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 |
|---|---|---|---|
| | AL11966754 | A. BUILDING: _____ B. WING _____ | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HOME CARE VILLAS | 9039 NW 20TH MANOR CORAL SPRINGS, FL 33071 |

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| A 000 | Initial Comments<br><br>An unannounced Relicensure, Complaint (#2025017615), and Generator Monitoring survey was conduted on at Home Care Villas. Deficiencies related to the Relicensure were identified at the time of the survey. | A 000 | | |
| A 026 | 59A-36.007(2) FAC Resident Care - Social & Leisure Activities<br><br>(2) SOCIAL AND LEISURE ACTIVITIES.<br>Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.<br>(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.<br>(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.<br>(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 scheduled activities. An activities calendar must | A 026 | | |

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| A 026 | Continued From page 1<br><br>be posted in common areas where residents normally congregate.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation,inteview, and record review conducted, the facility failed to demonstrate that it was conducting an ongoing activities program. This was evidenced by the facilty's failure to physically provide and identify the items used in the activities listed on its calendar.<br><br>The findings included:<br><br>During an interview with the Administrator at 8:37 AM on , a request was made for the facility's activities calendar. Documentation of a weekly schedule was provided.<br><br>A review of the facility's activity schedule revealed the following:<br><br>Sunday:10:00 AM TO 11:00 AM (Resident's Choice) 2:00 PM (Dance in Place)<br>Monday: 10:00 AM (Simon Says Exercise) 2:00 PM (Chair Exercise)<br>Tuesday: 10:00 AM (Memory Game) 2:00 PM (Wooden Board Game)<br>Wednesday: 10:00 AM (Game-Show Trivia) 2:00 PM Resident's choice)<br>Thursday: 10:00 AM (Memory Game) 2:00 PM (Painting/ Coloring)<br>Friday: 10:00 AM (Ball-Toss) 2:00 PM (Meditation)<br>Saturday: 10:00 AM (Bingo) 2:00 PM (Movies)<br><br>This calendar was repeated every week and no | A 026 | | |

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| A 026 | Continued From page 2<br><br>there was no documentation of any additional activities.<br><br>During an interview with Staff B (HHA) on at 9:30AM, she stated that the facility did not conduct activities with the residents. She further stated that hospice comes to the facility and provides activities for the residents.<br><br>During a tour conducted on from 9:45AM to 5:31 PM, there were no activities observed conducted with the residents. Additionally, the entire resident census (Resident# #5) were observed in their rooms throughout survey and were not being engaged or encouraged to participate in activities.<br><br>During an interview with the Administrator on at 2:39 PM, she was asked to produce the items for activities listed on the activity calendar (wooden board games, coloring/painting materials, balls, exercise equipment) she stated she could not locate those items and she only had the items for the memory game.<br><br>During an interview with the Administrator on at 5:31 PM, she was notified that she failed to produce the items for the facility's scheduled actitivites program. Additionally, she was notified that the residents should be encouraged to participate in activities throughout the day.<br><br>Class III | A 026 | | |
| A 162 | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records | A 162 | | |

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| A 162 | Continued From page 3<br>must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. ,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance ,<br>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,<br>9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.<br>(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.<br>(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.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(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 | A 162 | | |

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| A 162 | Continued From page 4<br><br>representatives, or their physicians request in writing that ˘ not be taken.<br>(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.<br>(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.<br>(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.<br>(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.<br>(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.<br>(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for<br>, , ( ), CF-ES 1006,<br>, 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. | A 162 | | |

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| A 162 | Continued From page 5<br><br>(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.<br>(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.<br>(o) The resident's , DH Form 1896, if applicable.<br>(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.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to maintain a completed resident record for 1 of 2 sampled residents (Resident #2).<br><br>The findings included:<br><br>A review of Resident #2's file revealed an | A 162 | | |

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| A 162 | Continued From page 6<br><br>admission date of . Further review revealed a Resident Health Assessment dated . Resident #2 was documented on the assessment as having 's , and . She was non-ambulatory, non-verbal and had skin and , precautions. Consequently, she was receiving a mechanical soft diet. Additionally, she was documented as receiving hospice services as a treatment service.<br><br>Further review of Resident #2's file revealed the following was missing from her file:<br><br>a) Interdisciplinary Care Plan<br>b) Semi-Annual in 2025 and 2026 (There were no requests to exempt measurements on file)<br>c) Therapeutic Diet Orders<br><br>During an interview with the Admnistrator at 5:38 PM on , she was notified that Resident #2's file was incomplete and was missing documentation related to the care services being coordinated for the resident.<br><br>Class III | A 162 | | |