findings included:<br><br>Observations on from 6:00 AM through 1:30 PM revealed:<br><br>There were 3 insects resembling roaches on the kitchen floor (Photographic evidence obtained). The Owner stated," They are . As long as they are it's not a problem"<br><br>There were large, dark stains on the ceiling and walls in resident # (Photographic evidence obtained).<br><br>There was a live insect resembling a roach inside the bathroom in resident # . Further observation showed that the Owner stepped on the insect.<br><br>There was a live insect resembling a roach inside resident # .<br><br>There was a live insect resembling a roach inside the bathroom in resident # . Further observation showed mold-like stains in the shower. (Photographic evidence obtained) The Owner stated, "That is because they eat inside their rooms, that's why there are roaches"<br><br>There was plaster damage on the wall in resident # . Further observation showed there was a portable ladder and assorted tools throughout the room (Photographic evidence obtained) The Owner stated, "Maintenance is working on the AC. The wall is being repaired now"<br><br>Interviewed on at 6:30 AM in # Resident 33 stated that sometimes she saw live roaches in her room. | A 152 | | |

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| A 152 | Continued From page 21<br><br>Interviewed on at 1:30 PM the Owner stated that the repairs were completed, and the pest control vendor will service the facility.<br><br>Class III | A 152 | | |
| A 162 SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ,<br>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,<br>9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.<br>(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.<br>(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.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, | A 162 | | |

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| A 162 | Continued From page 22<br><br>F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(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.<br>(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.<br>(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.<br>(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.<br>(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.<br>(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.<br>(l) If the resident is an ⌄ recipient, a copy of the Department of Children and Families form | A 162 | | |

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| A 162 | Continued From page 23<br>Alternate Care Certification for , , , { }, CF-ES 1006, , which is hereby incorporated by reference 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.<br>(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.<br>(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.<br>(o) The resident's , DH Form 1896, if applicable.<br>(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.<br>(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.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended | A 162 | | |

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| A 162 | Continued From page 24<br><br>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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review the facility failed to have an accurate health assessment for one out of 32 sampled residents (Resident #8).<br><br>Findings Included:<br><br>A review of Resident 8's health assessment dated showed that the section on activities of daily living for toileting was left blank.<br><br>Interviewed on at 12:23 PM the Administrator and Owner acknowledged that Resident #8 health assessment was not accurate and up to date.<br><br>Class III | A 162 | | |
| A 165 SS=D | 429.23( & ) FS Risk Mgmt & QA<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.<br>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse | A 165 | | |

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| NEW ERA COMMUNITY HEALTH CENTER LLC | 1351 N KROME AVE HOMESTEAD, FL 33030 |

| (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 |
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| A 165 | Continued From page 25<br><br>incident" means:<br>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:<br>1. ;<br>2. or , damage;<br>3. Permanent ;<br>4. or of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.<br>(6) , neglect, or , must be reported to the Department of Children and | A 165 | | |

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| | AL11969174 | A. BUILDING: _____ B. WING _____ | 10/02/2025 |

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| A 165 | Continued From page 26<br><br>Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.<br>(10) The agency may adopt rules necessary to administer this section.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on Observations, Interviews and Review of records, the facility failed to report adverse incidents with the Internal risk management and | A 165 | | |

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| A 165 | Continued From page 27<br><br>quality assurance program. The facility failed to provide within one (1) day a preliminary report to the agency for 1 out of 32 sampled residents (Resident #1).<br><br>Finding Included:<br><br>Observation on at 6:38am showed that the facility was a large two-story facility with 127 Residents. The facility had a limited mental health license.<br><br>A review of agency's incident reporting system (AIRS) shows that the last adverse incident reported was on .<br><br>Observation on at approximately 7:00am showed that Resident #1 was not in his room.<br><br>During an interview at approximately 7:00am the Owner stated that Resident #1 was in the hospital.<br><br>A review of Resident #1's observation log showed that on at approximately 11:40am, Resident #1 was found unresponsive in his wheelchair in the dining room, and the facility-initiated life-saving emergency procedures and automated external defibrillators ( ) was used on Resident #1.<br><br>A review of Resident # 1's hospital records showed that a 911 call was placed at 11:51am and that emergency medical services ( ) arrived at 11:54am. Resident #1 had , ( ) when arrived at the facility.<br><br>According to the National Institute of Health, | A 165 | | |

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| A | Continued From page 28<br><br>, , ( ), also known as , is a clinical condition characterized by unresponsiveness and , , , in the presence of sufficient electrical discharge. The first step in managing , , is to start , according to the advanced life support (ACLS) protocol.<br><br>According to the American Association ACLS protocols requires 100-120 , , per minute (at minimal 30 , and 2 breaths in cycles).<br><br>Observation on at 9:00am showed that the facility had two automated external defibrillators ( ) devices. One device was in the nursing station on the first floor and another in the nursing station on the second floor. The on the first floor had pads, its status indicator was red, and the automated voice prompt indicated a low battery. The on the second floor did not have pads, its status indicator was red, and the automated voice prompt indicated a low battery as well. The date on the battery of both was in 2022.<br><br>According to Science manual, when the status indicator is red call customer service and that batteries should be replaced every 2.5 years. The manual also stated that the device is automated machine and would prompt the rescuer through the event including rendering 30 , and 2 breaths in cycles. The device also had advanced features including a manual mode which should be used by a trained advanced life support rescuer.<br><br>During an interview on at 12:10pm Staff F stated that she works from 4am to 12pm, | A 165 | | |

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| A 165 | Continued From page 29<br><br>had been working at the facility for about a month, and received training in . When asked to describe the processes Staff F suggested that it consisted of 20-30 , and breaths.<br><br>During an interview on at 12:25pm Staff D stated that she works from 12pm to 8:30pm, had been working at the facility for about 3 years, and received training in . When asked to describe the processes Staff D suggested that it consisted of 20-30 , and three (3) breaths.<br><br>During an interview on at 12:35pm Staff H stated that she works from 12pm to 8:30pm, had been working at the facility for about 6 years, and received training in . When asked to describe the processes Staff H suggested that it consisted of 21-30 , and three (3) breaths.<br><br>During an interview on at 6:44pm Staff E stated that she works from 8pm to 4:30am, had been working at the facility for about a month, and received training in . When asked to describe the processes Staff E suggested that it consisted of 15-30 , and three (3) breaths.<br><br>During an interview on at 11:18am the Administrator stated that he found Resident #1 in the dining room unresponsive and believed that he had choked. He stated that he started trust while the resident was in his wheelchair and thereafter placed the resident on the floor and started . He stated that Resident #1 had a low , and was not breathing. The Administrator stated that he did 25-30 , followed by to | A 165 | | |

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| A 165 | Continued From page 30<br><br>but was relieved by the Owner. He stated that he used the device on Resident #1. When asked if he manually shocked the resident he stated yes.<br><br>During an interview on at 11:31am the Owner stated that he found Resident #1 in the dining room unresponsive and that he rendered consisting of 20 , and three (3) breaths.<br><br>A review of the Resident #1 hospital record showed that he went into several times at the hospital and was transferred to an for further care.<br><br>During an interview on at 1:00pm the Owner stated that he did not believe that the incident was reportable because they could not exercise control over the event.<br><br>Class III | A 165 | | |
| A 182 SS=D | 59A-36.019(3) FAC Emergency Mgmt - Plan Implementation<br><br>(3) PLAN IMPLEMENTATION.<br>(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment.<br>(b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility | A 182 | | |

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| A 182 | Continued From page 31<br><br>failed to ensure all staff could implement the emergency management plan. The staff on duty were not aware where the residents would be evacuated in case of an emergency.<br><br>Findings Included:<br><br>Interviewed on at 12:03 PM Staff F (Caregiver) stated she had been trained in the emergency plan and was responsible for evacuating the residents assigned to her in her work area. However, she did not know where the residents would be relocated to.<br><br>A review of Staff F's personnel record showed a hire date of and a current Emergency Management Plan and Emergency Procedures training dated .<br><br>Interviewed on at 12:18 PM Staff G (Caregiver) stated she did not remember what she was supposed to do in the event of an emergency, where the residents would be transferred to, or what her role was.<br><br>A review of Staff G's personnel record showed a hire date and a current Emergency Management Plan and Emergency Procedures training dated .<br><br>Class III | A 182 | | |