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 |
|---|---|---|---|
| | AL11969440 | A. BUILDING: _____ B. WING _____ | R 02/18/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ALF LUCIA LLC | 5317 SW 92ND AVE MIAMI, FL 33165 |

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| A 000 | Initial Comments<br><br>A revisit surveywas conducted at ALF Lucia LLC on . Deficiencies were identified at the time of survey. | A 000 | | |
| A 025 SS=E | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. | A 025 | | |

AHCA Form 3020-0001

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

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| A 025 | Continued From page 1<br><br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to maintain a written record, updated as needed, of any significant changes, and changes in the method of medication administration, for two out of eight sampled residents (Resident #6 and 7).<br><br>1)<br><br>A review of Resident # 7 records shows that he was admitted to the facility on . There was a hospital record dated that revealed that Resident # 7 was found "walking on the expressway against traffic and was found incoherent" | A 025 | | |

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| A 025 | Continued From page 2<br><br>A review of Resident #7 health assessment dated showed that he was diagnosed with and major , , Furthermore, the health assessment stated that he was not an elopement risk.<br><br>During an interview on at 7:30am Staff G stated that she has been working at the facility for about two months and notice that Resident # 7 tried to open the door a few times but was without success because they have the keys. Staff G could not recall when the behavior occurred. Staff G stated that Resident # 7 was sent to the hospital on because he was and .<br><br>A review of Resident # 7 progress notes showed that there were no progress notes regarding the resident exit seeking behavior.<br><br>During an interview on at 8:00am the Administrator stated that Resident # 7 was not an elopement risk.<br><br>During an interview on at 8:24am Staff E stated to the Administrator that Resident #7 should be reassessed when he comes from the hospital.<br><br>2)<br><br>Observations on at 8:18am showed that Staff F and G were assisting Resident #6 with the self-administration of medications. Resident # 6 was prompted by Staff F and G several times to grab her cup and pour the medicines in her . Staff F demonstrated to Resident # 6 several times how to grab the cup and pour it in her . Resident #6 acknowledge to Staff F that she knows how to | A 025 | | |

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| A 025 | Continued From page 3<br><br>and grabbed a piece of bread instead of the cup. This process was repeated over eight times for each medication and Resident # 6's self-administration of medication took approximately 30 minutes. Both Staff F and G were focused on Resident# 6.<br><br>During an interview on at 8:23am Staff F stated that she takes a long time. When asked how long Resident # 6 had difficulty with self-administering her medications, Staff F stated that it has been like this for about a month.<br><br>A review of Resident # 6 records showed that she needed assistance with self-administration of medication. Moreover, there was no notation in her progress notes about her month-long difficulty with the self-administration of medications.<br><br>During an interview on at 8:24am Staff E stated that she can still take her medications by herself, when asked if she believed there was a change in the resident condition. Staff E stated to the Administrator that she should be reassessed for medication administration.<br><br>Class III | A 025 | | |
| A 032 SS=D | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed | A 032 | | |

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| A 032 | Continued From page 4<br>for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.<br>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for | A 032 | | |

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| A 032 | Continued From page 5<br><br>implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,<br>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to properly assess one out of eight sampled resident (resident # 6 ) for elopement.<br><br>Findings Included:<br><br>Observations on at 7:10am showed that Resident # 7 was not in his room.<br><br>A review of Resident # 7 records shows that he was admitted to the facility on , and there was a hospital record dated which revealed that Resident # 7 was found "walking on the expressway against traffic and was found incoherent."<br><br>A review of Resident #7 health assessment dated showed that he was diagnosed with and major , , , , Furthermore, the health assessment stated that he was not an elopement risk.<br><br>A review of Resident # 7 progress notes showed | A 032 | | |

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| A 032 | Continued From page 6<br><br>that there were no progress notes regarding the resident exit seeking behavior.<br>During an interview on at 8:00am the Administrator stated that Resident # 7 was not an elopement risk and did not have an identification on him, when asked if resident # 7 had identification.<br><br>During an interview on at 8:24am Staff E stated to the Administrator that Resident #7 should be reassessed when he comes from the hospital.<br><br>Class III | A 032 | | |
| A 079 SS=D | 59A-36.010(3) FAC Staffing Standards - Levels<br><br>(3) STAFFING STANDARDS.<br>(a) Minimum staffing:<br>1. Facilities must maintain the following minimum staff hours per week:<br><br>Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week<br>0-5 168<br>212<br>16-25 253<br>26-35 294<br>36-45 335<br>46-55 375<br>56-65 416<br>66-75 457<br>76-85 498<br>86-95 539<br><br>For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.<br>2. Independent living residents, as referenced in | A 079 | | |

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| A 079 | Continued From page 7<br>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.<br>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 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.<br>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.<br>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.<br>a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.<br>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 .<br>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 | A 079 | | |

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| A 079 | Continued From page 8<br>calendar year, without being an administrator or manager.<br>7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.<br>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 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.<br>9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.<br>(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.<br>(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.<br>(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 | A 079 | | |

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| A 079 | Continued From page 9<br>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 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.<br>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.<br>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.<br>(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.<br>(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, | A 079 | | |

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| A 079 | Continued From page 10<br>59A-36.021 or 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to maintain a written work schedule for staff.<br><br>Findings Included:<br><br>Observations on at 7:15 am showed that Staff F and Staff G caring for four residents.<br><br>During an interview on at 7:16 am Staff F stated that she and Staff G were "live-in" and present 24 hours per day.<br><br>Observation on at 7:17 am showed that there was no posted staff schedule.<br><br>Observation on at 7:48 am showed that the Administrator arrived.<br><br>During an interview on at 7:55 am the Administrator stated that it was posted, when asked for the staff schedule.<br><br>Observation on at 7:56 am showed the Administrator looking for the staff schedule but she could not find it.<br><br>Observation on at 7:59 am showed that Staff E arrived and told the Administrator that the schedule was posted. Staff E then looked for the staff schedule and could not find it. Further observation showed Staff E went outside and retrieved blank schedules and tried to fill them out.<br><br>Uncorrected | A 079 | | |

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| A 079 | Continued From page 11<br><br>Class III | A 079 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and | A 152 | | |

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| A 152 | Continued From page 12<br><br>personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and review of records, the facility failed to provide a safe living environment, free of hazards to the residents.<br>Findings included:<br><br>Observations on at 7:01am showed Resident #8 and Staff F were outside smoking. There was a shed about 10 away from Resident # 8. There was a pack of cigarettes and a lighter on the patio table where he was sitting.<br><br>Observations on at 7:15am showed that on the outside of the facility were Resident # 8 was sitting was an unlocked shed that contained the facility gasoline supply. (photographic evidence obtained)<br><br>Observation on at 7:20am showed that there was unlocked chemical under the kitchen sink. (photographic evidence obtained)<br><br>A review of Resident # 8's health assessment showed that the resident was diagnosed with post- stress , , , and .<br><br>A review of Resident # 4's health assessment showed that the resident was diagnosed with , , .<br><br>Class III | A 152 | | |

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| | AL11969440 | A. BUILDING: _____ B. WING _____ | R 02/18/2026 |

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| A 162 | Continued From page 13 | A 162 | | |
| A 162 SS=E | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ,<br>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,<br>9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.<br>(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.<br>(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.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(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 14<br>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.<br>(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.<br>(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.<br>(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.<br>(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.<br>(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.<br>(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for ,<br>, , ( ), 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 15<br>made a good faith effort to obtain the required documentation from the Department of Children and Families.<br>(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.<br>(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.<br>(o) The resident's , DH Form 1896, if applicable.<br>(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.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to maintain an accurate progress notes for two out of eight sampled residents (#6 and #7) | A 162 | | |

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| A 162 | Continued From page 16<br><br>1)<br><br>Observations on at 7:10am showed that Resident # 7 was not in his room.<br><br>A review of Resident # 7 records shows that he admitted to the facility on , and there was a hospital record dated which revealed that Resident # 7 was found "walking on the expressway against traffic and was found incoherent"<br><br>A review of Resident #7 health assessment dated showed that he was diagnosed with and major , , Furthermore, the health assessment stated that he was not an elopement risk.<br><br>During an interview on at 7:30am Staff G stated that she has been working at the facility for about two months and notice that Resident # 7 tried to open the door a few times but was without success because the staff have the keys.<br><br>A review of Resident # 7 progress notes showed that there were no progress notes indicating exit seeking behavior.<br><br>2)<br><br>Observations on at 8:18am showed that Staff F and G were assisting Resident #6 with the self-administration of medications. Resident # 6 was prompted by Staff F and G several times to grab her cup and pour the medicines in her . Staff F demonstrated to Resident # 6 several times how to grab the cup and pour it in her . Resident #6 | A 162 | | |

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| A 162 | Continued From page 17<br><br>acknowledge to Staff F that she knows how to and grabbed a piece of bread instead of the cup. This process was repeated over eight times for each medication and Resident # 6's self-administration of medication took approximately 30 minutes. Both Staff F and G were focused on Resident# 6.<br><br>During an interview on at 8:23am Staff F stated that she takes a long time. When asked how long Resident # 6 had had difficulty with self-administering her medications, Staff F stated that it has been like this for about a month.<br><br>A review of Resident # 6 records showed that she needed assistance with self-administration of medication. There was no notation in her progress notes about her month-long difficulty with the self-administration of medications.<br><br>Class III | A 162 | | |
| A 182 SS=F | 59A-36.019(3) FAC Emergency Mgmt - Plan Implementation<br><br>(3) PLAN IMPLEMENTATION.<br>(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment.<br>(b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, and interview the facility failed to ensure that all staff were trained in their | A 182 | | |

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| A 182 | Continued From page 18<br><br>duties and able to implement the emergency management plan. Three out of seven sampled staff (Administrator, Staff F and G).<br><br>Findings included:<br><br>Observation on at 7:20am there was a monoxide detector on the wall by the kitchen.<br><br>During an interview on at 7:20am Staff F was asked to test the "detector de monóxido " [ monoxide detector] and she did not know what it was.<br><br>Observation on at 7:20am showed that Staff F asked Staff G were it was and staff G pointed at a device by the front door plugged into an outlet.<br><br>During an interview at 7:20am Staff G stated to Staff F "Ah, la cosa está en la pared." [ahh the thing on the wall] and pointed at a device by the front door plugged into an outlet.<br><br>Observation on at 7:21am Staff F pressed a button under the device after being asked to test it. Staff F pressed the button and a doorbell chime rang. Staff F realized her mistake, but Staff G went to retrieve the keys to the front door thinking someone was at the door. Both staff F and G were laughing and admitted they did not know where the monoxide detector was.<br><br>Observation on at 7:48am showed that the Administrator arrived at the facility.<br><br>During an interview on at 7:50am the Administrator pointed at the fire alarm smoke detector when asked where the monoxide | A 182 | | |

Agency for Health Care Administration

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| A 182 | Continued From page 19<br>detector was.<br><br>Observation on at 7:50am showed that the Administrator realized where the detector was in the kitchen and showed Staff F and G how to test it.<br><br>Class III | A 182 | | |