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
	AL11969188	A. BUILDING: _____ B. WING _____	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ALF INC	2821 NE 18 ST POMPANO BEACH, FL 33062

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Complaint survey (#2025012457) was conducted on at Angel Care ALF Inc. The facility had deficiencies identified at the time of survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure 1 out of 2 sampled residents (Resident #1) were eligible for continued residency after the resident exhibited significant health changes . The facility failed to ensure to that all residents residing at the facility met the criteria for continued residency and that the facility was capable of providing care and services sufficient and adequate to the resident's diagnosis. The findings included: During a tour of the facility on at 9:48AM, Resident #1 was observed lying in bed with a lowered full bedrail. Resident #1 was visually- , and had limited movement in his lower . During an interview conducted with Resident #1 at 9:50AM, he stated that he rarely gets out of his bed. Additionally, he stated when he does get out of bed he used a wheelchair to ambulate and he could shower and groom himself with assistance from staff. When asked about the full bedrails, Resident #1 stated he does not use them anymore. During an interview conducted with the Owner on at 10:47AM, he stated that Resident #1 was ordered full bedrails while under hospice care. He further stated that Resident #1 was no longer on hospice and no longer uses the bedrails because his condition was improving. At this time, Resident #1's file was requested. Documentation was provided. A review of Resident #1's file revealed a Resident Health Assessment (AHCA Form 1823) dated . The Resident Health Assessment	A 010		

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A 010	Continued From page 5 documented Resident #1 as having diagnoses of , Wasting and Atropy, , , and , . Additionally, he had decreased coordination and uses assistive devices as physical limitations. His and behavioral status was documented as mild to moderate and requires assistance. Lastly his treatment services requirements stated he needed follow-up management. Further review of the Resident Health Assessment documented Resident #1 as requiring Precautions. Furthermore, he was documented as requiring total care for ambulation, bathing, , grooming, toileting and transferring--and assistance with eating. Additionally, he was documented as requiring 24-hour , , care and having a bedridden condition. There was no documentation of an updated Resident Health Assessment in Resident #1's file, nor was there any current hospice documentation. During an interview conducted with the Owner on at 1:14PM, he was notified that Resident#1's Health Assessment documented conditions that made the resident ineligible for continued residency. Additionally, he was notified that the resident needed to be reassessed if he was no longer enrolled in hospice services and his condition improved significantly. Class III	A 010		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to	A 031		

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A 031	Continued From page 6 prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and	A 031		

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A 031	Continued From page 7 whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to implement and follow an effective third-party coordination policy to ensure safe and consistent care for a resident receiving services from external providers. The findings included: During a tour of the facility on at 9:52AM, Resident #2 was observed lying in a position in her bed with full bed rails on both sides. She stared blankly at the wall and did not respond to communication attempts.	A 031		

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A 031	Continued From page 8 During an interview with Staff B (HHA) on at 11:00AM, she stated that Resident #2 had a and was still receiving feedings through it, although she normally ate pureed meals. She also reported that Resident #2 ' s daughter came to the facility twice daily to flush the and that hospice flushed the tube every morning. At this time, documentation related to hospice services, Resident #2 ' s file, and the facility ' s third-party policy was requested. The facility provided Resident #2 ' s documentation; however, it did not retain or provide a policy third-party providers. A review of Resident #2 ' s record revealed an admission date of and an initial Resident Health Assessment (AHCA Form 1823) dated . Diagnoses included , , , and with Left-Side , . The resident required total assistance with all activities of daily living except eating, which required assistance. The resident was documented as receiving Jevity 1.5 Cal feedings via three times daily. A second Resident Health Assessment dated documented diagnoses of , , Unspecified , , , , , and , , . It indicated the resident was receiving services from Catholic Hospice, required total assistance with all activities of daily living, required precautions, and was on a pureed diet. There was no documentation indicating the remained in use. Further review of hospice orders dated revealed that were discontinued and pureed meals were approved. A hospice medication list also indicated	A 031		

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A 031	Continued From page 9 that Jevity 1.5 Cal feedings had been discontinued as of . During an interview with the Owner on at 12:46PM, he stated that hospice was aware that the resident ' s daughter flushed the and that she was no longer performing any . He reported that the daughter had received training from hospice regarding flushing, feeding, and administering medications through the . When asked to provide documentation of coordination between the facility, hospice, and the resident ' s daughter, he stated that he did not have anything in writing. He was informed that the facility failed to implement an effective third-party policy to ensure appropriate coordination of Resident #2 ' s care, including documentation to demonstrate safe care. He acknowledged the findings. Class III	A 031		