Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922257	A. BUILDING: _____ B. WING _____	R 12/30/2025

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to the Relicensure survey was conducted on at Victoria Gardens ALF. Th facility had uncorrected deficiencies at the time of survey.	{A 000}		
{A 078}	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement 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	{A 078}		

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{A 078}	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide documentation of a completed the annual physical examination for 2 of 3 employees (Staff B & Staff C) to determine they were free from communicable ( ).	{A 078}		

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{A 078}	Continued From page 2 The findings included: On at 8:45 AM, the Manager on duty was asked to provide evidence that both Staff B and C received an examination to determine that they were free from communicable . The Manager on duty responded she did not have access to the staff files, but she could provide a binder with facility documents for review. A review of the miscellaneous facility documentation provided by the facility's Manager revealed there was no personnel related documentation in the binder. When the Agency informed her there was no personnel documentation in the binder, the Manager attempted to contact the Administrator several times via phone from 8:48 AM to 9:06 AM to locate the documentation. The Manager stated, all calls were unsuccessful , unable to make contact(the Administrator didn't answer). During an interview conducted with the Manager on at 9:06 AM, she confirmed that she did not have access to those records. On from 9:41 AM to 10:40 AM, the Manager continued attempts to contact the Administrator and received no response. At 10:46 AM, the Agency notified her that the citation was uncorrected since she could not provide proof of correction. Class III	{A 078}		
{A 084}	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011	{A 084}		

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{A 084}	Continued From page 3 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:	{A 084}		

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{A 084}	Continued From page 4 a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , , rate.	{A 084}		

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{A 084}	Continued From page 5 (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 1 of 3 sample employees (Staff B) completed 2 hours of annual medication training update. The findings included:	{A 084}		

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{A 084}	Continued From page 6 On at 8:45 AM the Manager/Med Tech(Staff B) on duty was asked to provide evidence that Staff B completed the 2-hours of annual medication training update. The Manager on duty responded she did not have access to the staff files, but she could provide a binder with facility documents for review. A review of the facility's miscellaneous documentation provided by the facility Manager revealed there was no personnel-related documentation in the binder. When the Agency informed her there was no personnel documentation in the binder, the Manager attempted to contact the Administrator several times via phone from 8:48 AM to 9:06 AM to locate the documentation. The Manager stated all calls were unsuccessful, unable to make contact (the Administrator didn't answer). During an interview conducted with the Manager on at 9:06 AM, she confirmed that she did not have access to those records. On from 9:41 AM to 10:40 AM, the Manager continued attempts to contact the Administrator and received no response. At 10:46 AM, the Agency notified her that the citation was uncorrected since she could not provide proof of correction. Class III	{A 084}		

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{ZZ830}	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	{ZZ830}		

AHCA Form 3020-0001

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

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{ZZ830}	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	{ZZ830}		

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{ZZ830}	Continued From page 2	{ZZ830}		

approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to provide documentation of a timely submission of the Comprehensive Emergency Management Plan to the local emergency management department.

The findings included:

On at 9:15AM the Manager on duty was asked to provide evidence of a submitted or approved Comprehensive Emergency Management plan (CEMP). The Manager on duty responded that she did not know where that document was located but she could provide a binder with facility documents for review.

A review of the miscellaneous facility documentation provided by the facility's Manager revealed there was no documentation of an updated submission confirmation or approval letter present in the binder. When the Agency informed her there was no CEMP documentation in the binder, the Manager attempted to contact the Administrator several times via phone from 9:15AM to 9:39AM to locate the documentation. The Manager stated, all calls were unsuccessful , unable to make contact(the Administrator didn't answer).

During an interview conducted with the Manager on at 9:39 AM, she confirmed that she did not have access to the CEMP and could not provide it since she could not get in contact with the Administrator. On from

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{ZZ830}	Continued From page 3 9:41AM to 10:40AM, the Manager continued attempts to contact the Administrator and received no response. At 10:46AM, the Agency notified her that the citation was uncorrected since she could not provide proof of correction. Class III	{ZZ830}		