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
	AL11922257	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA GARDENS ALF	701 WEST 9TH STREET RIVIERA BEACH, FL 33404

(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 Licensure Complaint (#2025015099) was conducted on at Victoria Gardens ALF. The facility had a deficiency at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (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 residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to treat residents in a dignified manner for 1 of 15 sampled residents (Resident #3); failed to provide a clean and decent living environment and failed to communicate in a language that the residents would understand for 15 of 15 sample residents reviewed for resident's rights. The findings included:	A 030		

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A 030	Continued From page 6 1. Record review of Resident #3's AHCA form 1823 dated revealed that she was admitted to the facility with diagnoses that included: , , , , , , ( ), D Deficiency, , and , . Further review documented Resident #3 required staff assistance with the following Activities of Daily Living (ADLs): ambulation, bathing, , toileting and self-care grooming. During a tour of the facility conducted on at 9:10 AM, Resident #3 was observed in the common television (TV) area sitting in her wheelchair facing the TV. Next to her was a male resident sitting on the sofa. Upon observation of her , she appeared to be sleeping with hair untidy and had a noticeable full-grown mustache and a beard. She was wearing a soiled night gown which was exposing the top part of her and had no socks or shoes on. On at around 10:40 AM, Resident #3 was observed sitting in the common TV area wearing the soiled night gown still exposing the top parts of her and no shoes or socks on. During this observation, staff members, residents and visitors would walk by Resident #3. At this time, the surveyor expressed concerns and asked a staff to cover Resdient #3's exposed . During an interview conducted on at 12:11 PM with Staff A, care giver, who stated that when she came in for her shift at 7:00 AM, Resident #3 was already in her wheelchair and in the TV room. A phone interview was attempted on at 12:34 PM with Staff D, care giver, and was	A 030		

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A 030	Continued From page 7 unable to leave a voicemail (due to message not taking calls at this time). Staff D worked the 11:00 PM to 7:00 AM shift on . - . . . 2. During an interview conducted on at 9:10 AM with Staff A, who stated she has worked at the facility for about a month and is the staff in charge when the administrator is not in the facility. She was questioned about the census and medication administration. She was and was unable to answer. At this time Staff B, care giver, came into the dining room and Staff A started a conversation with her in a different language (Creole). Staff B was asked if she spoke English and stated yes. Then, both staff members were asked to only speak English in front of residents and visitors. On at around 10:20 AM, while touring the facility and interviewing the residents again overheard both staff members speaking Creole to each other in the presence of the residents. Throughout the survey, the staff continued to hold conversations in Creole in front of the residents and surveyors. 3. During tour of the facility conducted on between 9:10 AM and 11:30 AM a strong foul -like odor was noted coming from a few of the residents' rooms. Further observation of these rooms revealed soiled bed linens with large yellow spots, garbage and small puddles of liquid on the floors. During the day, staff members were observed cleaning only the dining room and kitchen areas. However, no laundry was observed to have been done or cleaning of other rooms in the facility.	A 030		

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A 030	Continued From page 8 During an interview conducted on at 12:11 PM with Staff A, who stated that residents are to be changed (cleaned up) in the morning, after lunch and in the evening. She stated that she and Staff B are responsible for breakfast, lunch preparations and the 15 residents in the facility, which Staff A feels that they need more staff to care for all that. Class III 4	A 030		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate	A 031		

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A 031	Continued From page 9	A 031		

with the provider to facilitate the receipt of care and services provided to meet the , resident's needs.
(c) The administrator or designee must ensure that:
1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility;
2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and
3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition.
4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3.
(d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents'

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A 031	Continued From page 10	A 031		

record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.

This Statute or Rule is not met as evidenced by:
Based on observations, interviews, and record review, the facility failed to properly coordinate care and services including lack of documentation for administration for 1 of 2 residents reviewed for third party services (Resident #2).

The findings included:

Review of the facility's policy titled, "3rd Party Provider Policy and Procedure," undated and no document header with facility's information. Policy included the following:
1.Sign-in and out at the front desk.
3. Maintain a current roster of residents being served and the service being provided.
8. Check in and out with the Director of Resident Care or designee to give information necessary to ensure continuity of care.

During an interview conducted on at 11:15 AM with the administrator, who was asked for the list of residents receiving third party services. She stated only Resident #2 is receiving home health services and the home health binder was in the resident's room (which she was unable to find). At around 11:30 AM, the administrator provided the home health binder for Resident #2.

Review of Resident #2's home health binder revealed no communication notes or dates of services provided to the resident, photographic evidence obtained. In addition, it revealed Resident #2 was also receiving , , , , ( ) from the home health company and again

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A 031	Continued From page 11 no documentation of services. The administrator was asked if she was aware of the services being provided to Resident #2, she stated no, they (home health staff) just come in and provide care and give him his ; the administrator was unable to state what type of care Resident #2 was receiving from the home health agency, besides administration. Record review of Resident #2's AHCA form 1823 dated revealed that he was admitted to the facility with diagnoses that included: ( ), ( ), ( ). Further review of the form documented Resident #2 requires assistance with medications. Review of the Medical Observation Record (MOR) for Resident #2 showed that he was receiving (via) injections daily at 4:00 PM, however, only 2 (BG) readings and medication entries were noted from to , photographic evidence obtained. An interview was conducted on at 11:47 AM with Resident #2. He was observed in his room in bed which had an air mattress plugged in. He stated that he does have a service for someone that comes in to administer his . He does not recall the name, but someone comes in once a day. He also stated that he receives ( ) twice a week and the , mentioned that the air mattress is not good for him. Observe Resident #2 having a hard time sitting up in bed. He was asked if any of the facility's staff was aware of the concerns with the mattress and he stated no.	A 031		

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A 031	Continued From page 12 During a phone interview conducted on at 2:05 PM with the home health Licensed Practical Nurse (LPN), who stated in the past week she has been coming to the facility daily. She checks Resident #2's vital signs, BG and then administers the dose. This information is then documented in the home health agency notes and home health LPN confirmed she does not provide a copy to the facility. She stated that she does add the BG in the facility's Medical Observation Record (MOR) for Resident #2. She also stated that when she comes to the facility she does not sign in (photographic evidence obtained) because the care givers know her well. In addition, the caregivers give her report about Resident #2 because they know him. She would contact the administrator if there's any concerns or issues. She acknowledged that Resident #2 is also getting twice a week but is not sure if they document anywhere. At 2:32 PM a voicemail was left for the physical , and did not receive a call . . . . Class III	A 031		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information	A 056		

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A 056	Continued From page 13 must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication	A 056		

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	AL11922257	A. BUILDING: _____ B. WING _____	10/15/2025

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A 056	Continued From page 14 observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure physician orders were clearly written in the Medication Observation Record (MOR) therefore failed to	A 056		

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A 056	Continued From page 15	A 056		

properly administer those medications for 2 of 15 sampled residents reviewed for medication orders and administration (Resident #2 and Resident #3).

The findings included:

1. Record review of Resident #2's AHCA form 1823 dated revealed that he was admitted to the facility with diagnoses that included: ( ), ( ), ( ). Further review of the form documented Resident #2 requires assistance with medications.

Review of Resident #2's MOR showed the following printed medication orders: R ( ) , 100 U/ml, to inject per before meals in the morning, noon, in the evening, had been printed over the next medication order (photographic evidence obtained) and was difficult to read. From to , the order was not signed as given for any of the times ordered. The next medication order on the MOR was , a high ( ) medication (unable to read the dose due to the order being printed over it), take 1 tablet 3 times a day in the morning, noon, in the evening (9:00 AM, 1:00 PM, and 5:00 PM). This medication has not been signed as administered at all for the month of (-).

Further review of Resident #2's MOR showed a printed order for Hydrochlor (medication) 0.1mg, take 1 tablet by every 6 hours as needed (PRN) for (,) greater than 160. There was no order or documentation that ( )

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A 056	Continued From page 16 should be taken on a regular basis. In addition, this medication was administered and signed by Staff C, care giver/medication technician (unlicensed personnel); however, no reading was documented in the progress notes or MOR for Resident #2. The last medication order in Resident #2's MOR was handwritten for (hard to read it) "inject 10u sq at 4PM dated " with a designated line for BS ( ) readings and only 2 entries noted from . An interview was conducted on at 11:47 AM with Resident #2. He was observed in his room in bed which had an air mattress plugged in. He stated that he does have a service for someone that comes in to administer his once a day but does not recall the name of the service. A phone interview was conducted on at 2:05 PM with the home health Licensed Practical Nurse (LPN), who stated in the past week she has been coming to the facility daily. She checks Resident #2's vital signs, (BG) and then administers the dose; however, she does not document any of the vital signs in Resident #2's MOR. She then confirmed that since she was unable to read the physician orders for the (R , 100 U/ml) she re-wrote the order at the bottom of MOR sheet and added the BG reading line in. When asked if the facility was aware, she stated that she wrote it the MOR, the staff would see it. At 4:00 PM the home health LPN entered the facility, and a side-by-side review of the MOR was conducted. She stated she was not sure who covered for her the days that the BG was not	A 056		

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A 056	Continued From page 17 entered in the MOR for Resident #2. She noted that she always signs it before leaving the facility. 2.Record review of Resident #3's AHCA form 1823 dated revealed that she was admitted to the facility with diagnoses that included: , , , , , , ( ), D Deficiency, , , and , . Further review, documented Nursing/Treatment/ , Services requirements included medication management. Review of Resident #3's MOR showed the following printed medication orders: X-(PolySacc. Iron) 150 mg, to give 1 capsule by once every Monday, Wednesday, and Friday for . Further review of the MOR documented that this medication was administered to the resident from to daily by staff, Photographic Evidence Obtained. Further review of Resident #3's MOR showed a printed order for D3 50,000 IU, take 1 capsule by every week (again all days have been initialed by staff as administered), photographic evidence obtained. During an interview conducted on at 3:15 PM with Staff C, who stated she has worked at the facility for 3 years, the 3:00 PM- 11:00 PM shift. She acknowledged sometimes dispensing the medications for the residents prior to her leaving at 11:00 PM because the staff that's coming in cannot do medication assistance. At this time, a side-by-side review of residents' MOR was conducted with Staff C, and she was unable to explain the concerns with the orders and stated that she only assists with the evening medications	A 056		

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A 056	Continued From page 18 and does not take vital signs or readings. An interview was conducted by the medication cart on at 3:48 PM with the administrator. She stated that only Staff C, Staff D and herself are the ones that assist residents with their medications. She was asked about the Resident #3's orders that state to be given only on certain days and not daily. She stated that she is the one that reviews the medication orders and did not realize that the medications were not scheduled daily. When asked if she thought that the resident received the medication daily, she stated probably since the staff and herself signed off as given. The administrator then stated she will fixed it right away. Class III	A 056		