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
	AL11910716	A. BUILDING: _____ B. WING _____	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHLAKE LIVING	1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020

(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 Investigation (#2026003008), was conducted at Northlake Living on - . The facility had deficiencies at the time of the survey.	A 000		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on interview and observation the facility failed to ensure the well-being of residents by providing assistance with Activities of Daily Living (ADLS) to seven (7) of twenty-five (25) Residents interviewed/observed (Residents #2, #3, ##5, #6, #7, #8, and #9). The findings include: During interviews and observations conducted by this surveyor on , several of the residents interviewed/or observed were wearing dirty/soiled clothing, and/or had -like smell emanating from the person. While Residents have a right to refuse showers, the observations may suggest their clothing isn't being washed regularly. Observations by this surveyor are as follows: In an interview with Resident #2 on at 9:53 AM, he stated he has been at the facility about 1 year. He stated the staff doesn't treat him good (he wouldn't elaborate), they don't give him	A 028		

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A 028	Continued From page 1 soap or shampoo, so he washes himself with water only. The resident was observed by this surveyor during the interview sitting in a manual wheelchair dressed in pants and a hoodie. His clothing was dirty and he had dandruff-like flakes covering the hoodie portion and of the jacket. He was also observed to have a -like smell emanating from his person. During an interview with Resident #3 on at 10:01 AM, she stated they hurt her. This surveyor asked who hurt her and she did not respond directly (inaudibly). The resident was observed and interviewed by this surveyor while sitting in her Gerry Chair in the TV/Dining Room area located in the Northeast section of the facility. She was also observed to have on clothes that were dirty, her paints were soiled, and she had a -like smell emanating from her person. In an interview with Resident #5 on at 10:01 AM, she stated she has been at the facility for 1 year. The resident was observed by this surveyor sitting against the wall in a chair in the TV/Dining room area holding 1 walking crutch. She was also observed to have a like smell emanating from her person. During an interview with Resident #6 on at 10:09 AM, the resident was observed to have difficulty speaking and was wearing a soiled shirt and had a -like smell emanating from his person. During an interview with Resident #7 on at 10:16 AM, he presented non-verbal. He was observed by this surveyor sitting in his manual wheelchair wearing a dirty/soiled shirt.	A 028		

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A 028	Continued From page 2 During an interview with Resident #8 on at 10:18 AM, the Resident was observed sitting in a manual wheelchair wearing dirty/soiled clothing. The Resident did not respond to this surveyor's question regarding whether staff assisted her with bathing/grooming. In an interview with Resident #9 on at 10:24 AM conducted by this surveyor in the North section of the Courtyard where residents congregate to smoke, she stated she has been at the facility since 2017. She was observed by this surveyor to be ambulatory and was wearing dirty/soiled clothing. She stated they wash her clothing sometimes. On at 11:38 AM, an observation was made of three (3) Residential top loading washers and one (1) commercial dryer under a make-shift awning/porch located outside between the first section of rooms (building), just West of the courtyard and the Western section of the apartment (rooms). Staff E was observed was observed using the laundry equipment and hanging clothing on a clothesline in the small area as the one commercial dryer is not sufficient to handle the volume of dirty laundry produced by 93 residents, and the facility's laundry (i.e. sheets, bedding, towels). Class III	A 028		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms	A 078		

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A 078	Continued From page 3 of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training	A 078		

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A 078	Continued From page 4 requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility ˬ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that Staff interacting with residents of the facility had documentation they were free of communicable , ˬ ( ) for 1 of 5 Staff members reviewed (Staff H). The findings include: A review of Staff H's (Ashley Ferguson) facility file and documents revealed she was hired on and provides direct care to residents, including assistance with self-administration of medications. However, review of her file by this surveyor did not reveal documentation from a licensed health care provider that she was free of communicable ; and documentation she was free of . . . . . ( ) required annually in her file.	A 078		

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A 078	Continued From page 5 In an interview with the Administrator on at 12:38 PM, she was informed of the missing training documentation and provided an opportunity to review each staff member's files. She acknowledged the findings and stated she would have the training completed. No related information was provided during the survey. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph	A 081		

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A 081	Continued From page 6 (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or	A 081		

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A 081	Continued From page 7 home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living.	A 081		

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A 081	Continued From page 8 (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that facility Staff members completed the required In-Service training for 2 of 5 Staff reviewed (Staff G and H). The findings include: A review of Staff G's facility file and documents revealed she was hired on and works the 3:00 PM - 11:00 PM providing direct care to residents. Review of her file did not have documentation she completed the required 2-hours- Pre-Service Orientation Training, or the 3-hours of Activity for Daily Living (ADL) training for employees assisting residents with such. A review of Staff H's facility file and documents	A 081		

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A 081	Continued From page 9 revealed she was hired on and provides direct care to residents, including assistance with self-administration of medications. Review of her file by this surveyor revealed there was no documentation she had completed training in 1-hour Resident Rights, 2-hours Pre-Service Orientation. Neither was there any documentation she had completing training in Control, Activities of Daily Living (ADL), and no documentation was presented that she was a Home Health Aide, Certified Nurse Asssistant, Licenced Pratical Nurse, Registered Nurse, etc., and thus exempt from ADL training. In an interview with the Administrator on at 2:38 PM, she was informed of the missing training documentation and provided an opportunity to review each staff member's files. She acknowledged the findings and stated she would have the training completed. No additional information was provided during the survey. Class	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross,	A 083		

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A 083	Continued From page 10 the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 2 of 5 Staff members reviewed had completed/or had documentation of completing First Aid/or , ( ) in their file (Staff F and K). The findings include: A review of Staff F's facility file and documents revealed he was hired on and works the 3:00 PM - 11:00 PM shift providing direct care to residents. However, review of his file by this surveyor revealed no documentation he held certification in First Aid/ in his file. A review of Staff K's facility file and documents revealed she was hired on and works the 11:00 PM - 7:00 AM providing direct care to residents. However, review of her file by this surveyor revealed a Basic Life Saving (BLS) with a certification period of - . Staff K's file also revealed that she is a caregiver, and did not have documentation she is a heath care professional (i.e. Licensed Practical Nurse, Medical Doctor, Advanced Nurse Practitioner) in her file.	A 083		

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A 083	Continued From page 11 In an interview with the Administrator on at 12:38 PM, she was informed of the missing training documentation and provided an opportunity to review each staff member's files. She acknowledged the findings and stated she would have the training completed. No related information was provided during the survey. Class III	A 083		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that Staff providing direct care to residents of the facility had completed/or had documentation of training of completing ( ) for 1 of 5 Staff members reviewed (Staff K). The findings include:	A 090		

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A 090	Continued From page 12 A review of Staff K's facility file and documents revealed she was hired on and works the 3:00 PM - 11:00 PM providing direct care to residents. However, review of her file by this surveyor did not reveal documentation that she had received training in ( ). In an interview with the Administrator on at 12:38 PM, she was informed of the missing training documentation and provided an opportunity to review the staff member's file. She acknowledged the findings and stated she would have the training completed. No additional information was provided during the survey. Class III	A 090		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no	A 152		

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A 152	Continued From page 13 less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe physical environment free of potentially hazardous items and debris for ninety-three (93) of ninety-three (93) Residents of the facility. The findings include: On observation was made by this surveyor of the Northeast section of the courtyard that is accessed immediately after exiting the double doors located in the TV/Dining room area. Observation revealed cigarette butts strewn over the area where residents were sitting/smoking. Cigarette butts were still observed in the area by this surveyor prior to conducting the exit conference on (photo obtained).	A 152		

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(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 152	Continued From page 14 In an interview with Resident #17 on at 11:16 AM, he stated he does not have hot water in his room. This surveyor went to his room with him to make observations of the water. Observation of the shower by this surveyor revealed the water pressure was very low (just above trickling out). This surveyor allowed the water to run in the shower for approximately three minutes and did not get hot. This surveyor also observed the water flow and temperature in the sink faucet, and it was also slow-dripping and not warm or hot. Resident 17 stated he has reported it, but nothing has been done. Observation by this surveyor on of the apartments (building) located on the South side of the courtyard revealed two (2) hospital beds outside on the sidewalk against the walls. Observation of the bed between revealed a male resident sitting on it. This surveyor proceeded to walk over, and the resident went inside his apartment. Observation was also made of a bed located between , which revealed a male and female resident sitting on it. The female resident was Resident #10 whom this surveyor interviewed earlier. The male resident walked away while the surveyor was speaking with Resident #10. Observation on of the House (a single-story home located next to the main building), revealed chairs, beds, walkers, wheelchairs, and other items stacked against the front wall of the house on the inside of the handrail leading up the sidewalk to the front door (photo obtained). Observation of # located inside the House revealed a broken windowsill on the right side of	A 152		

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	AL11910716	A. BUILDING: _____ B. WING _____	03/04/2026

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A 152	Continued From page 15 the resident's bed, which could present an injury hazard should the resident toward it (photo obtained). On this surveyor made an observation of an orange-colored wall in the dining room area, which is in the Northeast section of the building. The wall was observed to have a white plaster-like substance on it, suggesting some damage to it had been repaired but not painted. And the door attached to the wall was observed to be aged and dirty (photo obtained). On observation was made of the lower section of the wall located by the entry/exit door located in the dining room located in the Southeast section of the building. Observation revealed the wall had flacking/peeling pint between the baseboards and the wood railing (photo obtained). No corrections were made to findings during the survey. Class III	A 152		

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ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff members interacting with residents completed/or had documentation they had completed the 1-hour Video Training. And/or the required 3-hours of training within seven (7) months of hire for 3 of 5 Staff members reviewed (Staff F, G and H). The findings include: A review of Staff F's facility file and documents revealed he was hired on and works the 3:00 PM - 11:00 PM shift providing direct care to residents. Review of the file also revealed	ZZ875		

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ZZ875	Continued From page 4 there was no documentation he had completed the 1-hour Video Training. Or the additional 3-hours training required within seven months for staff interacting with or providing personal care to a resident. A review of Staff G's facility file and documents revealed she was hired on and works the 3:00 PM - 11:00 PM providing direct care to residents. However, the review by this surveyor did not reveal documentation she had completed the 1-hour Video Training required for staff interacting with or providing personal care to a resident. A review of Staff H's facility file and documents revealed she was hired on and provides direct care to residents, including assistance with self-administration of medications. However, the review by this surveyor did not reveal documentation she had completed the 1-hour Video Training required for staff interacting with or providing personal care to a resident. In an interview with the Administrator on at 12:38 PM, she was informed of the missing training documentation and provided an opportunity to review each staff member's files. She acknowledged the findings and stated she would have the training completed. No additional information was provided during the survey. Class III	ZZ875		