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
	AL11965625	A. BUILDING: _____ B. WING _____	10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACTIVE SENIOR LIVING RESIDENCE	9057 NW 57TH STREET TAMARAC, FL 33351

(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
ZZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ␣ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣ , to the Federal Bureau of Investigation for a national criminal history record check. The ␣ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	ZZ816		

AHCA Form 3020-0001

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

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ZZ816	Continued From page 1	ZZ816		

professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any

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ZZ816	Continued From page 2 disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility did not have complete Attestation of Compliance Forms in file for 5 of 5 sampled Staff (Staff A, B, E, L and M). The findings included: 1) A review of the personnel file for Staff A	ZZ816		

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ZZ816	Continued From page 3 (Administrator) revealed no hire date. Further review revealed Staff A, did not have a complete Attestation form in her employee file. 2) A review of the personnel file for Staff B (Medication technician) revealed no hire date. Further review revealed Staff B, did not have a complete Attestation form in his employee file. 3) A review of the personnel file for Staff E (Caregiver) revealed no hire date. Further review revealed Staff E, did not have a complete Attestation form in her employee file. 4) A review of the personnel file for Staff L (Facility Manager) revealed no hire date. Further review revealed Staff L did not have a complete Attestation form in her employee file. 5) A review of the personnel file for Staff M (Caregiver) revealed no hire date. Further review revealed Staff M, did not have a complete Attestation form in his employee file. During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide all items mentioned above. During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Unclassified	ZZ816		

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A 000	Initial Comments An unannounced Relicensure with Limited Nursing Services (LNS), Complaint (2025002147, 2025002727, 2025004507, 2025010310) and a Generator Monitoring survey was conducted on at Active Senior Living Residence. The facility had deficiencies identified related to the Relicensure and Generator Monitoring at the time of the survey.	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 1 or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , ,. converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	A 052		

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A 052	Continued From page 2 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the	A 052		

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A 052	Continued From page 3 resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility's unlicensed staff (Medication Technician) failed to review the Medication Observation Record	A 052		

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A 052	Continued From page 4 (MOR) and medication label at the time of medication pass for 2 of 3 sampled residents (Resident #8 and 27) The findings included: Medication Observation Record (MOR) must include the name of the resident, the name of each medication prescribed, the strength and direction of use. 1) An observation on at 8:14 AM during medication pass, Staff B (Medication Technician) was observed putting in a medication cup the following medications for Resident #8: a) 0.5 mg tablet, one tablet by every morning. b) 200 mg tablet, one tablet by once daily. c) 5 mg tablet, one tablet by daily. d) 200 mg capsule, one capsule by once daily. e) 100 mg capsule, one capsule by twice daily. f) 20 mg tablet, one tablet by once daily. g) 500 mg tablet, one tablet by once daily. h) 10 mg tablet, one tablet by once daily. i) 25 mg tablet, one tablet by every day. j) 25 mg tablet, one tablet by once daily hold for ( ) less than 110 k) Preservision AREDS 2 soft gels, two capsules by once daily. l) D3 2,000 IU tablet, one tablet by	A 052		

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A 052	Continued From page 5 once daily. Further observation revealed that Staff B did not check for vitals before assisting with the self-administration of the medication. Record review of the facility's MOR dated through . revealed Resident #8 medication 25 mg tablet required vital checks before Staff assist with self-administration of medication by following direction of use. The MOR documented as follows: hold for , less than 110. During an interview on at 8:17 AM Staff B, was asked why he was not following medication parameters (direction of use) Staff B stated he was not aware that he needed to follow required direction of use of vital checks before assisting with self-administration of medication , 25 mg tablet. During an interview on at approximately 12:50 PM with Staff C (facility nurse) she was informed of the findings during medication pass with Staff B, not following medication parameters (direction of use). 2) An observation on at 8:09 AM during medication pass, Staff B was observed putting in a medication cup the following medications for Resident #27: a) , 5 mg tablet, one tablet by twice a day. b) 1 mg tablet, one tablet by twice a week on Monday and Friday. c) , 75 mcg tablet, one tablet by every morning on an empty . d) 5 mg tablet, one tablet by	A 052		

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A 052	Continued From page 6 once daily e) 25 mg tablet, one tablet by every morning f) 1000 mcg tablet, one tablet by once daily. During an interview on at 8:11 AM Resident #27 was in the dining room. She was asked by the surveyor if she had breakfast and she stated yes. Record review of the facility's MOR dated through and medication label (pill bubble pack) revealed Resident #27 medication , 75 mcg tablet documented direction of use was to be given every morning on an empty . During an interview on at 8:13 AM Staff B, was asked why he was not following medication parameters (direction of use) Staff B stated he was not aware of the direction of use at the time of medication pass. During an interview on at approximately 6:10 PM a team of surveyors met with the Administrator and she was informed of the concerns regarding unlicensed personal (Medication Technicians) not following medication parameters (direction of use) at the time of medication pass. Class III	A 052		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement	A 078		

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A 078	Continued From page 7 from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule	A 078		

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A 078	Continued From page 8 chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure staff had documented evidence of a negative ( ) examination and Communicable Status for 5 of 5 sampled Staff (Staff A, B, E, L and M). The findings included: 1) A review of the personnel file for Staff A (Administrator) revealed no hire date. Further review revealed Staff A, did not have a negative examination and Communicable Status in her employee file. 2) A review of the personnel file for Staff B (Medication technician) revealed no hire date.	A 078		

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A 078	Continued From page 9 Further review revealed Staff B, did not have a negative examination and Communicable Status in his employee file. 3) A review of the personnel file for Staff E (Caregiver) revealed no hire date. Further review revealed Staff E did not have a negative examination and Communicable Status in her employee file. 4) A review of the personnel file for Staff L (Facility Manager) revealed no hire date. Further review revealed Staff L did not have a negative examination and Communicable Status in her employee file. 5) A review of the personnel file for Staff M (Caregiver) revealed no hire date. Further review revealed Staff M did not have a negative examination and Communicable Status in his employee file. During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide all items mentioned above. During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service	A 081		

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ACTIVE SENIOR LIVING RESIDENCE	9057 NW 57TH STREET TAMARAC, FL 33351

(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 081	Continued From page 10 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011	A 081		

Agency for Health Care Administration

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A 081	Continued From page 11 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service	A 081		

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A 081	Continued From page 12 training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the	A 081		

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A 081	Continued From page 13 implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure direct care staff had completed the required in-service service training, for 3 of 5 sampled staff (Staff B, E, L and M). The findings included: During an interview on at approximately 9:15 AM The Administrator was informed to provide employee files for Staff B, E, L and M. 1) A review of the personnel file for Staff B (Medication Technician) revealed no hire date. Staff B did not have the following training in his file. a) Preservice Orientation b) Control Training c) ADL and Behavioral Needs Training d) Elopement Response Training e) Resident Rights and Recognizing/Reporting /Neglect Training f) Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures and Incident Reporting Training h) Resident Rights and Recognizing/Reporting /Neglect Training 2) A review of the personnel file for Staff E	A 081		

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A 081	Continued From page 14 (Caregiver) revealed no hire date. Staff E did not have the following training in her file. a) Preservice Orientation b) Control Training c) ADL and Behavioral Needs Training d) Elopement Response Training e) Resident Rights and Recognizing/Reporting /Neglect Training f) Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures and Incident Reporting Training h) Resident Rights and Recognizing/Reporting /Neglect Training i) Nutritional and Safe Food Handling 3) A review of the personnel file for Staff L (Facility Manager) revealed no hire date. Staff L did not have Preservice Orientation in her file. 4) A review of the personnel file for Staff M (Caregiver) revealed no hire date. Staff M did not have the following training in his file. a) Preservice Orientation b) Control Training c) ADL and Behavioral Needs Training d) Elopement Response Training e) Resident Rights and Recognizing/Reporting /Neglect Training f) Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures and Incident Reporting Training h) Resident Rights and Recognizing/Reporting /Neglect Training i) Nutritional and Safe Food Handling During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide all the training mentioned above.	A 081		

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A 081	Continued From page 15 During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure direct care staff obtained required training for , / , , , (/) for 3 of 5 sampled Staff (Staff B, E and M). The findings included: 1) A review of the personnel file for Staff B (Medication technician) revealed no hire date. Further review revealed Staff B did not have	A 082		

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A 082	Continued From page 16 / training in his employee file. 2) A review of the personnel file for Staff E (Caregiver) revealed no hire date. Further review revealed Staff E did not have / training in her employee file. 3) A review of the personnel file for Staff M (Caregiver) revealed no hire date. Further review revealed Staff M did not have / training in his employee file. During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide / training for Staff B, E and M. During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Class III	A 082		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). 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 that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to	A 083		

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A 083	Continued From page 17 provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure direct care staff had a current valid card of completion for First Aid training and training for 4 of 5 sampled Staff (Staff A, B, E and M). The findings included: 1) A review of the personnel file for Staff A (Adminidtrator) revealed no hire date. Further review revealed Staff A did not have training in her employee file. 2) A review of the personnel file for Staff B (Medication Technician) revealed no hire date. Further review revealed Staff B did not have a current valid card of completion for First Aid training and training in his employee file. 3) A review of the personnel file for Staff E (Caregiver) revealed no hire date. Further review revealed Staff # did not have a current valid card of completion for First Aid training and training in her employee file.	A 083		

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A 083	Continued From page 18 4) A review of the personnel file for Staff M (Caregiver) revealed no hire date. Further review revealed Staff M did not have a current valid card of completion for First Aid training and training in his employee file. During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide a current valid card of completion for First Aid training and training for staff that works each shift. She was asked to provide proof of documentation that at least a staff for each Shift (1st, 2nd and 3rd) that had a valid card of completion for First Aid training and training. During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:	A 084		

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A 084	Continued From page 19 (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the	A 084		

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A 084	Continued From page 20 resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.	A 084		

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A 084	Continued From page 21 (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, it was determined that the facility failed to ensure unlicensed staff member had completed an Initial 6-hour training and additional annual 2-hour medication training prior to assisting with self-administration of medications for 1 of 5 sample staff (Staff B). The findings included: During an interview on at approximately 9:15 AM the Administrator was informed to provide an employee file for Staff B (Medication Technician). An observation on between 7:50 AM	A 084		

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A 084	Continued From page 22 and 8:45 AM Staff B was observed conducting a medication pass in the main dining room. A review of the personnel file for Staff B (Medication Technician) revealed no hire date. Further review revealed Staff B did not have an Initial 6-hour training and additional annual 2-hour medication training in his employee file. During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide Staff B Initial 6-hour training and additional annual 2-hour medication training. During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Class III	A 084		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after	A 090		

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A 090	Continued From page 23 employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure direct care staff obtained required ( ) Policy and Procedures training for 3 of 5 sampled Staff (Staff B, E and M). The findings included: 1) A review of the personnel file for Staff B (Medication technician) revealed no hire date. Further review revealed Staff B did not have Policy and Procedures training in his employee file. 2) A review of the personnel file for Staff E (Caregiver) revealed no hire date. Further review revealed Staff E did not have Policy and Procedures training in her employee file. 3) A review of the personnel file for Staff M (Caregiver) revealed no hire date. Further review revealed Staff M did not have Policy and Procedures training in his employee file. During an interview on at approximately 4:30 PM a second request was made to the Administrator to provide Policy and Procedures training for Staff B, E and M. During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was	A 090		

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A 090	Continued From page 24 provided during the survey. Class III	A 090		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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	AL11965625	A. BUILDING: _____ B. WING _____	10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACTIVE SENIOR LIVING RESIDENCE	9057 NW 57TH STREET TAMARAC, FL 33351

(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 152	Continued From page 25 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on record review, interview and observation it was determined that the Facility failed to provide a safe living environment free of safety hazards for all residents that reside at the facility. The findings included: A review of the facility's Policy and Procedure (undated) titled Active Senior Living Residence Assisted Living Facility. Standard: Managing Bed Bugs documented as follows: Policy: it is the policy of the community to provide an environment free of pests to include bed bugs. However, if bed bugs are identified the following procedure will be implemented. Procedure: 1. The staff member identifying that a bed bug infestation is present will notify the Maintenance or Housekeeping Director, besides the DON and ED. 2. The ED will also be responsible for notifying the Management Company immediately. 3. The Maintenance Director or Housekeeping Director will inspect the room and they will also notify the community's pest control company to perform a secondary inspection of the area identified with possible infestation.	A 152		

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A 152	Continued From page 26 4. The administrator or designee will notify the resident and family /Power of Attorney that the bed bugs are suspected in the room. The resident will be relocated to another room. 5. The affected area will be addressed 6. The pest control company or the Maintenance Director will treat the affected area/room. 7.The affected area/room/space will be treated until is determined that the infestation has been abated. 8. If the pest control company had to come to treat the area infested, it should provide a letter or certificate of abatement of the bed bugs for each area/room/space that has been treated. The abatement letter or certificate is to be kept on file in the maintenance office. 1) During an interview on at approximately 9:00 AM with the Administrator, she was informed to provide documentation for the annual Local Fire Inspection and the Department of Health (DOH). a) Review of the facility's annual DOH inspection report dated revealed unsatisfactory. Further review of the inspection report documented as follows: Violation #17. Maintenance observed excessive black discoloration on ceiling in closet in . Violation #27. Infestation/Presence Observed bed bugs in client's room (7, 8, 12, 15, 16, 17, 19, 21). Unsatisfactory. Relocate client. Provide bedbug treatment plan.	A 152		

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A 152	Continued From page 27 b) Review of the facility's annual local City Fire Inspection dated documented as follows: Inspection status completed with citations, Re-Inspection scheduled to be conducted. Interior Citation Item: Are all egress doors unobstructed and operational? Remark: Door does not open properly Fire Protection Systems Citation Item: Fire Alarm Panel - is it under normal conditions? Remark: Return fire alarm panel to normal operation Item: Fire Doors - Has it been inspected the past year? Remark: provide copy of report 2) During a tour of the facility on between 8:00 AM and 5:00 PM team of surveyors observed the following concerns: (photo evidence obtained) a) Theater room ceiling (near the Administrator's office): ceiling had a large brown stained near air conditioning vent. b) Kitchen: was very hot the surveyor used her thermometer; temperature was measured at 81 degrees Fahrenheit. During an interview on at approximately 7:40 AM Staff K (Cook) was asked why the Kitchen was so hot. Staff K stated the range hood/extractor fan was not working. He was asked if the Administrator was aware and he	A 152		

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A 152	Continued From page 28 stated yes. Staff K was asked how long the range hood/extractor fan has not been working. He stated he does not know. c) Resident #24's room (Beb B): bedspread was ripped. Resident #25's room (Beb A): bed sheets and pillowcase were dirty and stained. Further observation of the room walls revealed discoloration and black spots between the ceiling and walls around the room perimeter. d)Resident # 23's room: closet ceiling was covered with large black spots (mold like stains). e) Resident #26's room (Beb A): white plastic curtain divider (used for privacy) was broken. During an interview on at approximately 6:10 PM team of surveyors met with the Administrator and she was informed of the findings mentioned above. Class III	A 152		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this	A 161		

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A 161	Continued From page 29 part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most	A 161		

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A 161	Continued From page 30 current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure staff records contained an employment application, job description and documentation of background screening for 5 of 5 sampled staff (Staff A, B, E, L and M). The findings included: During an interview on at approximately 9:15 AM The Administrator was informed to provide employee files for Staff B, E, L, M and including her file. A review of the personnel file for Staff A (Administrator) and Staff L (facility manager) revealed the employment applications provided did not document the name of the facility for their current employment (Active Senior Living Residence). Further review revealed no Job descriptions and documentation for background screening in their personnel files (Staff A, B, E, L and M). During an interview on at approximately 4:30 PM The Administrator was informed that the employment applications provided for herself and Staff L were from another facility. The Administrator confirmed that the employment applications provided were from a sister facility (Colony Club). At the time, a second request was made to the Administrator to provide all the items mentioned above. She was reminded employment applications must document facility of employment.	A 161		

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A 161	Continued From page 31 During an interview on at approximately 6:20 PM the Administrator stated all employees' files were electronic and she needed more time to gather the information requested. No additional documentation was provided during the survey. Class III	A 161		