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
	AL11910672	A. BUILDING: _____ B. WING _____	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST TRACE SENIOR LIVING	5500 NW 69TH AVENUE LAUDERHILL, FL 33319

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Complaint survey (#2025014129) was conducted at Forest Trace Senior Living from - . The facility had deficiencies at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable , to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 1 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, interview and record review, the facility failed to provide a comfortable safe living environment by ensuring that all mechanical systems were maintained in good working order. The facility failure to coordinate and follow-up on timely repair of elevator systems causing inconvenience to the residents who require access to various floors. The findings include: On at approximately 10:30 AM, while conducting the tour of the facility, the "South Tower" is designated as the Assisted Living Facility (ALF) and was observed to have 5 floors and had 2 elevators to access the floors. While on tour along with the Maintenance Director, he stated that one of the two elevators (Elevator #1) has been inactive for several weeks. He stated that the elevator repair company had been contacted and the replacement part ordered but he was not aware of when the part would arrive and the elevator repaired. He stated that all residents, visitors, and staff are required to use Elevator #2 or take the stairs. He stated that Elevator #2 had recently gone "down" for a brief time, but it had been quickly repaired. He referred surveyor questions about the elevators to the Executive Director for explanation. The Director acknowledged that use of one elevator, Elevator #2 was inconvenient for the residents and staff due to extended waiting times.	A 152		

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A 152	Continued From page 2 In an interview with the Executive Director (ED) on at approximately 10:45 AM, she stated that the ALF had 2 elevators to access the 5 resident floors. She stated that the current census was 99 residents residing in the ALF floors. She stated that for the past 2 weeks, Elevator #1 had been out of service and waiting for a replacement part. The ED stated that she had not been informed when the part would be arriving and repair service started. She provided a copy of an Elevator Repair Company invoice for repairs which included the replacement of a "electronic board" at a cost of $ 3425.00,50% was due at time of signed contract which was dated . The invoice did not include any estimated time of delivery. The ED stated she had not been in contact with the repair company. The ED provided a separate work order for Elevator #2 dated , which indicated an on-site repair from 10 AM-11 AM. The ED stated that she recalled Elevator #2 was out of service for approximately 30 minutes and the facility had quickly made plans to provide lunch meals in the resident rooms if repair delays interfered with lunch. The ED acknowledged that due to limited elevator access, this was causing increased wait times and inconvenience for the residents, staff and visitors needing to access the 5 floors. She stated she had received many complaints about the elevator repair delays. On at 12:00 PM, an observation was made on the 3rd floor while waiting for Elevator #2, four residents were waiting to go down to the dining room for lunch. For 15 minutes, three full elevators passed until the four residents were able to enter an empty elevator. Each of the four residents utilized a walker or wheelchair for mobility. Elevator #2 was on the way up to the 5th	A 152		

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A 152	Continued From page 3 floor and then stopped on all floors going down. As the elevator door opened on each floor, three to four residents and care staff were observed waiting to access the elevator. When Elevator #2 arrived on the first floor, there were five residents, staff and visitors waiting to access the elevator. During brief interviews conducted with the residents entering Elevator #2 from the 3rd floor, all stated that they were very upset and inconvenienced due to the ongoing elevator situation. They stated they had not been notified by management when Elevator #1 would be repaired and stated that Elevator #1 had been out of service for weeks. In an interview with a care staff on at 12:10 PM, she stated she was assigned the 3rd floor, and she had approximately 19 residents to supervise. She expressed concerns with the broken elevator, which was causing delays for residents going to meals, and activities. She stated she could not climb stairs. She stated Elevator #1 had been out of service for at least 2 weeks, and a repair date was unknown. In an observation of the main dining room located on the 1st floor on at 12:30 PM, 42 residents were observed eating lunch and 16 of these residents utilized a walker or wheelchair for mobility. In an interview with the Director of Nursing on at approximately 2 PM, she stated that she had transferred three residents via 911 to the hospital for evaluation during the day. In an interview with the City of Lauderhill Fire Marshall on at 11:16 AM, he stated that 911 personnel have access to any elevator with a	A 152		

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A 152	Continued From page 4 pass key, so access is not a concern during an emergency call. When asked about overall safety during an emergency he indicated that the residents should not use an elevator but shelter in place. He acknowledged that the facility building was old and elevator parts may not be readily available, delivery could be an ongoing issue. He stated that residents are inconvenienced, since they require the elevator to access the dining room and attend activities. He stated facility staff could be delayed moving from floor to floor, or not able to climb stairs and that the facility had no plan in place to adjust staffing due to the delays. He stated the ED informed him that staff are able to deliver medications and meals as needed. He stated the ED informed him that there was no estimated time of replacement/repair of the broken elevator and no call was received from the elevator repair company. Class III	A 152		