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
	AL11966844	A. BUILDING: _____ B. WING _____	R 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF II LLC	10241 SW 134 AVENUE MIAMI, FL 33186

(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 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	A 055		

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A 055	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	A 055		

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A 055	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure that medications were always locked two (Resident #2, and 3). out of five sample residents Findings: An observation on at 6:58AM showed an unlocked medication (Veltassa 8.4 gm powder) in the refrigerator for Resident # 3. (Photographic evidence obtained) In an interview on at 6:59AM, Staff B was asked why there was a prescribed medication for [Resident #3] unlocked in the refrigerator, she stated, "Yes, it supposed to be locked." An observation on at 7:03AM showed unlocked medications in # closet, which included and (photographic evidence obtained). In an interview on at 7:04AM - Staff C was asked why there were other than [Resident #2's] medications in his closet, she stated, "It is not his, we have it for emergency purposes only". Class III	A 055		

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A 058	Continued From page 3	A 058		
A 058 SS=K	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist	A 058		

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A 058	Continued From page 4 licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to correct one Class II deficiency cited under a re-licensure survey regarding following a pureed prescription for a hospice resident and including a pureed menu by a registered dietitian. The facility failed to follow a physician prescription of a pureed menu with thickener and a pureed menu by a registered dietitian on a revisit survey. The facility also failed to prevent an overdose of prescription for one out of five sampled residents who needed assistance with self-administration of medications. Therefore, the facility is required to	A 058		

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A 058	Continued From page 5 contract the services of a licensed pharmacist or registered nurse and a licensed dietitian who will provide at least quarterly consultation until the Agency for Health Care Administration determines that these services are no longer needed. Findings: 1) A review of the hospital records dated revealed: " male with history of (status post) brought in by emergency medical services ( ) from Assisted Living Facility (ALF) for concerns of unresponsiveness'. Patient was found on his chair next to his bed not responding to the ALF personnel. Per rescue on arrival, extremities, normotensive saturating 93% on room air. No verbal response on arrival, however, moving all extremities. As per ALF manager, patient woke up normal today and a couple of hours later found unresponsive, suspects he might have taken additional pills. Per report there's concern for toxicity from ingestion of psych medications that include Halloperidol, . Unknown if patient saved medications and took them all at once, as he's done on previous episodes. However, given initial vitals will assess for . Started fluids and broad-spectrum screen was within normal limits, levels were very elevated. was held and levels trended up until discharge, which showed low levels at the time of discharge." A review of the emergency medical services records dated revealed : "	A 058		

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A 058	Continued From page 6 male found unresponsive sitting on a chair. Patient was last seen awake at 6:00 AM. He got up from the bed into the chair, but not sure at what time. Staff stated he possibly overdosed He does not self-administer his medications but hides them and then intentionally takes them altogether. States he also does different episodes similar to this to be removed from the ALF. Incomplete assessment, unable to evaluate . Patient is missing due to a previous event with . Patient was mumbling and moving extremities. Clear breath sounds. Unable to assess due to mentation. Admin 02 at lpm. Administer Narcan intranasal 4 MG. Established . 12 lead NSR. Administer Narcan .5MG not much of change." Interviewed on at 10:23 AM when asked why Resident #2 was sent to the hospital on /3035, the Administrator stated that he did not want to talk. The Administrator stated that he did not want to eat breakfast. The Administrator stated that she was not in the facility at the time. The Administrator stated, "They called 911 because he was not responding." When asked if was performed, the Administrator stated, "No, it was a nervous crisis." When asked if the resident had problems with his medications, the Administrator stated, "No. I think, no." When asked if the resident ever hid his medications, the administrator stated, "No." Interviewed at 12:17 PM Resident #2's Psychiatrist stated, "The hospital said that it was an overdose on/ . I believe there was one incident before. I believe there was one incident where they found medications. But there were no ." When asked for the date when	A 058		

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A 058	Continued From page 7 the staff found the medications, the Psychiatrist stated, "It was on ." The Physiatrist stated, "I assumed he cheeked some medications from the night before." The Psychiatrist stated that they found the medications on his bed on . When asked if he was notified by the facility when the medications were found on , the Psychiatrist stated that when I went to see him, he was informed. A review of Resident #2's health assessment dated showed the resident needed assistance with self-administration of medications. However, the facility staff were unable how Resident #2 was able to hide his medications and later overdosed. 2) Record review showed the facility was cited on for not following a prescription for pureed menu for a resident under hospice care. Interviewed on at 8:10 AM when asked if Resident #2 received his breakfast, Staff C (Caregiver) stated, "Yes." When asked what he was offered for breakfast, Staff C stated that she gave him bread and milk. Interviewed on at 8:12 AM when asked if there was a blender, the Administrator stated, "Yes." The administrator stated that bread and milk was just like puree. When asked if the resident had a waiver on file to opt out of following a therapeutic diet, the Administrator stated, "No."	A 058		

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A 058	Continued From page 8 A review of Resident #2's records found no therapeutic waiver. A review of Resident #2's health assessment dated , Right , , , , , Prostastic Hyperplasia, , Constrictulis and deformity . The nursing notes showed hospice care. The precautions showed and , precautions. The activities of daily living showed total care with ambulation, bathing, , eating, self-grooming, toileting and transferring. Dietary instructions showed pureed diet and thickener added to liquids. A review of Resident #2's hospice care plan dated showed a pureed diet with thicken liquids. Interviewed on at 11:39 AM the Administrator acknowledged that a dietitian had to be retained due to the uncorrected dietary deficiencies. Class I	A 058		
A 077 SS=G	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who	A 077		

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A 077	Continued From page 9 has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator.	A 077		

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A 077	Continued From page 10 Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must	A 077		

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A 077	Continued From page 11 satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that it was under the supervision of an Administrator who provided appropriate care of all residents. The Administrator failed to investigate how Resident #2 was able to hide his medications and was later found unresponsive from an overdose. The Administrator failed to file adverse incidents after two residents were transported to the hospital by emergency medical services ( ). The facility administrator failed to submit a corrective action plan to prevent a future occurrence of an overdose involving Resident #2.	A 077		

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A 077	Continued From page 12 Findings: 1) A review of the emergency medical services records showed Resident #2 was found unresponsive from an overdose and was transported to the hospital on . A review of the adverse incidents reporting systems database found no reported transport to the hospital for Resident #2 on from an overdose, including a corrective action plan to prevent a recurrence since the resident was in the facility. A review of Resident #2's progress notes dated revealed that the resident hid his medications. A review of the facility records found no investigation notes on how Resident #2 was able to hide his medications and being found unresponsive from an overdose. Interviewed on at 10:33 AM when asked if she conducted an investigation which involved Resident #2, the Administrator stated, "No. I went on whatever the employees told me." 2) A review of Resident #4's records showed on the resident was transported to the hospital for a syncopal episode. A review of the adverse incidents reporting systems database found no reported transport to the hospital on . Interviewed on at 9:21 AM when	A 077		

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A 077	Continued From page 13 asked if an adverse incident reports were filed, the Administrator stated that she was not sure. A review of the Administrator's personnel records showed a hire date of and a completed CORE on and 12 hours of continuing education training on . Class II	A 077		
{A 093} SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food	{A 093}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF II LLC	10241 SW 134 AVENUE MIAMI, FL 33186

(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 093}	Continued From page 14 according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must	{A 093}		

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{A 093}	Continued From page 15 be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow the regular	{A 093}		

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{A 093}	Continued From page 16	{A 093}		

and pureed menu for two (Residents #1, #2) out of five sampled residents. The facility failed to ensure Resident #2 received a therapeutic diet as prescribed by a physician. The facility failed to follow a pureed menu as prescribed by a registered dietitian for Resident #2. The facility failed to ensure foods were available for Residents (#3, #4) with .

Findings:

1)

Observation on at 7:22 AM Resident #1 in a hospital bed with full bedrails.

Interviewed on at 8:10 AM when asked if Resident #2 received his breakfast, Staff C (Caregiver) stated, "Yes." When asked what he was offered for breakfast, Staff C stated that she gave him bread and milk.

Interviewed on at 8:12 AM when asked if there was a blender, the Administrator stated, "Yes." The administrator stated that bread and milk was just like puree. When asked if the resident had a waiver on file to opt out of following a therapeutic diet, the Administrator stated, "No."

A review of Resident #2's records found no therapeutic waiver.

A review of Resident #2's health assessment dated , Right Prostastic Hyperplasia, , Constrictulis and deformity . The nursing notes showed hospice care. The precautions showed and precautions. The activities of daily

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{A 093}	Continued From page 17 living showed total care with ambulation, bathing, eating, self-grooming, toileting and transferring. Dietary instructions showed pureed diet and thickener added to liquids. A review of Resident #2's hospice care plan dated showed a pureed diet with thicken liquids. A review of the pureed menu approved by a registered dietitian showed: assorted juices, cooked cereal, poached egg, milk, margarine, coffee or tea. The Cleveland Clinic stated: " is when something other than air gets into your airways. Often, it's something that you meant to swallow or that belongs in your tract. This could include: food, water or liquid, , and ." The University of Mississippi Medical Center states: "A diet is used for people who have difficulty swallowing. Foods on this diet are easier to chew and move around in your This will reduce the risk of food and liquids going the wrong way. Foods on a pureed diet are a pudding like texture that is smooth, blended, or pureed. Eating foods not allowed on this diet will increase your chance of swallowing problems and can result in food going into your airway instead of your (food tube). Food or liquid that goes into your airway instead of your puts you at risk for not getting enough nutrition and/or getting sick (,)." 2) Observation on at 7:31 AM Resident	{A 093}		

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{A 093}	Continued From page 18 #2 only received milk with his medication. A review of the posted regular menu showed juice cereal, bread and margarine and milk. Interviewed on at 7:34 AM the Administrator and Staff C (Caregiver) stated that Resident #2 only likes milk in the morning. When asked if there were a waiver or notes to not following the menu, the Administrator stated, "No." The Administrator stated that there were no notes that he only likes milk. Interviewed on at 7:35 AM Staff B Stated, "when he (Resident #2) came from the hospital, he only liked milk. Interviewed on at 7:36 AM when asked what he likes for breakfast, Resident #2 stated that he likes eggs and bacon. When asked if he only likes milk, Resident #2 stated that he likes eggs, bacon and grits too. 3) A review of Residents #3 and #4 records showed both residents were diagnosed with . An observation of the facility's food supply on at 9:58 AM found no foods for Residents #3 and #4. Interviewed on at 9:58 AM when asked if there was any skim milk for , the Administrator stated, "No." When asked if there were any substitute for sugar for , the Administrator stated, "No." A review of the posted menu showed the registered dietitian recommended skim milk and	{A 093}		

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{A 093}	Continued From page 19 substitutes for sugar for . A review of Resident #3's health assessment dated showed a diagnoses of hypertensive , with stage four due to type II , associated with type II . Branch occlusion of left with . The resident needed assistance and medication administration. A review of Resident #4's health assessment dated showd a diagnoses of Type II with long term use, (CVD), ( ), Old . The physical status showed , gait and used a walker. The status showed alert, awake and oriented times four. The nursing notes showed home health for daily monitoring and administration. The special precautions showed and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , self-care, toileting, transferring, and independent with eating. The resident had a diet. The resident needed assistance with self-administration of medications. Class II	{A 093}		
A 078 SS=G	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 20 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 21 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 observation, record review and interview, the facility failed to ensure two (Staff B and Staff C Caregivers) out of four sampled employees were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience in describing and performing , , ( ) and was unable to describe a ( ). Staff C failed to call 911 immediately and the facility's policy after finding Resident #2 unresponsive from an overdose. Staff B performed in a chair after Resident #4 was found unresponsive. Findings: 1)	A 078		

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A 078	Continued From page 22 Interviewed on at 9:17 AM Staff C stated that she was in the bathroom and when she went into Resident #2's room on . Staff C stated that he was in the chair not responding. Staff C stated that she called the Owner. When asked if the Owner was in the facility, Staff C stated, "No." Staff C stated that she called 911 after she spoke with the Owner and the resident was transported to the hospital. However, Staff C did not immediately call 911 when she found Resident #2 unresponsive. A review of Resident #2's emergency medical services ( ) records dated showed was dispatched at 7:31 AM and arrived at patient at 7:41AM where he was found unresponsive sitting in a chair. The emergency medical records also revealed Resident #2 was last seen at 6:00 AM. A review of the facility's medical emergency policy states all emergency must be taken quickly in order to ensure the health and safety of the residents of the facility. In an emergency situation call 911 immediately and then contact the physician. A review of Resident #2's progress notes showed 911 was called on for Resident #2. However, there was no documentation of the time the incident occurred. Interviewed on at 9:14 AM Staff B stated that Resident #4 was in the chair and was not breathing. Staff B stated that it was light breathing. Staff B stated that she checked the , and it was weak. Staff B stated that she did from the chair by doing , to the . When asked if she did any training,	A 078		

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A 078	Continued From page 23 Staff B stated, "Yes." When asked why she did not put the resident on the floor to do , Staff B stated that she needed help because the other employee in the bathroom with another resident. When asked to describe , Staff B stated 30 , and two breaths. Interviewed on at 10:35 AM when asked where she was when Resident #4 was found at the table unresponsive , Staff C stated that she was with another resident in the bathroom and that when she came out, the resident was . When asked what Staff B did, Staff C stated that she called 911. Staff C stated that she went to the bathroom. Staff C stated, "I had the resident in the bathroom." When asked to describe , Staff C stated, "30 , ." However, Staff C did not know how many , . When asked to describe , Staff C was unable to describe and identify residents in the facility with a . A review of Resident #2's records showed a signed dated . A review of Staff B's personnel records showed training on and training dated . According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths." According to Florida Health, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the	A 078		

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A 078	Continued From page 24 event of , , or ." Class II	A 078		
A 152 SS=D	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	A 152		

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A 152	Continued From page 25 use. (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 observation and interview, the facility failed to maintain free of hazards, ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: An observation on at 7:05AM showed no dresser or lamp for Resident #2. In an interview on at 7:06AM, Staff C was asked why Resident #2 did not have a dresser or a lamp, Staff C, "Oh yes, he should have a dresser and a lamp. He is on both ." An observation on at 7:09AM showed a sideway mattress beside a bathroom plunger and a hospital bedspring in the yard. (Photographic evidence obtained) An observation on at 7:10AM showed a paint bucket alongside supply paint materials in the backyard. (Photographic evidence obtained) In an interview on at 7:11AM Staff C was asked why there were a bed mattress, a hospital bedspring and , bucket and supply materials in the backyard, Staff C stated, "Well, I need to speak with administrator about that".	A 152		

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A 152	Continued From page 26 Class III	A 152		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 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, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (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. (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. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents	{A 162}		

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{A 162}	Continued From page 27 receiving assistance with the activities of daily living must have their ˬ 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 ˬ not be taken. (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. (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. (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. (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. (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. (l) If the resident is an recipient, a copy of the Department of Children and Families form 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	{A 162}		

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(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 162}	Continued From page 28 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. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (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. (o) The resident's , DH Form 1896, if applicable. (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. (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. (r) Additional resident records requirements for facilities holding a limited mental health, extended 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an accurate and updated health	{A 162}		

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{A 162}	Continued From page 29	{A 162}		

assessment for two out of five sample residents (#1, #4) after their hospitalizations.

Findings:

On an interview on at 8:29AM, the Administrator was asked if anyone else had been to the hospital recently, the Administrator stated, "Yes, Resident # 4 went last Monday . Resident # 4 had a mild , and could not breathe."

In an interview on at 8:51AM, the Administrator was asked if [Resident # 4's] primary care physician was notified about the recent hospital visit, the Administrator stated, "Yes, but it is not documented". The Administrator stated, Resident #4 supposed to see a and the daughter needs to take her."

In an interview on at 9:14AM, the Administrator was asked if [Resident #2] went to the hospital on , the Administrator stated, "Yes, he went to [Hospital]."

In an interview on at 9:15AM the Administrator was asked if Resident #2 had a new health assessment up on his return to the facility, The Administrator stated, "He supposed to have one done. I need to get in touch with his doctor."

In an interview on at 2:50PM, when asked if [Resident #2] had an updated health assessment after the hospitalization, the owner stated, "I need to ask the administrator."

Review of Resident # 4's record revealed the latest health assessment was done on . No known were indicated.

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{A 162}	Continued From page 30 Review of Resident #2's record revealed the latest health assessment was done on . Review of Resident #2's hospital record dated , revealed as per mother adverse reaction, reported on , Resident #1 was to . Class III	{A 162}		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (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. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her	A 165		

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A 165	Continued From page 31 consent, including failure to honor advanced directives; 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 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (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. (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. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (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	A 165		

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A 165	Continued From page 32 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. (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. (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. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to file adverse incidents for two (Residents #2, #4) out of five sampled residents after 911 was called resulting in both residents being transported to a unit providing more acute care due to the incidents. Resident #2 was found unresponsive after an overdose and hospitalized for 10 days. Findings: 1)	A 165		

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A 165	Continued From page 33 A review of Resident #2's hospital records dated revealed that he had an overdose. A review of Resident #2's progress notes showed 911 was called. A review of the emergency medical services records dated revealed : " male found unresponsive sitting on a chair. Patient was last seen awake at 6:00 AM. He got up from the bed into the chair, but not sure at what time. Staff stated he possibly overdosed He does not self-administer his medications but hides them and then intentionally takes them altogether. States he also does different episodes similar to this to be removed from the ALF. Incomplete assessment, unable to evaluate . Patient is missing due to a previous event with . Patient was mumbling and moving extremities. Clear breath sounds. Unable to assess due to mentation. Admin 02 at lpm. Administer Narcan intranasal 4 MG. Established . 12 lead NSR. Administer Narcan .5MG not much of change." Interviewed on at 9:17 AM Staff C stated that she was in the bathroom and when she went into Resident #2's room on Staff C stated that he was in the chair not responding. Staff C stated that she called the Owner. When asked if the owner was in the facility, Staff C stated, "no." Staff C stated that she called 911 after speaking with the Owner and the resident was transported to the hospital. A review of the adverse incidents reporting database systems showed no adverse incidents filed for Resident #2 transport to the hospital for more acute care due to an incident.	A 165		

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A 165	Continued From page 34 Interviewed on at 9:21 AM when asked if an adverse incident was filed for Resident Residents #2, and #4, the Administrator stated that she was not sure. Interviewed on at 2:43 PM when asked if an adverse incident was filed. The Owner stated that the consultant told him he did not have to file one. 2) A review of Resident #4's emergency medical services records dated revealed the resident had a syncopal episode and was transported to the hospital. Interviewed on at 9:14 AM Staff B stated that Resident #4 was in the chair and was not breathing. Staff B stated that it was light breathing. Staff B stated that she checked the , and it was weak. Staff B stated that she did from the chair by doing , to the . When asked if she did any training, Staff B stated, "Yes." When asked why she did not put the resident on the floor to do , Staff B stated that she needed help because the other employee in the bathroom with another resident. When asked to describe , Staff B stated 30 , and two breaths. Interviewed on at 10:35 AM when asked where she was when Resident #4 was found at the table unresponsive , Staff C stated that she was with another resident in the bathroom and that when she came out, the resident was . When asked what Staff B did, Staff C stated that she called 911. A review of the adverse incidents reporting	A 165		

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A 165	Continued From page 35 database systems showed no adverse incidents filed for Resident #4 after being transported to the hospital for acute care due to an incident. Interviewed on at 11:39 AM the Administrator acknowledged that no adverse incidents were filed for Residents #2 and #4. Class III	A 165		
{A 000}	Initial Comments A revisit survey was conducted from through at Silver Palm II LLC. The provider had deficiencies at the time of the survey. Class I deficiencies were found at Tags A0025 and A0027. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is neccessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving cae in a facility. The Class I noncompliance began on . The facility's Administrator was notified of the Class I noncompliance on at 3:28 PM. The incident occured on at approximately 7:00 AM when Resident #1 was found unresponsive from an overdose of prescription medications he hid from staff.	{A 000}		

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{A 025}	Continued From page 36	{A 025}		
{A 025} SS=K	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.	{A 025}		

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{A 025}	Continued From page 37 (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to supervise two out five sampled residents (#2, #4). Resident #2 was found unresponsive for an unknown period and later transported to the hospital and diagnosed with an overdose. The facility failed to maintain Resident #4's written records updated as needed of any significant changes with the primary care physician. Findings: 1) A review of 's progress notes dated revealed "Today the owner called me to let me know that had taken some medications he had hidden. It seems that he pretended to take them and keep them, and this morning when the staff went to his room, he told them that he had taken	{A 025}		

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{A 025}	Continued From page 38	{A 025}		

some medicines he had hidden. The owner immediately called 911 and [Resident #2] was taken to a local hospital. [Resident #2's] family was notified and, in the afternoon, they contacted the assisted living facility; [Resident #2] sister said he had an . We are staying in contact with them".

A review of the incident reporting database found no documentation of a report filed regarding the hospitalization.

A review of the Emergency Medical Services ( ) records dated revealed: " male found unresponsive sitting on a chair. Patient was last seen awake at 6:00 AM. He got up from the bed into the chair but was not sure at what time. Staff stated he possibly overdosed. He does not self-administer his medications but hides them and then intentionally takes them altogether. States he also does different episodes like this to be removed from the ALF. Incomplete assessment, unable to evaluate . is from both due to a previous event with . was mumbling and moving extremities and clear breath sounds. Unable to assess due to mentation. Admin 02 at l:00 pm. Administer Narcan intranasal 4 MG. Established . 12 lead NSR. Administer Narcan .5 MG not much of change."

According to the U.S. Center of and Control Prevention, (Narcan r) is a medicine that can help people who are overdosing on an include prescription medications, heroin, and . Signs of overdose may include or unable to wake up, slow or shallow breathing or difficulty breathing such as choking sounds or

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{A 025}	Continued From page 39 a gurgling/snoring noise from a person who cannot be woken up, discolored skin (especially in nails or), and small constricted "pinpoint pupils" that do not react to light. A review of 's health assessment dated showed a diagnosis of / , Type, , due to (of). The status alert and oriented times three and his thought process although slowed remained organized. The health assessment further showed that the resident had some , thought content and which did not appear to be impacting his or behavior currently. The nursing treatment showed the resident needed monthly visits by APRN-PMHNP (Advanced Practice Registered Nurse- , Mental Health Nurse Practitioner) for , , medication management. The activities of daily living showed assistance needed with ambulation, bathing, , eating, self-care, toileting, and transferring. Resident # 1 needed assistance with self-administration of medications. In an interview on at 10:31 AM, Staff C was asked if Resident #2 took the medications that morning of , Staff C stated, "No". When asked if Staff B gave Resident #2 the medications on , Staff B stated, "No." In an interview on 10:312 AM, When asked if Resident #2 refused to take his medications prior to the incident, Staff C stated, "Yes." In an interview on at 8:06 AM regarding the incident, Staff C stated, "On , As I came out of the bathroom, it	{A 025}		

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{A 025}	Continued From page 40	{A 025}		

was about 7:00AM and I found [Resident # 2] unresponsive in his room. I did not do . . ( ) and then called the owner via phone, and he instructed me to call 911."

In an interview on at 2:46 PM the Owner was asked if Resident #2 was when the staff found him sitting on the sofa-chair. He stated, " was unresponsive." The owner further stated, "No, No, he was responsive."

In an interview on at 2:48 PM, regarding facility policies on medications, the Owner stated, "the staff are supposed to check everything, supposed to check under the , usually give one tablet at a time and make sure they are taking the medication and look around the room."

In an interview on at 10:32 AM, When asked about the statement in he record that Resident #2 had hidden his medications and saved them to be taken later, Staff C denied telling rescue this information, then said Staff C stated, "I cannot remember."

In an interview on at 12:41 PM, Resident #2's Psychiatrist was informed that a year earlier on by staff facility that Resident #2 hid medications in his that were later were found on the bed.

Review of Resident # 2's Medication Observation Record (MOR) showed medications were not dispensed from through .

A review of Resident #2's medication observation record showed : . 5 MG (8:00 AM/8:00 PM), . 500 (8:00 AM/8:00 PM),

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{A 025}	Continued From page 41 , 1 MG (8:00 PM), , 30 MG (8:00 PM), Injections 150 MG (8:00AM), , MES 1 MG (8:00 PM), , (8:00 PM), , 30 MG (8:00 PM). According to the National Library of Medicine the following medications are used for: - , is an , medication used to treat , and behavioral problems. Most prominent feature of , overdose is severe , reactions such as tremor, rigidity and an intense feeling of physical restlessness, referred to as akathisia. - , is used to treat certain types of . Possible side effects of overdosing include distress symptoms such as and , manifestations like drowsiness, , and, in severe cases, or fatality. - , is used to control certain types of . It is also used to treat , (sudden, unexpected of extreme fear and worry about these). Possible side effects of overdosing include drowsiness, , coordination, slow , slowed or stopped breathing, loss of or . - , is used to treat , . Possible side effects of overdosing include extreme drowsiness, , fast rate, high , and feeling faint or light-headed. - , is used along with other medications to treat the symptoms of 's (PD; a of the nervous system that	{A 025}		

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{A 025}	Continued From page 42 causes difficulties with movement, control, and balance) and tremors caused by other medical problems or medications. Possible side effects of overdosing include vision problems, change of , clammy skin, , , nosebleeds, sweating, numbness or tingling in the , arms or . According to the Cleveland Clinic: , , , is a change in how your functions. You may feel , agitated or not like yourself. It can be a temporary disturbance, or it could permanently damage your . There are many possible causes of , , , like an or an underlying condition. Treatment depends on the cause. According to the Merck Manual Professional Version, Rhabdomyolysis is a clinical involving the breakdown of tissue. Symptoms and signs include , myalgias, and reddish-brown , although this triad is present in less than 10% of patients. Diagnosis of rhabdomyolysis is by history and laboratory confirmation of elevated creatine kinase (CK) of typically greater than 5 times the upper limit of normal. Treatment is supportive of fluids as well as treatment of the inciting cause and any ensuing complications. Class I	{A 025}		
A 027 SS=J	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must:	A 027		

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	AL11966844	A. BUILDING: _____ B. WING _____	R 01/08/2026

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A 027	Continued From page 43 (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to make medical arrangements for healthcare for two (Resident #2, Resident #4) out of five sampled residents were discharged from hospital. Resident #1returned from the hospital for more than 30 days from an overdose and from one of his medications (,) and was not seen by his primary care physician. Resident #1 spent 10 days in the hospital to be treated for complications from an overdose such as , , , damaged to his levels, , , , , and rhabdomyolysis. Resident #4 was transported to the hospital on after losing at the dining table. Findings: 1) A review of the hospital records dated revealed: " male with history of , , (status post) brought in by emergency medical services ( ) from Assisted Living Facility (ALF) for concerns of unresponsiveness'.	A 027		

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A 027	Continued From page 44	A 027		

Patient was found on his chair next to his bed not responding to the ALF personnel. Per rescue on arrival, extremities, normotensive saturating 93% on room air. No verbal response on arrival, however, moving all extremities. As per ALF manager, patient woke up normal today and a couple of hours later found unresponsive, suspects he might have taken additional pills. Per report there's concern for toxicity from ingestion of psych medications that include Halloperidol, , , , , . Unknown if patient saved medications and took them all at once, as he's done on previous episodes. However, given initial vitals will assess for , . Started fluids and broad-spectrum screen was within normal limits, , levels were very elevated. , was held and levels trended up until discharge, which showed low levels at the time of discharge."

A review of Resident #2's hospital records dated showed to , , including severe reaction as reported by Resident #1's mother. However, Resident #2 was not seen by his primary care physician to determine or confirm if he suffered from any as documented on his hospital records.

A review of Resident #2's discharge summary revealed that the patient was instructed to follow up with outpatient primary care physician and , , within one week.

A review of Resident #2's progress notes showed no documentation that Resident #1 was seen by his primary care physician after discharge from the hospital on as instructed on the hospital discharge summary.

Interviewed on at 12:17 PM when

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A 027	Continued From page 45 asked who Resident #2's primary care physician was, Resident #2's Psychiatrist stated, "I deal with the , , component. The Psychiatrist stated further, "He had a [primary care physician] at the [Assisted Living Facility]. There was an issue with the mother, and she took him (Resident #1) to someone outside of the ALF." The Psychiatrist stated that Resident #1 stopped seeing the PCP the before he was hospitalized on . When asked if Resident #1 had any , , Resident #1's Psychiatrist stated that it was the mother who reported he had to , . The Psychiatrist stated, "I continued with , after his hospitalization. I informed the hospital that he did not have any . I spoke with his mother, and she stated I must had gotten it with another medication. A review of the progress notes dated 11/11/2025 revealed Resident #2 returned to the facility from the hospital on and that , was changed from 1 MG to 0.5 M, and , 500 MG and , 5 MG were discontinued. However, there was no documentation Resident #1 was seen by his primary care physician. Observation on at 7:31 AM Staff B (Caregiver) offered , 5 MG and , 20 MG to Resident #1 with milk. A review of the medication observation record (MOR) showed the initial of Staff B for , 5 MG and , 20 MG. However, , 5 MG was discharged. A review of Resident #1's health assessment dated showed diagnoses of D/O , Type, , due to (of ,). The physical status showed , and	A 027		

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A 027	Continued From page 46	A 027		

transferring. However, there were no known drug or food ◡ listed.

Interviewed on 8:51 AM the Administrator stated that Resident #2 did not see his primary care physician.

The Cleveland Clinic states the following:

, is when something that is supposed to be in your like food, water or ◡ or anything that isn't air gets into your airways.

High ◡ : If you have high levels of ◡ in your , you have elevated ◡ . High ◡ levels may be temporary, or they may be a sign of a medication condition like , or . Certain medications can also cause ◡ .

, , ◡ is a change in how your functions. You may feel , agitated or not like yourself.

Rhabdomyolysis is a rare injury where your break down. Some medications can cause breakdown, including , , , and medications.

Mayo Clinic states that , is an that inflames the air in one or both ◡ .

2)

A review of Resident #4's emergency medical services records dated revealed: "Patient had a syncopal episode patient , is working but may not be working

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A 027	Continued From page 47	A 027		

correctly per staff. Patient had this issue before patient was , , . Patient was placed in Trendelenburg position. Patient was treated with access. Patient transported to [hospital]."

Interviewed on at 9:14 AM Staff B (Caregiver) stated that Resident #4 was in the chair and was not breathing. Staff B stated that it was light. Staff B stated further stated that she checked the , and it was weak.

Interviewed on at 8:51 AM when asked if any residents were hospitalized, the Administrator stated, "Yes, [Resident #4]." The Administrator stated that Resident #4 passed out while seated at the dining table. When asked if she was there, the Administrator stated, "No." The administrator stated that the doctor was notified. When asked if arrangements were made for the resident to see her primary care physician after she resident left the hospital, the Administrator stated that the daughter was to pick her up.

A review of Resident #4's health assessment dated showed a diagnoses of Type II with long term use, CVD, , Old , , , , , . The physical status showed , gait and used a walker. The status showed alert, awake and oriented times four. The nursing notes showed home health for daily monitoring and administration. The special precautions showed and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , self-care, toileting, transferring, and independent with eating. The resident had a diet. The

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A 027	Continued From page 48 resident needed assistance with self-administration of medications. Class I	A 027		
{A 030} SS=D	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 49 (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 50 429.28 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 51 (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 52	{A 030}		

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

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{A 030}	Continued From page 53 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 observation, record review, and interview, and the facility failed to ensure two out five sample residents (#2, #4) lived in a safe and decent living environment with dignity and respect, free from and neglect. The facility failed to make medical arrangements with Resident # 2's and primary care physician after he was hospitalized for an overdose. The facility failed to make medical arrangements with Resident # 4's primary care physician after a , , episode (fainting or passing out, is a loss	{A 030}		

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{A 030}	Continued From page 54 of and strength characterized by fast onset duration and spontaneous recovery). The facility failed to respect personal space by storing facility's medication in Resident #2's closet. Findings: 1) A review of the Emergency Medical Services ambulance run record dated showed that Resident #4 had a syncopal episode, and showed that the resident had a previous problem with the as well. The resident was transported to the hospital. A review of data from Cleveland Clinic showed that a syncopal episode was a temporary loss of due to a sudden drop in flow to the . In an interview 8:51 AM - The Administrator was asked, did you let Resident #4's primary care physician know, the Administrator stated, "Yes, but it is not documented". The Administrator was also asked if Resident #4 saw a . The Administrator stated, "No, her daughter was supposed to taker her". A review of Resident #4's health assessment dated showed a diagnoses of Type II with long term use, (CVD), ( ), Old . The physical status showed gait and used a walker. The status showed alert, awake and oriented times four. The nursing notes showed home health for daily monitoring and	{A 030}		

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{A 030}	Continued From page 55 administration. The special precautions showed and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , self-care, toileting, transferring, and independent with eating. The resident had a diet. The resident needed assistance with self-administration of medications. 2) An observation on at 7:03 AM, showed unlocked medications stored in Resident #2's closet, which included and (photographic evidence obtained). In an interview on at 7:04 AM, Staff B was asked why there were unlocked over-the-counter medications in Resident #2's closet, she stated, "It is not his, we have them for emergency purposes only". Class II	{A 030}		
{A 031} SS=D	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	{A 031}		

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(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 031}	Continued From page 56 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 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	{A 031}		

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{A 031}	Continued From page 57 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' 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 observation, record review and interview, the facility failed to maintain an updated home health records for two (#2, #3) out of five sampled residents. The facility failed to maintain a recertification prescription for administration for Resident #3 from a third-party provider every two months. The facility failed to maintain home health records , 100mg/ml injection every three weeks for Resident #2. Findings: 1) Observation on at 6:58 AM Resident #3 was in bed asleep. A review of Resident #3's records found no updated recertification prescription for administration.	{A 031}		

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{A 031}	Continued From page 58 Interviewed on at 8:08 AM the Administrator stated that she had to call the nurse. 2) A review of Resident #2's medication observation records (MOR) showed , 100mg/ml injection every three weeks. A review of Resident #2's records found no home health records for , 100mg/ml injections. Uncorrected Class III	{A 031}		
{A 036} SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a .	{A 036}		

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{A 036}	Continued From page 59 shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide service for one out of five sampled residents (#2) to reduce the risk of transmission of . The facility failed to dispose of a bucket of left unattended under Resident #2's bed. Findings: Observation on at 7:05 AM found a green bucket which appeared to contain yellowish colored fluid with a strong stench stored underneath Resident #2's bed. (photographic evidence obtained) In an interview on at 7:06 AM, Staff C was asked why a green colored bucket containing was underneath Resident #2's bed, Staff C stated, "He needs it during the night hours". Class III	{A 036}		

Agency for Health Care Administration

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A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	A 055		

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A 055	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	A 055		

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A 055	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure that medications were always locked two (Resident #2, and 3). out of five sample residents Findings: An observation on at 6:58AM showed an unlocked medication (Veltassa 8.4 gm powder) in the refrigerator for Resident # 3. (Photographic evidence obtained) In an interview on at 6:59AM, Staff B was asked why there was a prescribed medication for [Resident #3] unlocked in the refrigerator, she stated, "Yes, it supposed to be locked." An observation on at 7:03AM showed unlocked medications in # closet, which included and (photographic evidence obtained). In an interview on at 7:04AM - Staff C was asked why there were other than [Resident #2's] medications in his closet, she stated, "It is not his, we have it for emergency purposes only". Class III	A 055		

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A 058	Continued From page 3	A 058		
A 058 SS=K	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist	A 058		

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A 058	Continued From page 4 licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to correct one Class II deficiency cited under a re-licensure survey regarding following a pureed prescription for a hospice resident and including a pureed menu by a registered dietitian. The facility failed to follow a physician prescription of a pureed menu with thickener and a pureed menu by a registered dietitian on a revisit survey. The facility also failed to prevent an overdose of prescription for one out of five sampled residents who needed assistance with self-administration of medications. Therefore, the facility is required to	A 058		

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A 058	Continued From page 5 contract the services of a licensed pharmacist or registered nurse and a licensed dietitian who will provide at least quarterly consultation until the Agency for Health Care Administration determines that these services are no longer needed. Findings: 1) A review of the hospital records dated revealed: " male with history of (status post) brought in by emergency medical services ( ) from Assisted Living Facility (ALF) for concerns of unresponsiveness'. Patient was found on his chair next to his bed not responding to the ALF personnel. Per rescue on arrival, extremities, normotensive saturating 93% on room air. No verbal response on arrival, however, moving all extremities. As per ALF manager, patient woke up normal today and a couple of hours later found unresponsive, suspects he might have taken additional pills. Per report there's concern for toxicity from ingestion of psych medications that include Halloperidol, . Unknown if patient saved medications and took them all at once, as he's done on previous episodes. However, given initial vitals will assess for . Started fluids and broad-spectrum screen was within normal limits, levels were very elevated. was held and levels trended up until discharge, which showed low levels at the time of discharge." A review of the emergency medical services records dated revealed : "	A 058		

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A 058	Continued From page 6 male found unresponsive sitting on a chair. Patient was last seen awake at 6:00 AM. He got up from the bed into the chair, but not sure at what time. Staff stated he possibly overdosed He does not self-administer his medications but hides them and then intentionally takes them altogether. States he also does different episodes similar to this to be removed from the ALF. Incomplete assessment, unable to evaluate . Patient is missing due to a previous event with . Patient was mumbling and moving extremities. Clear breath sounds. Unable to assess due to mentation. Admin 02 at lpm. Administer Narcan intranasal 4 MG. Established . 12 lead NSR. Administer Narcan .5MG not much of change." Interviewed on at 10:23 AM when asked why Resident #2 was sent to the hospital on /3035, the Administrator stated that he did not want to talk. The Administrator stated that he did not want to eat breakfast. The Administrator stated that she was not in the facility at the time. The Administrator stated, "They called 911 because he was not responding." When asked if was performed, the Administrator stated, "No, it was a nervous crisis." When asked if the resident had problems with his medications, the Administrator stated, "No. I think, no." When asked if the resident ever hid his medications, the administrator stated, "No." Interviewed at 12:17 PM Resident #2's Psychiatrist stated, "The hospital said that it was an overdose on/ . I believe there was one incident before. I believe there was one incident where they found medications. But there were no ." When asked for the date when	A 058		

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A 058	Continued From page 7 the staff found the medications, the Psychiatrist stated, "It was on ." The Physiatrist stated, "I assumed he cheeked some medications from the night before." The Psychiatrist stated that they found the medications on his bed on . When asked if he was notified by the facility when the medications were found on , the Psychiatrist stated that when I went to see him, he was informed. A review of Resident #2's health assessment dated showed the resident needed assistance with self-administration of medications. However, the facility staff were unable how Resident #2 was able to hide his medications and later overdosed. 2) Record review showed the facility was cited on for not following a prescription for pureed menu for a resident under hospice care. Interviewed on at 8:10 AM when asked if Resident #2 received his breakfast, Staff C (Caregiver) stated, "Yes." When asked what he was offered for breakfast, Staff C stated that she gave him bread and milk. Interviewed on at 8:12 AM when asked if there was a blender, the Administrator stated, "Yes." The administrator stated that bread and milk was just like puree. When asked if the resident had a waiver on file to opt out of following a therapeutic diet, the Administrator stated, "No."	A 058		

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A 058	Continued From page 8 A review of Resident #2's records found no therapeutic waiver. A review of Resident #2's health assessment dated , Right , , , , Prostastic Hyperplasia, , Constrictulis and deformity . The nursing notes showed hospice care. The precautions showed and , precautions. The activities of daily living showed total care with ambulation, bathing, , eating, self-grooming, toileting and transferring. Dietary instructions showed pureed diet and thickener added to liquids. A review of Resident #2's hospice care plan dated showed a pureed diet with thicken liquids. Interviewed on at 11:39 AM the Administrator acknowledged that a dietitian had to be retained due to the uncorrected dietary deficiencies. Class I	A 058		
A 077 SS=G	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who	A 077		

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A 077	Continued From page 9 has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator.	A 077		

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A 077	Continued From page 10 Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must	A 077		

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A 077	Continued From page 11 satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that it was under the supervision of an Administrator who provided appropriate care of all residents. The Administrator failed to investigate how Resident #2 was able to hide his medications and was later found unresponsive from an overdose. The Administrator failed to file adverse incidents after two residents were transported to the hospital by emergency medical services ( ). The facility administrator failed to submit a corrective action plan to prevent a future occurrence of an overdose involving Resident #2.	A 077		

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A 077	Continued From page 12 Findings: 1) A review of the emergency medical services records showed Resident #2 was found unresponsive from an overdose and was transported to the hospital on . A review of the adverse incidents reporting systems database found no reported transport to the hospital for Resident #2 on from an overdose, including a corrective action plan to prevent a recurrence since the resident was in the facility. A review of Resident #2's progress notes dated revealed that the resident hid his medications. A review of the facility records found no investigation notes on how Resident #2 was able to hide his medications and being found unresponsive from an overdose. Interviewed on at 10:33 AM when asked if she conducted an investigation which involved Resident #2, the Administrator stated, "No. I went on whatever the employees told me." 2) A review of Resident #4's records showed on the resident was transported to the hospital for a syncopal episode. A review of the adverse incidents reporting systems database found no reported transport to the hospital on . Interviewed on at 9:21 AM when	A 077		

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A 077	Continued From page 13 asked if an adverse incident reports were filed, the Administrator stated that she was not sure. A review of the Administrator's personnel records showed a hire date of and a completed CORE on and 12 hours of continuing education training on . Class II	A 077		
{A 093} SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food	{A 093}		

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{A 093}	Continued From page 14 according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must	{A 093}		

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{A 093}	Continued From page 15 be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow the regular	{A 093}		

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{A 093}	Continued From page 16	{A 093}		

and pureed menu for two (Residents #1, #2) out of five sampled residents. The facility failed to ensure Resident #2 received a therapeutic diet as prescribed by a physician. The facility failed to follow a pureed menu as prescribed by a registered dietitian for Resident #2. The facility failed to ensure foods were available for Residents (#3, #4) with .

Findings:

1)

Observation on at 7:22 AM Resident #1 in a hospital bed with full bedrails.

Interviewed on at 8:10 AM when asked if Resident #2 received his breakfast, Staff C (Caregiver) stated, "Yes." When asked what he was offered for breakfast, Staff C stated that she gave him bread and milk.

Interviewed on at 8:12 AM when asked if there was a blender, the Administrator stated, "Yes." The administrator stated that bread and milk was just like puree. When asked if the resident had a waiver on file to opt out of following a therapeutic diet, the Administrator stated, "No."

A review of Resident #2's records found no therapeutic waiver.

A review of Resident #2's health assessment dated , Right Prostastic Hyperplasia, , Constrictulis and deformity . The nursing notes showed hospice care. The precautions showed and precautions. The activities of daily

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{A 093}	Continued From page 17 living showed total care with ambulation, bathing, eating, self-grooming, toileting and transferring. Dietary instructions showed pureed diet and thickener added to liquids. A review of Resident #2's hospice care plan dated showed a pureed diet with thicken liquids. A review of the pureed menu approved by a registered dietitian showed: assorted juices, cooked cereal, poached egg, milk, margarine, coffee or tea. The Cleveland Clinic stated: " is when something other than air gets into your airways. Often, it's something that you meant to swallow or that belongs in your tract. This could include: food, water or liquid, , and ." The University of Mississippi Medical Center states: "A diet is used for people who have difficulty swallowing. Foods on this diet are easier to chew and move around in your This will reduce the risk of food and liquids going the wrong way. Foods on a pureed diet are a pudding like texture that is smooth, blended, or pureed. Eating foods not allowed on this diet will increase your chance of swallowing problems and can result in food going into your airway instead of your (food tube). Food or liquid that goes into your airway instead of your puts you at risk for not getting enough nutrition and/or getting sick (,)." 2) Observation on at 7:31 AM Resident	{A 093}		

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{A 093}	Continued From page 18 #2 only received milk with his medication. A review of the posted regular menu showed juice cereal, bread and margarine and milk. Interviewed on at 7:34 AM the Administrator and Staff C (Caregiver) stated that Resident #2 only likes milk in the morning. When asked if there were a waiver or notes to not following the menu, the Administrator stated, "No." The Administrator stated that there were no notes that he only likes milk. Interviewed on at 7:35 AM Staff B Stated, "when he (Resident #2) came from the hospital, he only liked milk. Interviewed on at 7:36 AM when asked what he likes for breakfast, Resident #2 stated that he likes eggs and bacon. When asked if he only likes milk, Resident #2 stated that he likes eggs, bacon and grits too. 3) A review of Residents #3 and #4 records showed both residents were diagnosed with . An observation of the facility's food supply on at 9:58 AM found no foods for Residents #3 and #4. Interviewed on at 9:58 AM when asked if there was any skim milk for , the Administrator stated, "No." When asked if there were any substitute for sugar for , the Administrator stated, "No." A review of the posted menu showed the registered dietitian recommended skim milk and	{A 093}		

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{A 093}	Continued From page 19 substitutes for sugar for . A review of Resident #3's health assessment dated showed a diagnoses of hypertensive , with stage four due to type II , associated with type II . Branch occlusion of left with . The resident needed assistance and medication administration. A review of Resident #4's health assessment dated showd a diagnoses of Type II with long term use, (CVD), ( ), Old . The physical status showed , gait and used a walker. The status showed alert, awake and oriented times four. The nursing notes showed home health for daily monitoring and administration. The special precautions showed and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , self-care, toileting, transferring, and independent with eating. The resident had a diet. The resident needed assistance with self-administration of medications. Class II	{A 093}		
A 078 SS=G	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		

Agency for Health Care Administration

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A 078	Continued From page 20 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 21 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 observation, record review and interview, the facility failed to ensure two (Staff B and Staff C Caregivers) out of four sampled employees were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience in describing and performing , , ( ) and was unable to describe a ( ). Staff C failed to call 911 immediately and the facility's policy after finding Resident #2 unresponsive from an overdose. Staff B performed in a chair after Resident #4 was found unresponsive. Findings: 1)	A 078		

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A 078	Continued From page 22 Interviewed on at 9:17 AM Staff C stated that she was in the bathroom and when she went into Resident #2's room on . Staff C stated that he was in the chair not responding. Staff C stated that she called the Owner. When asked if the Owner was in the facility, Staff C stated, "No." Staff C stated that she called 911 after she spoke with the Owner and the resident was transported to the hospital. However, Staff C did not immediately call 911 when she found Resident #2 unresponsive. A review of Resident #2's emergency medical services ( ) records dated showed was dispatched at 7:31 AM and arrived at patient at 7:41AM where he was found unresponsive sitting in a chair. The emergency medical records also revealed Resident #2 was last seen at 6:00 AM. A review of the facility's medical emergency policy states all emergency must be taken quickly in order to ensure the health and safety of the residents of the facility. In an emergency situation call 911 immediately and then contact the physician. A review of Resident #2's progress notes showed 911 was called on for Resident #2. However, there was no documentation of the time the incident occurred. Interviewed on at 9:14 AM Staff B stated that Resident #4 was in the chair and was not breathing. Staff B stated that it was light breathing. Staff B stated that she checked the , and it was weak. Staff B stated that she did from the chair by doing , to the . When asked if she did any training,	A 078		

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A 078	Continued From page 23 Staff B stated, "Yes." When asked why she did not put the resident on the floor to do , Staff B stated that she needed help because the other employee in the bathroom with another resident. When asked to describe , Staff B stated 30 , and two breaths. Interviewed on at 10:35 AM when asked where she was when Resident #4 was found at the table unresponsive , Staff C stated that she was with another resident in the bathroom and that when she came out, the resident was . When asked what Staff B did, Staff C stated that she called 911. Staff C stated that she went to the bathroom. Staff C stated, "I had the resident in the bathroom." When asked to describe , Staff C stated, "30 , ." However, Staff C did not know how many , . When asked to describe , Staff C was unable to describe and identify residents in the facility with a . A review of Resident #2's records showed a signed dated . A review of Staff B's personnel records showed training on and training dated . According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths." According to Florida Health, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the	A 078		

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A 078	Continued From page 24 event of , , or ." Class II	A 078		
A 152 SS=D	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	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966844	A. BUILDING: _____ B. WING _____	R 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF II LLC	10241 SW 134 AVENUE MIAMI, FL 33186

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A 152	Continued From page 25 use. (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 observation and interview, the facility failed to maintain free of hazards, ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: An observation on at 7:05AM showed no dresser or lamp for Resident #2. In an interview on at 7:06AM, Staff C was asked why Resident #2 did not have a dresser or a lamp, Staff C, "Oh yes, he should have a dresser and a lamp. He is on both ." An observation on at 7:09AM showed a sideway mattress beside a bathroom plunger and a hospital bedspring in the yard. (Photographic evidence obtained) An observation on at 7:10AM showed a paint bucket alongside supply paint materials in the backyard. (Photographic evidence obtained) In an interview on at 7:11AM Staff C was asked why there were a bed mattress, a hospital bedspring and , bucket and supply materials in the backyard, Staff C stated, "Well, I need to speak with administrator about that".	A 152		

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A 152	Continued From page 26 Class III	A 152		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 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, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (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. (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. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents	{A 162}		

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{A 162}	Continued From page 27 receiving assistance with the activities of daily living must have their ˬ 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 ˬ not be taken. (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. (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. (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. (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. (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. (l) If the resident is an recipient, a copy of the Department of Children and Families form 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	{A 162}		

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{A 162}	Continued From page 28 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. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (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. (o) The resident's , DH Form 1896, if applicable. (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. (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. (r) Additional resident records requirements for facilities holding a limited mental health, extended 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an accurate and updated health	{A 162}		

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{A 162}	Continued From page 29 assessment for two out of five sample residents (#1, #4) after their hospitalizations. Findings: On an interview on at 8:29AM, the Administrator was asked if anyone else had been to the hospital recently, the Administrator stated, "Yes, Resident # 4 went last Monday . Resident # 4 had a mild , and could not breathe." In an interview on at 8:51AM, the Administrator was asked if [Resident # 4's] primary care physician was notified about the recent hospital visit, the Administrator stated, "Yes, but it is not documented". The Administrator stated, Resident #4 supposed to see a and the daughter needs to take her." In an interview on at 9:14AM, the Administrator was asked if [Resident #2] went to the hospital on , the Administrator stated, "Yes, he went to [Hospital]." In an interview on at 9:15AM the Administrator was asked if Resident #2 had a new health assessment up on his return to the facility, The Administrator stated, "He supposed to have one done. I need to get in touch with his doctor." In an interview on at 2:50PM, when asked if [Resident #2] had an updated health assessment after the hospitalization, the owner stated, "I need to ask the administrator." Review of Resident # 4's record revealed the latest health assessment was done on . No known were indicated.	{A 162}		

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{A 162}	Continued From page 30 Review of Resident #2's record revealed the latest health assessment was done on . Review of Resident #2's hospital record dated , revealed as per mother adverse reaction, reported on , Resident #1 was to . Class III	{A 162}		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (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. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her	A 165		

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A 165	Continued From page 31 consent, including failure to honor advanced directives; 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 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (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. (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. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (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	A 165		

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A 165	Continued From page 32 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. (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. (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. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to file adverse incidents for two (Residents #2, #4) out of five sampled residents after 911 was called resulting in both residents being transported to a unit providing more acute care due to the incidents. Resident #2 was found unresponsive after an overdose and hospitalized for 10 days. Findings: 1)	A 165		

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A 165	Continued From page 33 A review of Resident #2's hospital records dated revealed that he had an overdose. A review of Resident #2's progress notes showed 911 was called. A review of the emergency medical services records dated revealed : " male found unresponsive sitting on a chair. Patient was last seen awake at 6:00 AM. He got up from the bed into the chair, but not sure at what time. Staff stated he possibly overdosed He does not self-administer his medications but hides them and then intentionally takes them altogether. States he also does different episodes similar to this to be removed from the ALF. Incomplete assessment, unable to evaluate . Patient is missing due to a previous event with . Patient was mumbling and moving extremities. Clear breath sounds. Unable to assess due to mentation. Admin 02 at lpm. Administer Narcan intranasal 4 MG. Established . 12 lead NSR. Administer Narcan .5MG not much of change." Interviewed on at 9:17 AM Staff C stated that she was in the bathroom and when she went into Resident #2's room on Staff C stated that he was in the chair not responding. Staff C stated that she called the Owner. When asked if the owner was in the facility, Staff C stated, "no." Staff C stated that she called 911 after speaking with the Owner and the resident was transported to the hospital. A review of the adverse incidents reporting database systems showed no adverse incidents filed for Resident #2 transport to the hospital for more acute care due to an incident.	A 165		

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A 165	Continued From page 34 Interviewed on at 9:21 AM when asked if an adverse incident was filed for Resident Residents #2, and #4, the Administrator stated that she was not sure. Interviewed on at 2:43 PM when asked if an adverse incident was filed. The Owner stated that the consultant told him he did not have to file one. 2) A review of Resident #4's emergency medical services records dated revealed the resident had a syncopal episode and was transported to the hospital. Interviewed on at 9:14 AM Staff B stated that Resident #4 was in the chair and was not breathing. Staff B stated that it was light breathing. Staff B stated that she checked the , and it was weak. Staff B stated that she did from the chair by doing , to the . When asked if she did any training, Staff B stated, "Yes." When asked why she did not put the resident on the floor to do , Staff B stated that she needed help because the other employee in the bathroom with another resident. When asked to describe , Staff B stated 30 , and two breaths. Interviewed on at 10:35 AM when asked where she was when Resident #4 was found at the table unresponsive , Staff C stated that she was with another resident in the bathroom and that when she came out, the resident was . When asked what Staff B did, Staff C stated that she called 911. A review of the adverse incidents reporting	A 165		

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A 165	Continued From page 35 database systems showed no adverse incidents filed for Resident #4 after being transported to the hospital for acute care due to an incident. Interviewed on at 11:39 AM the Administrator acknowledged that no adverse incidents were filed for Residents #2 and #4. Class III	A 165		
{A 000}	Initial Comments A revisit survey was conducted from through at Silver Palm II LLC. The provider had deficiencies at the time of the survey. Class I deficiencies were found at Tags A0025 and A0027. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is neccessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving cae in a facility. The Class I noncompliance began on . The facility's Administrator was notified of the Class I noncompliance on at 3:28 PM. The incident occured on at approximately 7:00 AM when Resident #1 was found unresponsive from an overdose of prescription medications he hid from staff.	{A 000}		

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{A 025}	Continued From page 36	{A 025}		
{A 025} SS=K	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.	{A 025}		

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{A 025}	Continued From page 37 (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to supervise two out five sampled residents (#2, #4). Resident #2 was found unresponsive for an unknown period and later transported to the hospital and diagnosed with an overdose. The facility failed to maintain Resident #4's written records updated as needed of any significant changes with the primary care physician. Findings: 1) A review of 's progress notes dated revealed "Today the owner called me to let me know that had taken some medications he had hidden. It seems that he pretended to take them and keep them, and this morning when the staff went to his room, he told them that he had taken	{A 025}		

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{A 025}	Continued From page 38	{A 025}		

some medicines he had hidden. The owner immediately called 911 and [Resident #2] was taken to a local hospital. [Resident #2's] family was notified and, in the afternoon, they contacted the assisted living facility; [Resident #2] sister said he had an . We are staying in contact with them".

A review of the incident reporting database found no documentation of a report filed regarding the hospitalization.

A review of the Emergency Medical Services ( ) records dated revealed: " male found unresponsive sitting on a chair. Patient was last seen awake at 6:00 AM. He got up from the bed into the chair but was not sure at what time. Staff stated he possibly overdosed. He does not self-administer his medications but hides them and then intentionally takes them altogether. States he also does different episodes like this to be removed from the ALF. Incomplete assessment, unable to evaluate . is from both due to a previous event with . was mumbling and moving extremities and clear breath sounds. Unable to assess due to mentation. Admin 02 at l:00 pm. Administer Narcan intranasal 4 MG. Established . 12 lead NSR. Administer Narcan .5 MG not much of change."

According to the U.S. Center of and Control Prevention, (Narcan r) is a medicine that can help people who are overdosing on an include prescription medications, heroin, and . Signs of overdose may include or unable to wake up, slow or shallow breathing or difficulty breathing such as choking sounds or

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{A 025}	Continued From page 39 a gurgling/snoring noise from a person who cannot be woken up, discolored skin (especially in nails or), and small constricted "pinpoint pupils" that do not react to light. A review of 's health assessment dated showed a diagnosis of / , Type, , due to (of). The status alert and oriented times three and his thought process although slowed remained organized. The health assessment further showed that the resident had some , thought content and which did not appear to be impacting his or behavior currently. The nursing treatment showed the resident needed monthly visits by APRN-PMHNP (Advanced Practice Registered Nurse- , Mental Health Nurse Practitioner) for , , medication management. The activities of daily living showed assistance needed with ambulation, bathing, , eating, self-care, toileting, and transferring. Resident # 1 needed assistance with self-administration of medications. In an interview on at 10:31 AM, Staff C was asked if Resident #2 took the medications that morning of , Staff C stated, "No". When asked if Staff B gave Resident #2 the medications on , Staff B stated, "No." In an interview on 10:312 AM, When asked if Resident #2 refused to take his medications prior to the incident, Staff C stated, "Yes." In an interview on at 8:06 AM regarding the incident, Staff C stated, "On , As I came out of the bathroom, it	{A 025}		

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{A 025}	Continued From page 40	{A 025}		

was about 7:00AM and I found [Resident # 2] unresponsive in his room. I did not do . ( ) and then called the owner via phone, and he instructed me to call 911."

In an interview on at 2:46 PM the Owner was asked if Resident #2 was when the staff found him sitting on the sofa-chair. He stated, " was unresponsive." The owner further stated, "No, No, he was responsive."

In an interview on at 2:48 PM, regarding facility policies on medications, the Owner stated, "the staff are supposed to check everything, supposed to check under the , usually give one tablet at a time and make sure they are taking the medication and look around the room."

In an interview on at 10:32 AM, When asked about the statement in he record that Resident #2 had hidden his medications and saved them to be taken later, Staff C denied telling rescue this information, then said Staff C stated, "I cannot remember."

In an interview on at 12:41 PM, Resident #2's Psychiatrist was informed that a year earlier on by staff facility that Resident #2 hid medications in his that were later were found on the bed.

Review of Resident # 2's Medication Observation Record (MOR) showed medications were not dispensed from through .

A review of Resident #2's medication observation record showed : 5 MG (8:00 AM/8:00 PM), . 500 (8:00 AM/8:00 PM),

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{A 025}	Continued From page 41 , 1 MG (8:00 PM), , 30 MG (8:00 PM), Injections 150 MG (8:00AM), , MES 1 MG (8:00 PM), , (8:00 PM), , 30 MG (8:00 PM). According to the National Library of Medicine the following medications are used for: - , is an , medication used to treat , and behavioral problems. Most prominent feature of , overdose is severe , reactions such as tremor, rigidity and an intense feeling of physical restlessness, referred to as akathisia. - , is used to treat certain types of . Possible side effects of overdosing include distress symptoms such as and , manifestations like drowsiness, , and, in severe cases, or fatality. - , is used to control certain types of . It is also used to treat , (sudden, unexpected of extreme fear and worry about these). Possible side effects of overdosing include drowsiness, , coordination, slow , slowed or stopped breathing, loss of or . - , is used to treat , . Possible side effects of overdosing include extreme drowsiness, , fast rate, high , and feeling faint or light-headed. - , is used along with other medications to treat the symptoms of 's (PD; a of the nervous system that	{A 025}		

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{A 025}	Continued From page 42 causes difficulties with movement, control, and balance) and tremors caused by other medical problems or medications. Possible side effects of overdosing include vision problems, change of , clammy skin, , , nosebleeds, sweating, numbness or tingling in the , arms or . According to the Cleveland Clinic: , , , is a change in how your functions. You may feel , agitated or not like yourself. It can be a temporary disturbance, or it could permanently damage your . There are many possible causes of , , , like an or an underlying condition. Treatment depends on the cause. According to the Merck Manual Professional Version, Rhabdomyolysis is a clinical involving the breakdown of tissue. Symptoms and signs include , myalgias, and reddish-brown , although this triad is present in less than 10% of patients. Diagnosis of rhabdomyolysis is by history and laboratory confirmation of elevated creatine kinase (CK) of typically greater than 5 times the upper limit of normal. Treatment is supportive of fluids as well as treatment of the inciting cause and any ensuing complications. Class I	{A 025}		
A 027 SS=J	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must:	A 027		

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A 027	Continued From page 43 (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to make medical arrangements for healthcare for two (Resident #2, Resident #4) out of five sampled residents were discharged from hospital. Resident #1returned from the hospital for more than 30 days from an overdose and from one of his medications (,) and was not seen by his primary care physician. Resident #1 spent 10 days in the hospital to be treated for complications from an overdose such as , , , damaged to his levels, , , , , and rhabdomyolysis. Resident #4 was transported to the hospital on after losing at the dining table. Findings: 1) A review of the hospital records dated revealed: " male with history of , , (status post ,) brought in by emergency medical services ( ) from Assisted Living Facility (ALF) for concerns of unresponsiveness'.	A 027		

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A 027	Continued From page 44 Patient was found on his chair next to his bed not responding to the ALF personnel. Per rescue on arrival, extremities, normotensive saturating 93% on room air. No verbal response on arrival, however, moving all extremities. As per ALF manager, patient woke up normal today and a couple of hours later found unresponsive, suspects he might have taken additional pills. Per report there's concern for toxicity from ingestion of psych medications that include Halloperidol, , , , , . Unknown if patient saved medications and took them all at once, as he's done on previous episodes. However, given initial vitals will assess for , . Started fluids and broad-spectrum screen was within normal limits, levels were very elevated. was held and levels trended up until discharge, which showed low levels at the time of discharge." A review of Resident #2's hospital records dated showed to , including severe reaction as reported by Resident #1's mother. However, Resident #2 was not seen by his primary care physician to determine or confirm if he suffered from any as documented on his hospital records. A review of Resident #2's discharge summary revealed that the patient was instructed to follow up with outpatient primary care physician and within one week. A review of Resident #2's progress notes showed no documentation that Resident #1 was seen by his primary care physician after discharge from the hospital on as instructed on the hospital discharge summary. Interviewed on at 12:17 PM when	A 027		

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A 027	Continued From page 45 asked who Resident #2's primary care physician was, Resident #2's Psychiatrist stated, "I deal with the , , component. The Psychiatrist stated further, "He had a [primary care physician] at the [Assisted Living Facility]. There was an issue with the mother, and she took him (Resident #1) to someone outside of the ALF." The Psychiatrist stated that Resident #1 stopped seeing the PCP the before he was hospitalized on . When asked if Resident #1 had any , Resident #1's Psychiatrist stated that it was the mother who reported he had to , . The Psychiatrist stated, "I continued with , after his hospitalization. I informed the hospital that he did not have any . I spoke with his mother, and she stated I must had gotten it with another medication. A review of the progress notes dated 11/11/2025 revealed Resident #2 returned to the facility from the hospital on and that , was changed from 1 MG to 0.5 M, and , 500 MG and , 5 MG were discontinued. However, there was no documentation Resident #1 was seen by his primary care physician. Observation on at 7:31 AM Staff B (Caregiver) offered , 5 MG and , 20 MG to Resident #1 with milk. A review of the medication observation record (MOR) showed the initial of Staff B for , 5 MG and , 20 MG. However, , 5 MG was discharged. A review of Resident #1's health assessment dated showed diagnoses of D/O , Type, , due to (of ,). The physical status showed , and	A 027		

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A 027	Continued From page 46	A 027		

transferring. However, there were no known drug or food ◡ listed.

Interviewed on 8:51 AM the Administrator stated that Resident #2 did not see his primary care physician.

The Cleveland Clinic states the following:

, is when something that is supposed to be in your like food, water or ◡ or anything that isn't air gets into your airways.

High ◡ : If you have high levels of ◡ in your , you have elevated ◡ . High ◡ levels may be temporary, or they may be a sign of a medication condition like , or . Certain medications can also cause ◡ .

, , ◡ is a change in how your functions. You may feel , agitated or not like yourself.

Rhabdomyolysis is a rare injury where your break down. Some medications can cause breakdown, including , , , and medications.

Mayo Clinic states that , is an that inflames the air in one or both ◡ .

2)

A review of Resident #4's emergency medical services records dated revealed: "Patient had a syncopal episode patient , is working but may not be working

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A 027	Continued From page 47	A 027		

correctly per staff. Patient had this issue before patient was , , . Patient was placed in Trendelenburg position. Patient was treated with access. Patient transported to [hospital]."

Interviewed on at 9:14 AM Staff B (Caregiver) stated that Resident #4 was in the chair and was not breathing. Staff B stated that it was light. Staff B stated further stated that she checked the , and it was weak.

Interviewed on at 8:51 AM when asked if any residents were hospitalized, the Administrator stated, "Yes, [Resident #4]." The Administrator stated that Resident #4 passed out while seated at the dining table. When asked if she was there, the Administrator stated, "No." The administrator stated that the doctor was notified. When asked if arrangements were made for the resident to see her primary care physician after she resident left the hospital, the Administrator stated that the daughter was to pick her up.

A review of Resident #4's health assessment dated showed a diagnoses of Type II with long term use, CVD, , Old , , , , , . The physical status showed , gait and used a walker. The status showed alert, awake and oriented times four. The nursing notes showed home health for daily monitoring and administration. The special precautions showed and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , self-care, toileting, transferring, and independent with eating. The resident had a diet. The

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A 027	Continued From page 48 resident needed assistance with self-administration of medications. Class I	A 027		
{A 030} SS=D	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 49 (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 50 429.28 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 51 (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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(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 030}	Continued From page 52 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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	AL11966844	A. BUILDING: _____ B. WING _____	R 01/08/2026

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{A 030}	Continued From page 53 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 observation, record review, and interview, and the facility failed to ensure two out five sample residents (#2, #4) lived in a safe and decent living environment with dignity and respect, free from and neglect. The facility failed to make medical arrangements with Resident # 2's and primary care physician after he was hospitalized for an overdose. The facility failed to make medical arrangements with Resident # 4's primary care physician after a , , episode (fainting or passing out, is a loss	{A 030}		

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{A 030}	Continued From page 54 of and strength characterized by fast onset duration and spontaneous recovery). The facility failed to respect personal space by storing facility's medication in Resident #2's closet. Findings: 1) A review of the Emergency Medical Services ambulance run record dated showed that Resident #4 had a syncopal episode, and showed that the resident had a previous problem with the as well. The resident was transported to the hospital. A review of data from Cleveland Clinic showed that a syncopal episode was a temporary loss of due to a sudden drop in flow to the . In an interview 8:51 AM - The Administrator was asked, did you let Resident #4's primary care physician know, the Administrator stated, "Yes, but it is not documented". The Administrator was also asked if Resident #4 saw a . The Administrator stated, "No, her daughter was supposed to taker her". A review of Resident #4's health assessment dated showed a diagnoses of Type II with long term use, (CVD), ( ), Old . The physical status showed gait and used a walker. The status showed alert, awake and oriented times four. The nursing notes showed home health for daily monitoring and	{A 030}		

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{A 030}	Continued From page 55 administration. The special precautions showed and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , self-care, toileting, transferring, and independent with eating. The resident had a diet. The resident needed assistance with self-administration of medications. 2) An observation on at 7:03 AM, showed unlocked medications stored in Resident #2's closet, which included and (photographic evidence obtained). In an interview on at 7:04 AM, Staff B was asked why there were unlocked over-the-counter medications in Resident #2's closet, she stated, "It is not his, we have them for emergency purposes only". Class II	{A 030}		
{A 031} SS=D	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	{A 031}		

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{A 031}	Continued From page 56	{A 031}		

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 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

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{A 031}	Continued From page 57 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' 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 observation, record review and interview, the facility failed to maintain an updated home health records for two (#2, #3) out of five sampled residents. The facility failed to maintain a recertification prescription for administration for Resident #3 from a third-party provider every two months. The facility failed to maintain home health records , 100mg/ml injection every three weeks for Resident #2. Findings: 1) Observation on at 6:58 AM Resident #3 was in bed asleep. A review of Resident #3's records found no updated recertification prescription for administration.	{A 031}		

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{A 031}	Continued From page 58 Interviewed on at 8:08 AM the Administrator stated that she had to call the nurse. 2) A review of Resident #2's medication observation records (MOR) showed , 100mg/ml injection every three weeks. A review of Resident #2's records found no home health records for , 100mg/ml injections. Uncorrected Class III	{A 031}		
{A 036} SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a .	{A 036}		

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{A 036}	Continued From page 59 shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide service for one out of five sampled residents (#2) to reduce the risk of transmission of . The facility failed to dispose of a bucket of left unattended under Resident #2's bed. Findings: Observation on at 7:05 AM found a green bucket which appeared to contain yellowish colored fluid with a strong stench stored underneath Resident #2's bed. (photographic evidence obtained) In an interview on at 7:06 AM, Staff C was asked why a green colored bucket containing was underneath Resident #2's bed, Staff C stated, "He needs it during the night hours". Class III	{A 036}		