

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11953579</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/09/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SMILES &amp; LOVING CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1065 GARDEN ROAD<br/>MERRITT ISLAND, FL 32952</b>                            |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| ZZ813<br>SS=D                                                       | <p>59A-35.090(3)(c), FAC Results of Screening &amp; Notification in File</p> <p>59A-35.090 Background Screening.<br/>(3) Results of Screening and Notification.<br/>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on personnel record review and interview, the facility failed to have a copy of the current Level 2 Background Screening (BGS) results for 1 of 3 sampled staff (Administrator) as required.</p> <p>Findings:</p> <p>A review of the Administrator's personnel record revealed date of hire . The last Level 2 BGS eligibility was dated (5 years ago) on file.</p> <p>On at 12:45 PM, a review of the BGS website revealed an updated Level 2 eligibility date . There was no documented evidence of this Level 2 BGS eligibility update in the file.</p> <p>On at 1 PM, an interview with the Administrator confirmed that she had a recent one and could not locate it at the time of the survey.</p> <p>(Photographic Evidence Obtained)</p> <p>Class III</p> <p>A 000 Initial Comments</p> <p>A re-licensure survey and generator monitoring</p> | ZZ813                                                                          |                                                                                                                          |  |                                                        |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SMILES &amp; LOVING CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1065 GARDEN ROAD<br/>MERRITT ISLAND, FL 32952</b> |                                                                                                                          |                          |                                                        |
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| A 000                                                               | Continued From page 1<br><br>was conducted at Smiles and Loving Care<br>Assisted Living Facility on . The facility<br>had deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000                                                                                         |                                                                                                                          |                          |                                                        |
| A 078<br>SS=D                                                       | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment,<br>newly hired staff must submit a written statement<br>from a health care provider documenting that the<br>individual does not have any signs or symptoms<br>of communicable . The examination<br>performed by the health care provider must have<br>been conducted no earlier than 6 months before<br>submission of the statement. Newly hired staff<br>does not include an employee transferring without<br>a break in service from one facility to another<br>when the facility is under the same management<br>or ownership.<br>1. Evidence of a negative<br>examination must be documented on an annual<br>basis. Documentation provided by the Florida<br>Department of Health or a licensed health care<br>provider certifying that there is a shortage of<br>testing materials satisfies the annual<br>examination requirement. An<br>individual with a positive test must<br>submit a health care provider's statement that the<br>individual does not constitute a risk of<br><br>2. If any staff member has, or is suspected of<br>having, a communicable , such individual<br>must be immediately removed from duties until a<br>written statement is submitted from a health care<br>provider indicating that the individual does not<br>constitute a risk of transmitting a communicable<br><br>(b) Staff must be qualified to perform their<br>assigned duties consistent with their level of | A 078                                                                                         |                                                                                                                          |                          |                                                        |

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| A 078                                                               | <p>Continued From page 2</p> <p>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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(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.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to obtain a negative ( ) examination annually as required for 1 of 3 sampled staff (Administrator).</p> <p>Findings:</p> <p>A review of the Administrator's personnel record</p> | A 078                                                                          |                                                                                                                          |                          |                                                        |

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| A 078                                                               | Continued From page 3<br><br>revealed date of hire as . The last negative<br>exam completed by a healthcare provider was<br>on and a , on was found<br>in the file.<br><br>On at 1 PM, an interview with the<br>Administrator confirmed that she had a recent<br>one done and could not locate it at the time of the<br>survey.<br><br>(Photographic Evidence Obtained)<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 078                                                                          |                                                                                                                          |                          |                                                        |
| A 160<br>SS=D                                                       | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a<br>manner that makes such records readily available<br>at the licensee's physical address for review by a<br>legally authorized entity. If records are maintained<br>in an electronic format, facility staff must be<br>readily available to access the data and produce<br>the requested information. For purposes of this<br>section, "readily available" means the ability to<br>immediately produce documents, records, or<br>other such data, either in electronic or paper<br>format, upon request.<br>(1) FACILITY RECORDS. Facility records must<br>include:<br>(a) The facility's license displayed in a<br>conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log<br>listing the names of all residents and each<br>resident's:<br>1. Date of admission, the facility or place from<br>which the resident was admitted, and if<br>applicable, a notation indicating that the resident<br>was admitted with a ; and, | A 160                                                                          |                                                                                                                          |                          |                                                        |

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| A 160                                                               | <p>Continued From page 4</p> <p>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of</p> <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s or related _____, a copy of all such facility advertisements as required by Section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.</p> <p>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department</p> | A 160                                                                          |                                                                                                                          |                          |                                                        |

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| A 160                                                               | <p>Continued From page 5</p> <p>inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p> <p>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.</p> <p>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.</p> <p>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;</p> <p>(q) The facility's prevention policies and procedures;</p> <p>(r) The facility's medication practices;</p> <p>(s) The facility's policy on physical ;</p> <p>(t) The facility's policy on assistive devices;</p> <p>(u) The facility's policy on third-party providers;</p> <p>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;</p> <p>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on the facility's documentation and interview, the facility failed to obtain the annual</p> | A 160                                                                          |                                                                                                                          |                          |                                                        |

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| A 160                                                               | Continued From page 6<br><br>Department of Health (DOH) inspection report as required.<br><br>Findings:<br><br>On           at 11:30 AM, a request was made to review the annual DOH inspection report. The most recent DOH inspection report available for review was dated .<br><br>On           at 1 PM, an interview with the Administrator confirmed that she was unable to locate the current 2025 DOH inspection report.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A 160                                                                          |                                                                                                                          |                          |                                                        |
| A 167<br>SS=D                                                       | 59A-36.018 FAC; 429.24 FS Resident Contracts<br><br>59A-36.018 Resident Contracts.<br>(1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions:<br>(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;<br>(b) The daily, weekly, or monthly rate;<br>(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;<br>(d) A provision stating that at least 30 days written notice will be given before any rate increase;<br>(e) Any rights, duties, or           of residents, other than those specified in section 429.28, F.S.; | A 167                                                                          |                                                                                                                          |                          |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11953579</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/09/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SMILES &amp; LOVING CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1065 GARDEN ROAD<br/>MERRITT ISLAND, FL 32952</b> |                                                                                                                          |  |                                                        |
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| A 167                                                               | Continued From page 7<br><br>(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;<br>(g) A refund policy that must conform to section 429.24(3), F.S.;<br>(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or _____ facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;<br>(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;<br>(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; | A 167                                                                                         |                                                                                                                          |  |                                                        |

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| A 167                                                               | <p>Continued From page 8</p> <p>(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;</p> <p>(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,</p> <p>(m) The facility's policies and procedures related to a properly executed DH Form 1896,</p> <p>(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.</p> <p>(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.</p> <p>429.24 FS</p> <p>(1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the</p> | A 167                                                                          |                                                                                                                          |                          |                                                        |

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| A 167                                                               | <p>Continued From page 9</p> <p>licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration.</p> <p>(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and _____ of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period:</p> <p>(a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.</p> <p>(b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being</p> | A 167                                                                          |                                                                                                                          |  |                                                        |

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| A 167                                                               | <p>Continued From page 10</p> <p>held. The licensee shall notify residents of the facility's policy on advance deposits.</p> <p>(3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . .</p> <p>(b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or . . . . facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee.</p> <p>(c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.</p> <p>(4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.</p> <p>(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or ~ imposed upon it by this part or rules adopted under this part.</p> <p>(6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055.</p> <p>(7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is</p> | A 167                                                                                         |                                                                                                                          |  |                                                        |

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| A 167                                                               | <p>Continued From page 11</p> <p>terminated automatically without financial penalty in the event of a resident's or relocation due to hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units.</p> <p>This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to ensure that 2 of 2 sampled residents (#2, #4) had signed and executed contract agreements onsite for review as required.</p> <p>Findings:</p> <p>1. A review of resident #2's record revealed date of admission on . There was no executed contract agreement available to review.</p> <p>2. A review of resident #4's record revealed date of admission on . There was no executed contract agreement available to review.</p> <p>On at 1:10 PM, an interview with the Administrator confirmed the findings.</p> <p>Class III</p> | A 167                                                                                         |                                                                                                                          |  |                                                        |