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
	AL11969788	A. BUILDING: _____ B. WING _____	R 01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTOS ALF CORP	10935 SW 218 TERR MIAMI, FL 33170

(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 second revisit survey was conducted at Santos ALF Corp. on . Deficiencies were identifed at the time of survey.	{A 000}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	{A 054}		

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain an updated medication observation record (MOR) for two out of six residents sampled who receive assistance with self-administration of medications (Residents #1 and 4). Findings included: Observation on at 8:37am showed that the medication closet containing medications for residents was locked. Individual bins contained resident medications inside them. The medications were in cards that are chronologically ordered by day per . A review of Resident # 1's MOR dated to showed that , 250mg was ordered twice per day at 7am and 7pm. There was documentation of the administration of medication at 7am but not at 7pm. There was no notation of any changes or stoppage of the medication. (Photographic evidence obtained) A review of Resident #1's medication card showed that the for , 250mg 7am were punched out from and , 250mg 7pm pills were punched out from to . (photographic evidence obtained) A review of Resident # 4's MOR dated to showed that 5mg was ordered once per day at 7am. There was no documentation of the administration of medication at 7am on . There was no notation of any changes or stoppage of the medication.	{A 054}		

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{A 054}	Continued From page 2 (Photographic evidence obtained) A review of Resident #4's medication card showed that the for 5mg was punched out on . (photographic evidence obtained) During an interview on at 8:34am Staff D (caretaker) stated that she must have forgotten to write it in and joked about needing glasses, when asked about why there was no documentation Resident #4's 5mg at 7am. During an interview on at 8:38am the Administrator stated that the nurse who gives her the medication must have forgotten to mark it, when asked about why there was no documentation for Resident #1's , 250mg at 7pm. Uncorrected Class III	{A 054}		
A 058 SS=D	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 058		

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A 058	Continued From page 3 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 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.	A 058		

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A 058	Continued From page 4 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 interview, and record reviews, the facility is required to employ consultant services or a licensed registered nurse or pharmacist who will provide onsite quarterly consultations until it is determined that such consultation services are no longer required. The facility received a deficiency of Medication- records on , and a new uncorrected deficiency on Medication- records. Findings included: During an interview on at 11:00 AM Staff D (caretaker) stated she assisted all facility residents with self-administration of medications and stated that she gave medications to Residents # 1, 3, 4, 5 and 6 but she forgot to initialize the Medication observation record (MOR). A review of the MOR for Residents #1, 2, 3, 4, 5 and 6 showed the medications prescribed for at 7:00 PM were not initialized as given. A review of Resident # 1's MOR dated to showed that , 250mg was ordered twice per day at 7am	A 058		

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A 058	Continued From page 5 and 7pm. There was documentation of the administration of medication at 7am but not at 7pm. There was no notation of any changes or stoppage of the medication. (Photographic evidence obtained) A review of Resident #1's medication card showed that the for , 250mg 7am were punched out from to and , 250mg 7pm pills were punched out from to . (photographic evidence obtained) A review of Resident # 4's MOR dated to showed that 5mg was ordered once per day at 7am. There was no documentation of the administration of medication at 7am on . There was no notation of any changes or stoppage of the medication. (Photographic evidence obtained) A review of Resident #4's medication card showed that the for 5mg was punched out on . (photographic evidence obtained) During an interview on at 8:34am Staff D (caretaker) stated that she must have forgotten to write it in and joked about needing glasses, when asked about why there was no documentation Resident #4's 5mg at 7am. During an interview on at 8:38am the Administrator stated that the nurse who gives her the medication must have forgotten to mark it, when asked about why there was no documentation for Resident #1's , 250mg at 7pm.	A 058		

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A 058	Continued From page 6 Class III	A 058		
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 use. (e) Facilities must make available linens and	A 152		

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A 152	Continued From page 7 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 provide a safe living environment and be maintained free of hazards. Findings included: During an interview on at 7:58am Staff D stated that there were 6 residents at the facility and known were in hospice care. Observation on at 8:05 am showed that the room mark "private" and was unlocked. In that room, there was a cabinet that was unlocked which contained medications. (photographic evidence obtained) During an interview on at 8:05am Staff D stated that those were her medications, when asked about the pill bottles. When asked if the medication can be secured, she stated yes. Observations on at 8:06am showed that the laundry room was unlocked with the door wide open. In the laundry room were unlocked cleaning supplies and laundry detergents. (photographic evidence obtained) Observations on at 8:07am showed that in the kitchen there was unlocked cabinet door under the sink, which contained cleaning agents. Observations on at 8:10am showed one Resident was walking to and from his room to the living room.	A 152		

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A 152	Continued From page 8 Observations on at 8:11am showed that on the outside of the property there were parts of a dissembled shed, a glass table, a concrete , with rubble including nails and screws a mini split with the cables . There was a canister of motor oil on the windowsill. On the side of the property through an unlocked gate there was a trailer with chicken cages. The trailer was connected to electrical, water, and sewage from the facility. During an interview on at 8:20am the administrator stated that he was working on the shed for about 2 weeks. When asked about the trailer on the side of the property the Administrator stated that he lived there when he was going through his divorce. During an interview on at 8:50am the Administrator stated that this was a Limited Mental Health (LMH) facility, when asked if the facility serviced people with mental health concerns. When asked if he considered unlocked chemical a hazard for mental health residents, he said "supongo" [translation: I suppose]. Class III	A 152		