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
	AL11910733	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING VILLAGE OF MARGATE	6810 SW 7TH STREET MARGATE, FL 33068

(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 (#2025009785 & #2025009098) survey was conducted on at Caring Village Of Margate. The facility had deficiencies related to the Complaint (#2025009785 & #2025009098) at the time of survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

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A 026	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide the residents with social, recreational, educational and leisure activities. The findings included: During facility tour observations on between 9:00 AM and 4:00 PM revealed the facility did not have an Activity Calendar posted in the common areas for Section 1, 2, 3 and 4 of the building. Facility Census of 87 residents (day of the survey). Further observations revealed as follows: Section 1: approximately 15 residents were observed sitting around and pacing the floor in the common areas (locked unit). Section 2 and 3: approximately 20 residents were observed sitting around and pacing the floor in the common areas and patio. Section 4: approximately 10 residents were observed sitting around in the common areas (locked unit). During an interview on at approximately 9:10 AM Staff E (Caregiver) was asked to provide an activity calendar and items used to conduct activities. He stated Section 1 did not have an activity calendar. When asked to show all items used during activities, Staff E opened a bathroom located near the common	A 026		

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A 026	Continued From page 2 area, which the surveyor observed to be a cluttered bathroom used for storage. Observations revealed three items used for activities: 3 coloring books, approximately 8 markers in a Ziploc bag, and a bingo sphere with missing components. Staff E stated residents like to play cards, but he was unable to locate them. Staff E was asked who else is assigned to conduct activities when he is not available. He stated he did not know. During an interview on at approximately 9:50 AM Staff B (facility manager), she was informed by the surveyor that the facility tour revealed a lack of activity calendar posted in the common areas; at this time, she was asked to provide one. Review of the Activity Calendar (,) provided by Staff B, documented as follows: Monday: Rise and move, music , , , board game, trivia, coloring game, ball exercise, outside basketball and chair exercise. Tuesday: Ball exercise, arts and crafts, bingo, music, coloring game, chair exercise, trivia, music , , and board games. Wednesday: Chair exercise, outside basketball, coloring, music , , , board games, outside activity, music, coloring games arts and craft, Thursday: Rise and move, outside basketball, music , , , coloring game, music time resident party for valentine, ball exercises, chair exercises, music, coloring game and music time program. Friday: outside activity, board games, music , , , coloring games. Saturday: Ball exercises, bingo, storytelling, reading, patio time (weather permitting). Sunday: Puzzle and music, religious service, trivia game, snack and topic discussion.	A 026		

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A 026	Continued From page 3 During an interview on at approximately 10:45 AM Administrator was asked who oversees facility activities and identified Staff G (Activity Director and Caregiver). The Administrator was then asked to provide a staffing schedule. Review of the facility's master staffing schedule provided by the administrator, revealed that Staff G conducts activities Monday and Tuesday and provides care and services for residents on Saturday from 7:00 AM to 3:00 PM. It further revealed that she did not work at the facility on Wednesday, Thursday, Friday or Sunday. During confidential interviews with staff members conducted on , it was revealed that the facility failed to provide the required activities, which are 12 hours a week, 6 days a week. Review of a confidential correspondence from an authorized agency reveals that residents are concerned about the lack of activity at the facility. During an interview on at approximately 5:00 PM Surveyor met with the Administrator, he confirmed the facility census was 87, of which approximately 35 residents in Section 1 and 2 had a medical diagnosis of or and approximately 20 residents were under the specialty license of Limited Mental Health (LMH). The surveyor reminded the Administrator that the facility must provide diverse individual and group activities according to the residents' needs, abilities and interests. He acknowledged the findings. Cass III	A 026		

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A 031	Continued From page 4	A 031		
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 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	A 031		

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A 031	Continued From page 5 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 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 interview, record review and observation, the facility failed to keep documented communication from Third Party services, that were ordered by the physician for treatment and/or service for 3 of 3 sampled residents (Resident #3, 4 and 5). The findings included:	A 031		

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A 031	Continued From page 6 During an interview on at approximately 10:00 AM the Administrator was informed to provide a list of Residents receiving Third-Party services (Home Health). Record review of the facility's binder for Third Party service provided by Staff F (Resident Care Coordinator) documented the name of four different local Home Health agencies providing psych injections ordered by the health care provider. Further review revealed Resident's #3, 4 and 5 each received injections from different Home Health agencies. 1) Resident #3 revealed a Health Assessment (AHCA Form 1823) signed by an Advanced Practice Registered Nurse (APRN) and dated , documented medical diagnoses as paranoia, , and , , status as forgetful and nursing treatment services requirements as standard nursing care. Further review revealed no documented communication from the local Home Health agency in her file; however, review of the facility's Third Party log was documented as follows: Date, Dose, Name of injection, Administered by and Comments. Resident #3 received an injection on . During an interview on at approximately 11:00 AM Staff F was asked if Resident #3 received injections in the past three months and she stated yes. However, she was unable to provide documentation that the resident received an injection(s) for , and . Staff F was asked how the facility kept written communication about	A 031		

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A 031	Continued From page 7 Resident #3 Third Party services. She stated that while she stays in contact with the provider, the facility does not keep written communication on these interactions. 2) Resident #4 revealed a Health Assessment (AHCA Form 1823) signed by a Medical Doctor (MD) and dated , documented medical diagnoses as , and , , status as and nursing treatment services requirements as medication assist. Further review revealed no documented communication from the local Home Health agency in his file. However, review of the facility's Third Party log titled injection log documented Resident #4 received injections on and During an interview on at approximately 11:00 AM Staff F was asked if Resident #4 was receiving injections and she stated yes. However, she was unable to provide documentation that the resident received injection(s) for . Staff F was asked how the facility kept written communication about Resident #4 Third Party services. She stated that while she stays in contact with the provider, the facility does not keep written documentation on these interactions. 3) Resident #5 revealed a Health Assessment (AHCA Form 1823) signed by a Health Care Provider and dated , documented medical diagnoses as , status as dilutions and nursing treatment services requirements as none. Further review revealed no written communication from the local Home Health agency in her file; however, review of the facility's	A 031		

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A 031	Continued From page 8 Third Party log was documented as follows: Date, Dose, Name of injection, Administered by and Comments. Resident #5 received an injection on . During an interview on at approximately 11:00 AM Staff F was asked if Resident #5 received injections in the past three months and she stated yes. However, she was unable to provide documentation that the resident received injections for , and . Staff F was asked how the facility kept written communication about Resident #5 Third Party services. She stated that while she stays in contact with the provider, the facility does not keep written documentation on these interactions. During an interview on at approximately 5:00 PM Surveyor met with the Administrator, and he was informed of the concerns mentioned above. At this time, he stated he was not aware the facility does not keep written documentation from Third Party services (local Home Health agencies). He acknowledged the findings. No additional information was provided. Class III	A 031		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race,	A 162		

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A 162	Continued From page 9 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed	A 162		

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A 162	Continued From page 10 consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care	A 162		

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A 162	Continued From page 11 plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to maintain residents' records that contained a healthcare provider's order for nursing care. The facility failed to maintain and update written records as needed for 3 of 3 sample residents (Resident #3, 4 and 5). The findings included: During an interview on at approximately 10:00 AM the Administrator was	A 162		

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A 162	Continued From page 12 asked to provide a list of residents receiving nursing care (Home Health) and their complete files. 1) Record review of Resident #3's file revealed a Health Assessment (AHCA Form 1823) dated , documented: nursing treatment as standard nursing care. Further review revealed the file did not contain a physician's order indicating that the resident was receiving home health services. Furthermore, the facility did not maintain written updates (e.g., progress notes, significant changes) in the resident file. 2) Record review of Resident #4's file revealed a Health Assessment (AHCA Form 1823) dated , documented: nursing treatment as medication assist. Further review revealed the file did not contain a physician's order indicating that the resident was receiving home health services. Furthermore, the facility did not maintain written updates (e.g., progress notes, significant changes) in the resident file. 3) Record review of Resident #5's file revealed a Health Assessment (AHCA Form 1823) dated , documented: nursing treatment as none. However, record review of the facility's binder for Third Party service provided by Staff F (Resident Care Coordinator) documented Resident #5 was receiving services from a local Home Health agency. Furthermore, the facility did not maintain written updates (e.g., progress notes, significant changes) in the resident file. During an interview on at approximately 11:00 AM Staff F confirmed the facility does not have physician's orders and	A 162		

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A 162	Continued From page 13 written updates in the resident's files (Resident #3, 4 and 5). During an interview on at approximately 5:00 PM Surveyor met with the Administrator, and he was informed of the concerns mentioned above. He stated he was not aware. No additional information was provided. Class III	A 162		