

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964797	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER MIAMI-DADE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 NW 11 STREET ROAD MIAMI, FL 33136		
(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 ECC Monitoring Survey was conducted at Miami-Dade County ALF on . Deficiencies were identified at the time of the survey.	A 000			
A 052 SS=D	429.256(.); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage.	A 052			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 052	Continued From page 1 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052			

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A 052	Continued From page 2 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	A 052			

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A 052	Continued From page 3 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow the state Guidelines when assisting a resident with self-administration of medications. Furthermore, the facility failed to ensure that a resident with the option to receive assistance with self-administration of medication was properly assisted. The facility failed to ensure that 1 out	A 052			

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A 052	Continued From page 4 of 5 sampled residents received medication as per their selected order on the 1823 form. Findings: On at 7:37AM, Staff C was observed to spoon feed resident #1 his scheduled medication. Record review of Resident #1's health assessment revealed that in section 2 -"Self-care and General Oversight Assessment-medication" of the 1823 form, the option "Needs assistance with self-administration" was checked off. During an interview on at 1:07 PM, the Administrator was informed that Staff C administered Resident #1 the scheduled medication and that the resident's health assessment revealed that he required assistance with self-administration of medication. The Administrator acknowledged the information. Record review of Staff C's personnel record revealed that she received 2 hours training on Medication errors on . No other training on file. Class III	A 052			
A 075 SS=F	429.255() FS Use of Personnel; Emergency Care () (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2) (b). (b) The facility is encouraged to register the	A 075			

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A 075	Continued From page 5 location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing or use of an automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on Interview and record review, the facility failed to ensure that staff were prepared to utilize an (Automated External Defibrillator). An assisted living facility that is licensed with 17 beds or more must have an automated external defibrillator () in working order. Findings: On at 11: 30AM staff B when asked how	A 075			

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A 075	Continued From page 6 to operate the Automated External Defibrillator. He stated that they never use the device and that he did not know how to. Record review of Staff B revealed that he was a registered nurse with an active license. Record review of the personnel record of Staff B revealed that he was certified in and First Aid with an expiration date of . Class III	A 075			
A 07B SS=F	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	A 07B			

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A 078	Continued From page 7 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 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.	A 078			

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A 078	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that staff who were licensed and certified were able to exercise their responsibilities, consistent with their qualifications. The facility failed to ensure that one out of 6 sample staff were prepared to provide services in accordance with their roles and training. Findings: On _____ at 9:53AM during an interview regarding _____, Staff D was interviewed and she stated that the steps included _____ to _____ and manipulation; three _____ pulses and one breath On _____ at 11:30AM on interview, staff B when asked how to operate the Automated External Defibrillator. He stated that they never use the device and that he did not know how to. According to the American _____ Association, "For healthcare providers and those trained: conventional _____ using _____ and _____ -to- _____ breathing at a ratio of 30:2 _____ -to-breaths." Record review of Staff B revealed that he was a registered nurse with an active license. Record review of the personnel record of Staff B revealed that he was certified in _____ and First Aid with an expiration date of _____. Class III	A 078			

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A 152	Continued From page 9	A 152			
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 personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not	A 152			

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A 152	Continued From page 10 be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe living environment that was free of hazards for residents. Findings include: An observation on _____ at 7:31 AM revealed that a bug was present in the facility's lobby. An observation on _____ at 7:36 AM revealed the facility's dining room had multiple bugs that were flying around the residents and had landed on their food trays. (Photographic evidence obtained). An observation on _____ at 8:23 AM revealed that a bug was present in the facility's elevator. An observation on _____ at 10:29 AM revealed that the facility's first-floor public restroom continued multiple drain flies located within the stalls. During an interview on _____ at 8:35 AM, Resident #5 was asked why she had a roach killer spray in her room. She answered, "I might find a roach". During an interview on _____ at 1:07 PM with the Administrator, when informed of the facility's physical environment concerns, he acknowledged the issue and stated "Okay". Class III	A 152			

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A 162	Continued From page 11	A 162			
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 practitioner 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	A 162			

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A 162	Continued From page 12 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, 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	A 162			

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A 162	Continued From page 13 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 observation, interview and record review, the facility failed to maintain an up-to-date health assessment for two out of five sampled residents (Resident #1 and Resident #4).	A 162			

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NAME OF PROVIDER OR SUPPLIER MIAMI-DADE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1150 NW 11 STREET ROAD MIAMI, FL 33136		
(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 14 Findings include: 1). An observation on _____ at 7:37 AM revealed that during a morning medication pass, Staff C had spoon fed Resident #1 crushed medication mixed with applesauce during breakfast. During an interview on _____ at 1:07 PM, the Administrator was informed that Staff C administered crushed medication to Resident #1's and that the resident's health assessment did not show that the resident required crushed medication, and he required assistance with self-administration of medication. The Administrator acknowledged the error and stated that there is a discrepancy between the order and the assessment. A review of Resident #1's health assessment did not show that the resident required crushed medication, and he did require assistance with self-administration of medication. 2.) During an interview on _____ at 1:07 PM with the Administrator, he was informed that Resident #4's health assessment listed the resident as bedridden in one area of the form and as not bedridden in another. He acknowledged the error and stated that they should have gotten a new one [health assessment]. A review of Resident #4's health assessment revealed that under the physical limitations section, the resident was listed as bed bound; however, under the condition status section the bedridden selection had the 'no' box checked off.	A 162			

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A 162	Continued From page 15	A 162			
	Class III				
AE210 SS=D	59A-36.011(8) FAC ECC - Training (b) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to _____, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, _____, or social needs of frail elderly and persons, or persons with _____'s or related _____. (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by:	AE210			

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AE210	Continued From page 16 Based on interview and record review, the facility failed to ensure that its Extended Care Congregate (ECC) supervisors (The Administrator and the Director of Nursing) completed four hours of continuing education every two years. The facility also failed to ensure that the Director of Nursing had completed the required core training. Findings include: During an interview on _____ at 1:07 PM with the Administrator, he was informed that there was not an ECC continuing education training in his or the Director of Nursing's employee file. The Administrator stated that they both completed separate training this year that covered multiple topics, which he thought covered the ECC requirement; he did not provide said training. A review of the Administrator's employee file revealed that he did not have the four hours of continuing education for ECC; the ECC continuing education certification in the Administrator's file was dated _____. A review of the Director of Nursing's employee file did not show that he had completed core training, and he did not have four hours of ECC continuing education training. Class III A 161 SS=D 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	AE210			

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A 161	Continued From page 17 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 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	A 161			

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A 161	Continued From page 18 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 interview and record review, the facility failed to ensure that its admission and discharge log contained the facility or place which residents were admitted from, the reason for discharge and the addresses to which residents were discharged. Findings include: During an interview on _____ at 1:07 PM with the Administrator, he stated that the facility had never been asked to keep the discharge addresses. He further stated that the facility had never put the addresses on the log, but they would do it going forward. A review of the facility's admission and discharge log revealed that it did not contain the facility or place which residents were admitted from, the reason for discharge or the discharge addresses. Class III	A 161			
AE206 SS=D	59A-36.021(6) FAC ECC - Service Plans (6) SERVICE PLANS. (a) Before receiving services, the extended	AE206			

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AE206	Continued From page 19 congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, , , , and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs. (b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (5); the resident's unique physical, , , , and social needs and preferences; and how the facility will meet the resident's needs including the following if required: 1. Health monitoring, 2. Assistance with personal care services, 3. Nursing services, 4. Supervision, 5. Special diets, 6. Ancillary services, 7. The provision of other services such as transportation and supportive services; and, 8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences. (c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences. (d) The service plan must be reviewed and	AE206			

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AE206	Continued From page 20 updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on observation interview and record review, the facility failed to ensure that three out of five sampled residents had initial service plans. The facility failed to ensure that residents #3, 4 and 5 who were identified as being part of the facility's Extended Congregate Care (ECC) program had initial service plans. Findings: On _____ at 8:21AM, Staff B provided a list of three hospice residents. Staff B stated that the residents were ECC residents. Staff B identified Resident #3, Resident #4 and Resident #5 as receiving ECC services. On _____ /2025at 8: 24AM observed Resident #3 in _____ Resident #3 was under hospice services On _____ at 8:34AM-observed Resident #5 in _____ was under hospice services. On _____ at 8:47AM observed Resident #4 in _____ Resident #4 was in bed and being assisted by a staff member to be fed. On _____ at 8:47AM, Staff B stated that Resident #4 required total care. Record review of resident #4 health assessment	AE206			

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AE206	Continued From page 21 dated mentions Medication Management, administration of medication and Hospice services. Furthermore, services were provided by Hospice. Record review of Resident 3 and 4's resident file revealed that resident was receiving hospice services. Record review of Resident #3,4 and 5 failed to reveal initial service plans written by the Administrator or Staff B. Class III	AE206			