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
	AL11964590	A. BUILDING: _____ B. WING _____	R 03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARGO	2978 SW 27 LANE MIAMI, FL 33133

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{A 055} SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	{A 055}		

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{A 055}	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	{A 055}		

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{A 055}	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to centrally store medications in a lock cabinet or closet. The facility failed to dispose of medications within 30 days of being expired and taken to a pharmacist for disposal or be destroyed by the administrator or designee with one witness. Findings: Observation on at 6:15 AM found unlocked over-the-counter medication ( ) in the medication cabinet in the first bathroom in the main hallway. Observation on at 6:30 AM found an expired medication (, 30 MG) with an expiration date of in room five which was unlocked. Photographic evidence obtained. Observation on at 6:31 AM found unlocked Megestrol Oral medication in the kitchen prescribed for Resident #6. Observation on at 8:10 AM a bottle of in the kitchen unlocked which is used for . Interviewed on at 8:30 AM the Administrator acknowledged that the medications	{A 055}		

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{A 055}	Continued From page 3 were not locked. Observation on at 6:34 AM in # where Resident # 9 was staying an 12%, moisturizing cream 4.90 ounces (2) tubes unlocked. Uncorrected Class III	{A 055}		
{A 077} SS=F	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact	{A 077}		

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{A 077}	Continued From page 4 hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least , ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily	{A 077}		

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{A 077}	Continued From page 5	{A 077}		

serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.
(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator

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{A 077}	Continued From page 6 on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that it was under the supervision of an Administrator who could provide appropriate care for all residents. The Administrator failed to ensure residents were reassessed after three years or after a significant change, including Resident #2 who eloped. The facility Administrator failed to maintain records onsite for at least five residents who were a census of 10 residents. The Administrator failed to file an adverse incident after an elopement. The Administrator failed to ensure a safe and living environment, free of hazards and and neglect and a respect for their personal spaces. The Administrator failed to ensure that employees were effectively trained regarding ( ) and provided care in a way to prevent among residents. Findings: Observation on at 6:12 AM upon entry the common area including # had an odor of what smelled like . Observation on at 6:20 AM Staff C (Caregiver) retrieved a key to unlock two residents in # , including Resident #1 who was .	{A 077}		

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{A 077}	Continued From page 7 A review of the police report dated revealed Resident #2 eloped from the facility. A review of the adverse incident reporting systems database found no incident of an elopement filed by the Administrator on . A review of Resident #2's health assessment dated showed the Administrator never made medical arrangements to have the resident reassessed after his elopement. Interviewed on at 6:56 AM when asked for all the residents' health assessments and records, the Administrator stated that she does not have the resident of the residents' health assessments. I don't have their records. I was working on the assessments." Observation on at 7:09 AM the facility staff left Resident #2 alone in the bathroom on the toilet and her health assessment dated showed she needed supervision in toileting. Interviewed on at 7:56 AM and 8:02 AM Staff B and C (Caregivers) were unable to describe and were in the facility alone with 12-full coded residents. A review of Staff B and Staff C's personnel records found no updated training on file in the facility. Interviewed on at 8:30 AM, the Administrator stated that she had the training on her phone.	{A 077}		

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{A 077}	Continued From page 8 Interviewed on at 8:30 AM the Administrator acknowledged the deficiencies. Facility has yet to file an adverse incident report. The Administrator insisted that the resident was disoriented and he did not elope. However, the police was involved Uncorrected Class III	{A 077}		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and	{A 084}		

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{A 084}	Continued From page 9	{A 084}		

medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, dosage forms, and and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the

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{A 084}	Continued From page 10 resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of	{A 084}		

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{A 084}	Continued From page 11 medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure two (Staff B and Staff C Caregivers) out of four sampled employees obtain two hours of continuing education training annually on assistance with self-administration of medication. Findings: A review of Staff B's personnel records showed a hire date of . However, there was no two-hour continuing education annual training on assistance with self-administration on file. A review of Staff C's personnel records showed a hire date of . However, there was no two-hour continuing education annual training on assistance with self-administration on file. Observation on at 7:10 AM found medications for residents in Staff C's pockets. A review of the medication observation record showed that it was signed by Staff C. Interviewed on at 8:30 AM the Administrator acknowledged that the training was not on file. on record review revealed no updated	{A 084}		

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{A 084}	Continued From page 12 medication training on file. Uncorrected Class III	{A 084}		
{A 162} SS=D	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, 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.	{A 162}		

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{A 162}	Continued From page 13 (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 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	{A 162}		

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VILLA MARGO	2978 SW 27 LANE MIAMI, FL 33133

(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 162}	Continued From page 14 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 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.	{A 162}		

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{A 162}	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain onsite a copy of the residents' contracts, demographic sheets, health assessments, any orders for medications, documentation of the , , of a health care surrogate, health care proxy, guardian, or existence of a power of attorney, and a record initiated on admission for five (#2, 3, 5, 9, 10) out of 10 sampled residents. The facility failed to ensure Resident #7's health assessment was placed on an Agency for Health Care Administration form. Findings: Interviewed on at 6:12 AM Staff B (Caregiver) stated that there were 10 residents in the facility and no one was hospitalized. Observation on at 6:12 AM found Residents #2, 3, 5, 9, and 10 in the facility. Observation on at 6:56 AM the Administrator only provided five on the 10 records requested and not Residents #2, #3, 5, 9, and 10 records. A review of Resident #7's health assessment dated showed it was on an AHCA Form 1823, form. Interviewed on at 6:56 AM when asked for all the residents' health assessments, and records, the Administrator stated that she does not have the residents' health assessments and records. The Administrator stated, "I don't have their records. I was working on health assessments." When asked to go and get them	{A 162}		

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{A 162}	Continued From page 16 (records), the Administrator stated, "There were no close by. I am not going to be able to get the rest of them." Record review revealed resident #11 contract was not signed. Uncorrected Class III	{A 162}		
{A 165} SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;	{A 165}		

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{A 165}	Continued From page 17 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that	{A 165}		

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{A 165}	Continued From page 18	{A 165}		

must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The agency may adopt rules necessary to administer this section.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to file an adverse incident report within one business day of the occurrence through the agency's online portal and within 15 days a completed report for one (Resident #2) out of 11 sampled residents who eloped and it was reported to law enforcement or its personnel for an investigation.

Findings:

A review of the adverse incident reporting systems database for no elopement reported elopement on for Resident #2 and a corrective action plan to prevent a future

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{A 165}	Continued From page 19 elopement. A review of the police report dated showed Resident #2 eloped and the police was dispatched to the facility on at 7:48 AM. Interviewed on at 8:45 AM when asked why an adverse incident was not filed, the Administrator stated that he was only gone for two hours. The Administrator stated, "The situation was resolved within two hours. The police found him within two hours." On record review revealed No adverse incident filed for Resident #2. Facility has yet to file an adverse incident report. The Administrator insisted that the resident was disoriented and he did not elope. However, the police was involved Uncorrected Class III	{A 165}		
{A 000}	Initial Comments A re-visit survey from a wellness monitoring was conducted on at Villa Margo . The provider had deficiencies at the time of the survey.	{A 000}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or	{A 032}		

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{A 032}	Continued From page 20 with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:	{A 032}		

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{A 032}	Continued From page 21 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure one (Resident #1) out of 11 sampled residents with a history of elopement was assessed as an elopement risk so staff can be alerted to his needs for support and supervision. Findings: A record review of Resident #2's progress notes dated revealed Resident #2 left the facility without notifying anyone and the staff noticed him missing around 6:00 AM. Observation on at 6:21AM found Resident #2 was seated in the common area with a chain identification tag with his name, date of birth and the facility information carved on the tag. A review of Resident #2's health assessment	{A 032}		

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{A 032}	Continued From page 22 dated showed a diagnosis of , , , , Prostatic Hyperplasia, , , , , and Deficiency. The status showed poor judgement because of memory loss. The resident was not listed as an elopement risk. Interviewed on at 6:40 AM when asked if Resident #2 was reassessed after his elopement on , the Administrator stated that he was. When informed that the health assessment showed that Resident #2 was not listed as an elopement risk, the Administrator stated that the answer today is that he is an elopement risk. The Administrator stated further that he did not elope. The Administrator stated that he was disoriented. Class III Uncorrected	{A 032}		
{A 034} SS=E	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must	{A 034}		

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{A 034}	Continued From page 23 know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have policies and procedures that include the requirements and methods for assessing the physical conditions of assistive devices and procedures for replacement or repair for two (Residents #4 & #10) out of 10 sampled residents. The facility failed to maintain a care plan for Resident #4 and #10 for use of assistive devices. Findings: Observation on at 7:03 AM Resident #4 used a walker to enter the common area from her room. A review of Resident #4's records found no care plan to assess the physical conditions of her assistive device. Observation on at 7:45 AM Resident #10 was rolled in a wheelchair from room to common area. However, there were no records for Resident #10 to include a health assessment and documentation of a wheelchair and a care plan for an assistive device. A review of the admissions and discharge log found Resident #10 not listed and unknown when she was admitted to the facility. Photographic evidence obtained.	{A 034}		

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{A 034}	Continued From page 24 Interviewed on at 7:03 AM the Administrator stated that it was their responsibility to keep it in good working order. Interviewed on at 8:30 AM the Administrator stated that she had a care plan. However, Resident #4 only had documentation that she used a walker. Interviewed on at 9:30 AM the Administrator stated that the statue does not require her to have a care plan only if the wheelchair had a belt. Uncorrected Class III	{A 034}		
{A 036} SS=F	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , , hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use	{A 036}		

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{A 036}	Continued From page 25 of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure Staff C (Caregiver) provide services in a manner that reduces the risk of transmission of for 10 out of 10 sampled residents. Findings: Observation on at 6:12 AM found Staff C wearing what appeared to be latex gloves supervising and assisting residents. Observation on at 6:20 AM wearing unchanged latex gloves returned with key to open and enter room one. Observation on at 7:09 AM Staff C was assisting Resident #3 in the bathroom in the main hallway. Observation on at 7:10 AM Staff C removed pre-poured medications kept in her pants pockets in metal receptacles, including medications that in her pockets while wearing same gloves. Photographic evidence obtained. Observation on at 7:43 AM Staff C in kitchen prepare breakfast for residents wearing same gloves.	{A 036}		

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{A 036}	Continued From page 26 Interviewed on at 8:30 AM the Administrator acknowledged that the staff did not change gloves and wash during care. Observation on during the survey was observed Staff C changing gloves but not washing . Uncorrected Class III	{A 036}		
{A 052} SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's	{A 052}		

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{A 052}	Continued From page 27 or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands	{A 052}		

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{A 052}	Continued From page 28 the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964590	A. BUILDING: _____ B. WING _____	R 03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 052}	Continued From page 29 noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility to ensure Staff B (Caregiver) name the	{A 052}		

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{A 052}	Continued From page 30	{A 052}		

medications and dosage to each resident who needed assistance with self-administration of medications.

Findings:

Interviewed on at 6:11 AM Staff B stated that he did not know that he had to give residents their medications in front of them and name the medication and dosage. Staff B stated that he just brings them the medications to their room. Staff B stated further that he gave the residents their medications before the agency staff arrived.

Interviewed on at 8:24 AM Resident #6 stated that the medications were on time and every day they bring a little cup in the morning with the medications.

Interviewed on at 8:20 AM when asked if her medications were given, Resident #8 stated, "Yes. Every day they bring a cup. They don't tell us anything."

A review of Resident #1's health assessment dated showed the resident needed assistance with self-administration of medications.

A review of Resident #4's health assessment dated showed the resident needed assistance with self-administration of medication.

A review of Resident #6's health assessment dated showed the resident needed assistance with self-administration of medication.

A review of Resident #7's health assessment dated showed the resident needed

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{A 052}	Continued From page 31 assistance with self-administration of medication. Interviewed on at 8:30 AM the Administrator acknowledged that the staff was not naming the medications and dosage. A review of Staff B's personnel records showed a hire date of . However, there was no two-hour continuing education in assistance with self-administration of medication training annually on file. A review of Staff C's personnel records showed a hire date of . However, there was no two-hour continuing education in assistance with self-administration of medication training annually on file. On when arrived at 6;09 AM Medication with self-administration was conducted already. Uncorrected Class III	{A 052}		