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
	AL11942911	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNETT LAKEVIEW ALF INC.	3833 SW 33RD STREET WEST PARK, FL 33023

(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 (#2025019089) survey was conducted on at Barnett Lakeview ALF Inc. The facility had deficiencies identified at the time of survey.	A 000		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	A 079		

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A 079	Continued From page 1	A 079		

serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day

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A 079	Continued From page 2	A 079		

operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the

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A 079	Continued From page 3 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that, the facility failed to maintain a written work schedule that reflected its 24 hour staffing pattern for a census of 6 residents (Resident #1-#6). The findings included:	A 079		

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A 079	Continued From page 4 During an interview on at 1:06 pm with the Administrator, the facility's staffing schedules were requested for the most recent 6 months. During an interview on at 1:33 pm, the Administrator confirmed the facility didn't have the most current 6 months of work schedule for the facility. At this time, the Administrator was informed that the facility must maintain this items mentioned above to be in statutory compliance. He acknowledged the findings and no additional information was provided. Therefore, the facility was unable to provide documentation reflecting that it maintained minimum of 212 hours for a census of 6 residents. Class III	A 079		
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	A 152		

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A 152	Continued From page 5 less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (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 interview and record review, it was determined that, the facility failed to provide a safe and living environment free of safety hazards for all residents that reside at the facility. The findings included: During an interview on at 12:42 pm, the Administrator was informed to provide the facility's most recent (last 2 years) fire inspections from the local City and/or County. Review of the facility's annual Local Fire Inspection dated revealed the facility had violations. Further review of the Local Fire Inspection	A 152		

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A 152	Continued From page 6 documents as follows: Annual Fire Inspection. Prompt action to correct the following violation(s) is required. Inspection Notes: Emergency light in family room not operating. Violation found on . Violation not repaired. Provide copy of annual fire alarm system inspection report. Violation found on . Violation not repaired. Fire alarm system is in need of repair. Inspection Notes: System in trouble mode. Violation found on . Violation not repaired. Inspection Notes: Fire extinguishers need service or replacement. Expired at the end of Other Deficiency Inspection Notes: Evaluation needed based on the approved occupancy number of six. During the inspection, it was noted seven occupants, not including staff. Violation found on . Violation not repaired. Inspection Notes: Resident Capacity - 6 Awaiting CEMP for this property During an interview on at approximately 1:55 pm, the Administrator was informed of the concern for the items mentioned above. He acknowledged the findings. No additional documentation was provided. Class II	A 152		

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A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan,	A 160		

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A 160	Continued From page 8 with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions	A 160		

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A 160	Continued From page 9 and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated 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 interview and record review, it was determined that, the facility failed to provide documentation for an up-to-date Admission and Discharge log. The findings included: During an interview on at 12:33 pm, the Administrator was informed to provide the facility's Admission and Discharge log. Record review of the facility revealed no documentation for an up-to-date Admission and Discharge log. During an interview on at approximately 1:45 pm, the Administrator	A 160		

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A 160	Continued From page 10 confirmed the facility does not have an up-to-date Admission and Discharge log. No additional documentation was provided. Class	A 160		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section	A 161		

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A 161	Continued From page 11 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that, the facility failed to maintain staff record(s) and work schedules available for review during a facility survey for 1 of 1 sampled staff (Staff B). The findings included: During a facility tour conducted on between 12:15 pm and 2:00 pm, this surveyor observed one staff member sitting in the common area where Resident #1,2,3, 4 and 5 were gathered. During an interview on at approximately 12:20 pm, this surveyor asked	A 161		

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A 161	Continued From page 12 Staff B (caregiver/housekeeper/cook) if she works for the facility and she stated "yes". During an interview on at 1:06 pm with the Administrator, he was informed to provide personnel file for Staff B and the last most recent 6 months of work schedule for the facility. A review of the facility's staff records indicated that the personnel file for Staff B was missing. Further record review revealed the facility does not have the most current 6 months of written work schedules. During an interview on at 1:33 pm, the Administrator confirmed the facility does not have a personnel file for Staff B and the most current 6 months of work schedule for the facility. At this time, the Administrator was informed that the facility must maintain the items mentioned above to be in statutory compliance. He acknowledged the findings and no additional information was provided. Class III	A 161		
A 162	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	A 162		

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A 162	Continued From page 13 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 receiving assistance with the activities of daily living must have their ◡ 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 ◡ 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,	A 162		

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	AL11942911	A. BUILDING: _____ B. WING _____	12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNETT LAKEVIEW ALF INC.	3833 SW 33RD STREET WEST PARK, FL 33023

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A 162	Continued From page 14 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 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	A 162		

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A 162	Continued From page 15 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 observation, interview and record review, the facility failed to ensure that resident records were retained at the facility and made available for review for 6 of 6 Residents reviewed (Resident #1, #2, #3, #4, 5 and #6). The findings included: During a facility tour conducted on between 12:15 pm and 2:00 pm, this surveyor observed 5 residents gathered in the common area and 1 resident that was in his room. During an interview on at 12:36 pm, this surveyor asked Resident #6 if she lives at the facility and she stated yes.	A 162		

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A 162	Continued From page 16 During an interview on at 12:39 pm, the Administrator was informed to provide resident records for Resident #1, #2, #3, #4, #5 and #6. During record review of the resident files (binders provided by the Administrator) revealed the following: Resident #1 Date of admission , file did not contain resident's demographic sheet, Health Assessment (AHCA form 1823), resident's contract with the facility, resident's care record and ◡ record. Resident #2 Unknown date of admission, file did not contain resident's demographic sheet, Health Assessment (AHCA form 1823), resident's contract with the facility, resident's care record and ◡ record. Resident #3 Unknown date of admission, file did not contain resident's demographic sheet, Health Assessment (AHCA form 1823), resident's contract with the facility, resident's care record and ◡ record. Resident #4 Unknown date of admission, file did not contain resident's demographic sheet, Health Assessment (AHCA form 1823), resident's contract with the facility, resident's care record and ◡ record. Resident #5 Unknown date of admission, file did not contain	A 162		

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A 162	Continued From page 17 resident's demographic sheet, Health Assessment (AHCA form 1823), resident's contract with the facility, resident's care record and ⌄ record. Resident #6 Unknown date of admission, file did not contain resident's demographic sheet, Health Assessment (AHCA form 1823), resident's contract with the facility, resident's care record and ⌄ record. During an interview on at approximately 1:40 pm, the Administrator confirmed that Resident's #1, #2, #3, #4, #5 and #6 did not have the items mentioned above in their file (binder). No additional information was provided. Class	A 162		
A 189	429.905(2) FS; 59A-16.109( ) FAC ADCCs in ALF 429.905(2) A licensed assisted living facility, a licensed hospital, or a licensed nursing home facility may provide services during the day which include, but are not limited to, social, health, therapeutic, recreational, nutritional, and respite services, to adults who are not residents. Such a facility need not be licensed as an adult day care center; however, the agency must monitor the facility during the regular inspection to ensure adequate space and sufficient staff. If an assisted living facility, a hospital, or a nursing home holds itself out to the public as an adult day care center, it must be licensed as such and meet all standards prescribed by statute and rule. For the purpose of	A 189		

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A 189	Continued From page 18 this subsection, the term "day" means any portion of a 24-hour day. 59A-16.109 (2) The Participant Capacity shall be determined by the total amount of Net Floor Space available for all of the Participants. Centers licensed prior to the effective date of this rule shall provide 30 square of net floor area per Participant. For Centers initially licensed after , there shall not be less than 45 square of net floor area per Participant. Centers shall be required to provide additional floor space for special target populations to accommodate activities required by Participant care plans. A change in space usage that increases or decreases the Participant Capacity must continue to comply with all requirements of part III of chapter 429, F.S., and this rule. (3) The Participant Capacity of facilities that are exempt from licensure as an Adult Day Care Center pursuant to section 429.905, F.S., shall be determined by the total amount of Congregate Space available to the Participants. Such Facilities shall utilize separate space over and above the minimum requirement needed to meet their own licensure certification approval requirements. This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined that, a Licensed Assisted Living facility failed to have additional approved services as Adult Day Care. The findings included: During a facility tour conducted on	A 189		

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A 189	Continued From page 19 between 12:15 pm and 2:00 pm, this surveyor observed six residents at the facility. During an interview on at approximately 12:50 pm, the Administrator was informed to provide census for the facility. At this time, the administrator confirmed that the facility's current census is 6 residents. He further explained the Assisted Living has 5 residents and 1 resident that received Adult Day Care services. The Administrator stated that Resident #6 was his stepmom and she does not count as part of the facility census, because she was part of the Adult Day Care services provided by the facility. The Administrator was informed to show the surveyor, documentation indicating Resident Resident #6 was only for Adult Daycare Services and not under the ALF census. He stated he does not have documentation. No additional information was provided. Class III	A 189		