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
	AL11970275	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSCAPE BOCA RATON	22501 BOCA RIO RD BOCA RATON, FL 33433

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A 000	Initial Comments An unannounced Complaint investigation, complaint number 2025014442, 2025016852, 2025018815 & 2026000258, was conducted at Sunscape Boca Raton on - . The facility had deficiencies related to complaint #2026000258 at the time of the survey.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is	A 008		

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A 008	Continued From page 1 performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident	A 008		

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A 008	Continued From page 2 which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , or any other communicable . . . . ., which are likely to be	A 008		

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A 008	Continued From page 3 transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30	A 008		

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A 008	Continued From page 4 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or , (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure the Resident Health Assessment, AHCA Form 1823, was signed by the health care provider for 1 of 4 Residents reviewed (Resident #11).	A 008		

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A 008	Continued From page 5 The findings include: A review of Resident #11's facility file and documents revealed a Resident Health Assessment, AHCA Form 1823 (1823) dated documenting his diagnosis as , Valvular , and , s/p (Status Post) (Boston Scientific). However, observation was also made of the Resident's updated 1823 in Resident 11's facility file which was not dated by the health care provider. It documented his diagnosis as Valvular , and Defibrillator, at . Review of the undated 1823 revealed the resident's condition had changed since the 1823 dated , resulting in the update document. In an interview with the Administrator, Regional Vice President, and Area Director of Operations on at 4:49 PM this surveyor informed them of the finding and provided an opportunity for them to review the document. They acknowledged the finding and stated they would have it corrected. Class	A 008		
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	A 152		

Agency for Health Care Administration

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A 152	Continued From page 6 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 be . This Statute or Rule is not met as evidenced by: Based on interview, record review and observation, the facility failed to timely install a communication device to improve its signal strength required by/for first responders.	A 152		

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A 152	Continued From page 7 Additionally, the facility failed to secure wires on hallway walls that may present tripping hazards to residents and visitors of the facility. The findings include: A review of the Local County Fire Rescue (Fire Rescue) Reinspection report dated documented the facility received a violation for Minimum Radio Signal and required to install a radio amplification system. Specifically, it documented that the facility's radio signal was tested and found to be insufficient, and the first violation was given on with a deadline of . It also documented that on they (Fire Rescue) received an operations notification stating the crews were unable to communicate. They facility was reminded of the deadline for installation. It also documented that on there was a citizen complaint and at the time it was observed that there has been no progress on this matter. It further documented that the Property Manager (Administrator/Executive Director) that due to the lack of progress they would be referring the matter to Code Enforcement (copy obtained). During the survey on - , this surveyor attempted to make calls using his state issued cellular telephone (cell) from inside the Private Dining room located on the second floor where he was working. Each time a prompt was given stating the phone was not registered on a network and disconnected. Specifically, this surveyor documented the following: On this surveyor attempted to make a telephone call to the Area Assisted Living (AL) supervisor from inside the facility and was	A 152		

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A 152	Continued From page 8 unable to. Phone rang and gave a "calling work" message for approximately 1½ minutes, then disconnected. This surveyor then attempted to make a personal call on his personal cell phone and received a message stating "Your phone is not registered on a network," so you can only make emergency calls. On at 11:08 AM, this surveyor attempted to make a call from the of the dining room (located in the Southwest section of the first floor) to the Local County Fire Department. The call rang for approximately 90 seconds and the call dropped. This surveyor went to the outside porch located by the front entrance and was able to make the calls to Fire Rescue. On at 12:35 PM, this surveyor attempted to make a call to his supervisor at the Area office from the 2nd floor Private Dining Room, and received the same error message indicating the phone was not registered on a network. On at 4:36 PM, this surveyor attempted to make a call to a different Area from the 2nd floor Private Dining Room, and received the same error message indicating the phone was not registered on a network. On at 1:09 PM, this surveyor placed a call from his work cellular (cell) phone to his personal cell phone from the Private Dining Room on the 2nd floor where he was working, to determine if a call could be made. The same error message indicating the phone was not registered on a network was received. In an interview with the Maintenance Director, Staff K on at 10:23 AM, he stated	A 152		

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A 152	Continued From page 9 residents of the facility are provided with cell phones at the facility's expense so that they can communicate with their families and anyone else. He stated the phones work on their Wi-Fi system, so there isn't a monthly cell phone bill he could provide. However, other signals are difficult to obtain if you're not on their Wi-Fi. In an interview with Staff D on beginning at 12:31 PM, she stated the telephone signal is bad; but they have cell phones that work on their Wi-Fi system and showed it to this surveyor. Additionally, during the tour of the facility this surveyor observed loose wires coming from the repeater systems that were installed on hallway walls throughout the facility. The loose wiring could present a hazard for residents on walkers and in wheelchairs, whose equipment could cause tripping hazards should their equipment catch/or become entangled in their (photos obtained). As the facility's had not installed the required equipment to improve its signal strength, the telephone reception is limited to use on its interval Wi-Fi system inside the building. As such, first responders, family members, third party providers and other visitors to the facility are unable to make cellular phone calls should it be required. Therefore, this limited ability to allow communication inside the facility may pose a delay in responding to a resident's needs/or emergencies. In addition, the loose wiring attached to the repeaters hanging on the hallway walls may provide a tripping/ hazard, which needs to be secured to prevent such. Class III	A 152		

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ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 4 of 5 staff reviewed (Staff C, D, F and L) completed the required 1-hour video training. The findings include: A review of Staff C's facility file and documents revealed she was hired on and provides direct care to residents. However, review of her file did not reveal documentation that she had completed the 1-hour video training as required. A review of Staff D's facility file and documents	ZZ875		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970275	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSCAPE BOCA RATON	22501 BOCA RIO RD BOCA RATON, FL 33433

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ZZ875	Continued From page 4 revealed she was hired on and provides direct care to residents. However, review of her file did not reveal documentation that she had completed the 1-hour video training as required (prior to the survey. Review Staff D's file also revealed she had not completed the additional 3 hours training as required within seven (7) months of hire. A review of Staff F's facility file and documents revealed she was hired on and provides direct care to residents. However, review of her file did not reveal documentation that she had completed the 1-hour video training as required. A review of Staff L's facility file and documents revealed she was hired on and provides direct care to residents. However, review of her file did not reveal documentation that she had completed the 1-hour video training as required. In an interview with the Administrator, Regional Vice President, and Area Director of Operations on at 4:49 PM, this surveyor informed them of the finding and provided an opportunity for them to review the document. They acknowledged the findings and stated they would have them corrected. Class	ZZ875		