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
	AL11966844	A. BUILDING: _____ B. WING _____	R 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF II LLC	10241 SW 134 AVENUE MIAMI, FL 33186

(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 A second re-visit survey was conducted at Silver Palm ALF from through . Deficiencies were identified at the time of the survey. A Class I deficiency was found at Tag Z815. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. The Class I compliance began on through when there were 5 residents at the facility without a qualified caretaker onsite.	{A 000}		
{A 025} SS=L	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or	{A 025}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 025}	Continued From page 1 is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and	{A 025}		

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{A 025}	Continued From page 2 interviews, the facility failed to provide appropriate supervision for five out of five sample residents (1, 2, 3, 4, 5). The residents were at the facility and there were no qualified caregivers on site. The facility also failed to contact the health care provider and maintain an updated written record for an illness requiring hospitalization for one out of five sample residents (4). The facility also failed to monitor the resident diets for one out of five sample residents who had instructions for diet and was given regular food (4) Findings included: Observation on at 8:30 AM revealed that the facility had a census of five residents and there were no qualified caregivers present. Interviewed on at 8:35 AM an individual who answered the doorbell and was not listed on the facility roster (Staff F) stated she was alone at the facility, and she was not a caregiver or an employee. Staff F further stated she was the Owner's wife and the facility caregivers were no longer employed. Observation on at 8:37 AM revealed Residents 1, 2, 3, 4 and 5 were at the facility. 1) A review of Resident 1's health assessment dated showed diagnoses of right . . (, ,), , and deformities on both and , bedbound, needed total care with all ADL (activities of daily living) including ambulation, transferring, toileting, , eating and selfcare. The Resident was in hospice care and needed a pureed diet with thickened liquids and had instructions for special precautions for	{A 025}		

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{A 025}	Continued From page 3 and . The Resident needed assistance with self-administration of medication. 2) A review of Resident 2's health assessment dated showed diagnoses of type, due to (of the) Physical limitations was due to of both status showed alert and oriented to person, place and time and thought process remained organized with some irritability and ; some acting out at the ALF was reported without physical aggression and some sleep disturbances. Nursing requirements showed monthly visits by ARNP for medication management, twice a week to sessions with case manager to address condition and wellbeing. If any abnormalities are noted the ARNP/PM/NP to be notified. All other services are to be provided by ALF with instructions for universal and special precautions. The activities of daily living (ADL) showed the Resident needed assistance with all activities of daily living, ambulation, toileting, bathing, , eating, self-care and transferring. The Resident needed assistance with self-administration of medication. Further review of Resident 2's record revealed a clinical evaluation dated that showed past medical history significant for legal , , pre- and with a history of hospitalization on for decompensation. The Resident continued to meet Medicare criteria for homebound status due to legal , functional status and dependence on caregiver assistance.	{A 025}		

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{A 025}	Continued From page 4 3) A review of Resident 3's health assessment dated showed diagnoses of hypertensive due to type 2, , branch occlusion of left with . Physical limitations showed vision and gait imbalance with instructions for special precautions for risk. The Resident needed assistance with all ADL (ambulation, , bathing, toileting, eating, self-care and transferring) and assistance with self-administration of medication. 4) A review of Resident 4's health assessment dated showed diagnoses of type 2 with long term current use, , old . Physical limitations showed gait, using a walker. Nursing requirements showed home health for daily monitoring and administration. The Resident had instructions for diet and special precautions for and . ADL showed the Resident needed assistance with ambulation, bathing, , self-care, toileting and transferring. The Resident needed assistance with self-administration of medication. Further review of Resident 4's record revealed a clinical evaluation dated that showed Resident 4 continued to meet Medicare criteria for homebound status due to multiple conditions , mobility, generalized , and high risk. She required full human assistance for all activities of daily living.	{A 025}		

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{A 025}	Continued From page 5 A review of Resident 4's hospital discharge records dated showed diagnoses of new onset of to sub-acute , essential , . Further review of the hospital record showed the Resident had orders for diet, soft and bite size /chopped and thin liquids. Further review of Resident 4's record showed no documentation for notification of the health care provider of Resident's 4 hospitalization on or an updated health assessment documenting Resident 4's hospital diagnoses and orders. Observation on at 12:30 PM showed that Resident 4 was served regular food. A review of the facility's prescribed menu showed the menu was meatballs, white rice, carrots, tomato, and fruit cocktail. Observation at 12:30 PM showed the Owner brought lunch for the residents consisting of beef stew, white rice and yucca. Interviewed on at 12:20 PM The Owner stated, "We normally cook the food here, but we don't have any staff now." Interviewed on at 12:41 PM the Owner stated, "[Resident 4] eats regular food, she eats everything. The daughter told me to give her rice" 5) A review of Resident 5's health assessment dated showed diagnoses of , high ,	{A 025}		

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{A 025}	Continued From page 6 and Physical limitations showed unstable gait and mobility, instructions for special precautions. The Resident needed assistance with all ADL (ambulation, bathing, eating, toileting, self-care and transferring) and assistance with self-administration of medication. Uncorrected Class I	{A 025}		
{A 027} SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making and remind residents about scheduled for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist in the arrangement for needed health care services for one out of five sampled residents (4) There was no documentation for follow up medical specialty consultations indicated on the Resident's hospital discharge instructions.	{A 027}		

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{A 027}	Continued From page 7 Findings included: A review of Resident 4's hospital record dated showed diagnoses of a new onset of to sub-acute , essential and . Further review showed discharge orders for Interventional and follow up consultations. A review of Resident 4's health assessment dated showed diagnoses of type 2 with long term use, , old , hypercholesteremia and . Physical limitations were gait and mobility. status showed alert and orientation to person. The activities of daily living (ADL) showed the Resident needed assistance with ambulation, bathing, , self-care, toileting and transferring, and supervision with eating. Diet requirements showed diet. Further review of Resident 4's record showed no documentation for the Resident's hospital discharge follow up medical specialties consultations. Interviewed on at 2:20 PM when asked about Resident 4's specialty consultations the Owner did not answer. Uncorrected Class II	{A 027}		
{A 030} SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007	{A 030}		

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{A 030}	Continued From page 8 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage;	{A 030}		

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{A 030}	Continued From page 9 4. Resident elopement; 5. Reporting resident , neglect, and , : 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment,	{A 030}		

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{A 030}	Continued From page 10 free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance	{A 030}		

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{A 030}	Continued From page 11 at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion,	{A 030}		

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{A 030}	Continued From page 12	{A 030}		

discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using

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{A 030}	Continued From page 13 his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to recognize individuality and the need for privacy for one out of five sampled residents (1). There were facility supplies stored inside the Resident's closet. Findings included: Observation on at 8:40 AM revealed facility supplies stored inside the closet of resident # where Resident 1 lived. (Cardboard boxes, large quantities of adult briefs, bed pads, an , concentrator, wheelchair parts. Photographic evidence obtained) Interviewed on at 9:15 AM the Owner stated he would store the supplies somewhere else. Uncorrected	{A 030}		

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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 030}	Continued From page 14 Class III	{A 030}		
{A 031} SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility;	{A 031}		

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{A 031}	Continued From page 15 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide documentation of the provision of third-party services to meet the needs of one out of five sampled residents (2) The Resident needed home health services for the administration of an injectable medication.	{A 031}		

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{A 031}	Continued From page 16 Findings included: A review of Resident 2's record showed orders for the medication , 150 MG injections every three weeks. A review of the Resident's MOR (Medication observation record) revealed no documentation for the administration of the medication; the MOR showed, "Home Health" Interviewed on at 12:30 PM when asked for Resident 4's home health records the Administrator stated that the Resident received the last dose of the medication in the hospital. Interviewed on at 2:15 PM the Owner stated Resident 2 received the medication at an outpatient clinic. Observation on at 9:30 AM in the medication cabinet revealed a container of , 150 MG injectable labeled for Resident 2 inside the Resident's medication basket (Photographic evidence obtained) Interviewed on at 2:15 PM the Owner stated he would obtain home health services for Resident 2. Uncorrected Class III	{A 031}		
A 054 SS=F	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep	A 054		

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A 054	Continued From page 17 either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain up to date and accurate medication records for five out of five sampled residents (4, 3, 5, 1, 2). Findings included: 4) A review of Resident 4's medication observation	A 054		

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A 054	Continued From page 18 record (MOR) revealed that the dosages for the medications 12% ordered twice a day (8 AM and 8 PM), administration by nano pen needle 32G ordered daily (8 AM), injectable daily (8 AM), 2.5% ordered twice a day (8 AM and 8 PM), and 10 MG every other day were not signed A review of home health records for Resident 4 showed no documentation for the administration of the medications. 3) A review of Resident 3' MOR revealed that the dosages for the administration of (x 5 ordered daily (8 AM), injectable once a day (8 AM), the medication .25 MG ordered daily (8 AM) and the medication Veltassa 8.4 GM soluble ordered once a day (8 AM) were not signed. A review of Resident 3's home health record showed the last time injectable YF, 8 units ordered for 8 AM was administered was on . 5) A review of Resident 5's MOR showed the medication PF Sol ordered once a day (8 AM) was not signed 1) A review of Resident 1's MOR showed the medication 10 MG suppositories ordered once a day (8 AM) was not signed. 2)	A 054		

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A 054	Continued From page 19 A review of Resident 2's MOR showed that . 150 MG injectable medication ordered every three weeks (8 AM was not signed) Interviewed on at 10:30 AM when asked why the medication observation record (MOR) was not signed for the medications the Administrator stated she did not know the medications had to be documented in the MOR because some residents received home health services and Resident 2 received his last dose in the hospital. Interviewed on at 2:30 PM the Owner stated that Resident 2 received his injectable medication at an outpatient clinic. Observation on at 9:00 AM showed the medication . 150 MG injectable medication was inside Resident 2' medication basket in the medication cabinet. Class III	A 054		
{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	{A 055}		

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{A 055}	Continued From page 20 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; 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	{A 055}		

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{A 055}	Continued From page 21 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 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 ensure medications were always locked.	{A 055}		

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{A 055}	Continued From page 22 Findings included: Observation on at 9:05 AM revealed a container of , , 0.5% , inside resident # 's closet. Interviewed on at 2:30 PM the Owner stated the medication belonged to Resident 3 and he would keep it with the Resident's other medications in the locked cabinet. Uncorrected Class III	{A 055}		
{A 058} SS=F	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the	{A 058}		

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{A 058}	Continued From page 23 facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.	{A 058}		

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{A 058}	Continued From page 24 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to employ the consultant services of a licensed pharmacist or a licensed registered nurse and a registered dietitian for uncorrected Class I, Class II and Class III medication and dietary deficiencies. Findings included: A review of facility records revealed the facility was cited on A 055-Medication-Storage and Disposal at Class III, A 058- Pharmacy and Dietary, Uncorrected Deficiencies at Class I and A 093- Food Service-Dietary Standards at Class II. Based on observation, record review and interview the facility was cited on A 054- Medication-Records at Class III, A 055 Medication Storage and Disposal at Class III and A 093-Food Service-Dietary Standards at Class III. Interviewed on at 2:30 PM the Owner stated he had submitted documentation for staff training as part of the facility's plan of corrections, but he could not provide documentation for the employment of consultant services by a registered nurse and a dietitian to provide services at least quarterly. Uncorrected Class III	{A 058}		
{A 077} SS=I	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators	{A 077}		

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{A 077}	Continued From page 25 429.176 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 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:	{A 077}		

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{A 077}	Continued From page 26 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 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	{A 077}		

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{A 077}	Continued From page 27 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 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 be under the supervision of an administrator capable of	{A 077}		

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{A 077}	Continued From page 28	{A 077}		

handling the operations of the facility including management of the staff and the provision of appropriate care and services for five out of five residents (1,2, 3, 4, 5) The Administrator did not arrange for coverage or to be present when the facility was operating without a qualified caregiver and did not implement a plan of corrections for Class I, Class III and Class III deficiencies.

Findings included:

Observation on at 8:30 AM revealed the facility was operating with a census of five residents including one resident in hospice care (1) and one limited mental health resident (2) without staff or a qualified caregiver onsite.

A review of the facility's staffing schedule showed: "On call 24/7 [Staff A] the Administrator"

Interviewed on at 9:30 AM the Administrator stated she was caught up in traffic.

Observation on at 1:00 PM showed that the Administrator stated, "I have to leave"

Based on observation, record review and interview, the facility had uncorrected deficiencies at Class I (A 025, A 027, A 058), Class II (A 030, A 093, A 078) and Class III (A 031, A 055, A 152 and A 162) and Z815.

Interviewed on at 12:30 PM when asked which residents had orders for special diets the Administrator stated, "Only [Resident 1]"

A review of Resident 4's health assessment dated showed orders for a diet.

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{A 077}	Continued From page 29 Interviewed on at 10:30 AM when asked why the medication observation record (MOR) showed no documentation for the administration of medications for Resident 3 and Resident 4 the Administrator stated she did not know the medications had to be documented because the residents received home health services. When asked why Resident 2 was not receiving home health services for an injectable medication the Administrator stated he had received his last dose in the hospital. Class II	{A 077}		
A 079 SS=I	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy	A 079		

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A 079	Continued From page 30 beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or	A 079		

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A 079	Continued From page 31 manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents,	A 079		

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A 079	Continued From page 32 resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.	A 079		

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A 079	Continued From page 33 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain a minimum of 168 staff hours per week. The facility also failed to have enough qualified staff to provide supervision and services to meet the residents' needs. The facility also failed to always have one staff member with a current /First Aid certification at the facility. Findings included: Observation on at 8:30 AM revealed there were no caregivers present at the facility, only an individual who was not a caregiver or an employee that identified herself as the Owner's wife (Staff F). Interviewed on at 8:30 AM the Staff F stated she was not a caregiver or an employee of the facility, she did not have an employee file, and both caregivers, Staff C and Staff D were no longer employed. A review of the facility's staffing schedule for showed: "Staff C- live-in 7 AM-7 AM and Staff D - live-in 7 AM -7 AM. On call 24/7 [Staff A] Administrator" A review of the admission and discharge log revealed there were 5 residents admitted. Observation on at 9:00 AM showed that all admitted residents were at the facility. Interviewed on at 2:30 PM the Owner stated he did not have an employee file.	A 079		

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A 079	Continued From page 34 Class II	A 079		
{A 093} SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule.	{A 093}		

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{A 093}	Continued From page 35 The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between	{A 093}		

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{A 093}	Continued From page 36	{A 093}		

the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .
(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to provide a therapeutic diet for one out of five sampled residents (4) The facility also failed to follow the posted menu items prescribed by the nutritionist for five out of five residents (1, 2, 3, 4, 5)

Findings included:

Observation on at 12:30 PM showed

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{A 093}	Continued From page 37 the Owner brought beef stew, white rice and yucca for the resident's lunch. The Owner stated, "We cook here but we don't have staff now." Further observation showed that Residents 3 and Resident 4 were served their lunch at the dining table, Resident 5 chose to eat in her room, and the Administrator pureed the food and served it to Resident 1 in his room; Resident 2 requested fried eggs and rice and it was served in his room. A review of Resident 4's health assessment dated showed diet instructions for a diet. A review of Resident 4's hospital records dated showed orders for , , , diet, soft and bite size /chopped and thin liquids. Interviewed on the Owner stated, "Only [Resident 1] eats puree. [Resident 4] eats regular food, she eats everything. The daughter told me to give her rice" A review of the posted lunch menu for showed meatballs, white rice, carrots, tomato, and fruit. Uncorrected Class III	{A 093}		
{A 078} SS=F	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 38 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 39 requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ 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 observation, record review and interview, the facility failed to have qualified staff that complied with training and background screening requirements. Findings included: Observation on at 8:30 AM revealed the facility had a census of five residents onsite and there were no qualified staff present, only an individual who was not listed in the facility roster and not have a level 2 background screening who identified herself as the owners' wife (Staff F) Interviewed on at 830 AM Staff F stated she was not an employee or a caregiver, and the facility did not have any caregivers because they wereno longer employed.	{A 078}		

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{A 078}	Continued From page 40 A review of facility records showed no documentation for an employment file for the Owner or for Staff F. Interviewed on at 2:30 AM the Owner stated he did not have an employment file, but his training documentation was included in a plan for correction of deficiencies he had submitted. Class III	{A 078}		
{A 152} SS=F	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 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,	{A 152}		

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{A 152}	Continued From page 41 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 provide a safe living environment, free of hazards for five out of five sampled residents (1, 2, 3, 4, 5) The facility also failed to provide a table or a nightstand, and a floor or bedside lamp for one out of five residents (2) Findings included: Observation on at 8:45 AM revealed there was no nightstand or bedside lamp in Resident # where Resident 2 lived. Further observation on between 8:45 AM and 9:30 AM revealed that both resident bathrooms had extensive mold-like stains in the shower. Interviewed on at 9:30 AM the Owner stated that he had done everything to get rid of the mold but he was not the owner of the property and the showers needed to be remodeled. Uncorrected Class III	{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 162}	Continued From page 42	{A 162}		
{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. (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	{A 162}		

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	AL11966844	A. BUILDING: _____ B. WING _____	R 03/24/2026

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{A 162}	Continued From page 43 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 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	{A 162}		

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{A 162}	Continued From page 44 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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain an accurate health assessment for one out of five sampled residents(4).	{A 162}		

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{A 162}	Continued From page 45 Findings included: A review of Resident 4's hospital records dated showed diagnoses of new onset of to sub-acute , essential and . Further review of the hospital record showed the Resident had orders for , , diet, soft and bite size /chopped and thin liquids. A review of Resident 4's most recent health assessment dated showed diagnoses of Type 2 with long term use, , , , old , hypercholesteremia, . Physical limitations were , gait and mobility. status showed alert and orientation to person. The activities of daily living (ADL) showed the Resident needed assistance with ambulation, bathing, , self-care, toileting, transferring and supervision with eating. Diet requirements showed diet. Interviewed on at 2:30 PM when asked about Resident 4's health assessment the Owner did not respond. Uncorrected Class III	{A 162}		

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ZZ815 SS=L	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	ZZ815		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ815	Continued From page 1 qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently	ZZ815		

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ZZ815	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	ZZ815		

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ZZ815	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	ZZ815		

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ZZ815	Continued From page 4 relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	ZZ815		

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ZZ815	Continued From page 5	ZZ815		

exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,

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ZZ815	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to obtain level 2 background screenings for three individuals (F, G and H) who were alone at the facility caring for five out of five sampled residents (1, 2, 3, 4, 5). Findings included: Observation on at 8:30 AM revealed that an individual who answered the doorbell at the facility and identified herself as the owner's wife (Staff F) was alone at the facility with five residents. Interviewed on at 8:32 AM, Staff F stated she was not a caregiver and she was alone with the residents because the owner had left, but he was coming . Staff F further stated that the facility did not have any caregivers because they were no longer employed. A review of the Background Screening Clearinghouse database revealed Staff F was not listed on the facility roster. Further review showed no results for a Level 2 background screening for Staff F.	ZZ815		

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ZZ815	Continued From page 7 Interviewed on at 2:20 PM the Owner stated he was recruiting for employees to replace the caregivers. Observation on at 4:30 PM revealed Staff G and Staff H were the only caregivers at the facility with five residents. Interviewed on at 4:35 PM when asked when she began working at the facility Staff G stated,"Today." Observation on at 4:37 PM showed that Staff H was assisting a resident in the bathroom. Interviewed on at 4:45 PM when asked when she began working at the facility Staff H stated,"Ten days ago." When asked if they had background screenings Staff G and Staff H did not respond. A review of the Background Screening showed no level 2 screening reports for Staff G or for Staff H. Observation on at 4:50 PM showed that the Administrator arrived and proceeded to conduct an employment interview with Staff G. Interviewed on at 5:10 PM when asked about background screening reports for Staff G and Staff H the Owner stated that he was in the process of hiring them and was obtaining their qualifications. 1) A review of Resident 1's health assessment dated showed diagnoses of right	ZZ815		

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ZZ815	Continued From page 8 (, ,), , and deformities on both and , bedbound. The Resident needed total care with all ADL (activities of daily living) including ambulation, transferring, toileting, , eating and selfcare. The Resident was in hospice care and needed a pureed diet with thickened liquids and had instructions for special precautions for , and . The Resident needed assistance with self-administration of medication. 2) A review of Resident 2's health assessment dated showed diagnoses of , , type, due to (of the ,) Physical limitations was due to of both , . . status showed alert and oriented to person, place and time, thought process remained organized with some irritability and ; some acting out at the ALF was reported without physical aggression and some sleep disturbances. Nursing requirements showed monthly , , visits by ARNP for , , medication management, twice a week to sessions with case manager to address condition and wellbeing. If any abnormalities are noted the ARNP/PM/NP to be notified. All other services are to be provided by ALF with instructions for universal and special precautions. The activities of daily living (ADL) showed the Resident needed assistance with all activities of daily living, ambulation, toileting, bathing, , eating, self-care and transferring. The Resident needed assistance with self-administration of medication. Further review of Resident 2's record revealed a clinical evaluation dated that showed	ZZ815		

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ZZ815	Continued From page 9 past medical history significant for , , , legal , , , pre- and , , with history of hospitalization on due to , , decompensation. Further review showed the Resident continued to meet Medicare criteria for homebound status due to , , , legal , , , functional status and dependence on caregiver assistance. 3) A review of Resident 3's health assessment dated showed diagnoses of , hypertensive , due to type 2, , , , , , , , branch occlusion of left , with . Physical limitations showed , vision and gait imbalance with instructions for special precautions for risk. The Resident needed assistance with all ADL (ambulation, , bathing, toileting, eating, self-care and transferring) and assistance with self-administration of medication. 4) A review of Resident 4's health assessment dated showed diagnoses of type 2 with long term, current use, , , , , old , , , and , . Physical limitations showed , gait, using a walker. Nursing requirements showed home health services for daily , monitoring and administration. The Resident had instructions for diet and special precautions for and . ADL showed the Resident needed assistance with ambulation, bathing, , self-care, toileting and	ZZ815		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966844	A. BUILDING: _____ B. WING _____	R 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF II LLC	10241 SW 134 AVENUE MIAMI, FL 33186

(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
ZZ815	Continued From page 10 transferring. The Resident needed assistance with self-administration of medication. Further review of Resident 4's record revealed a clinical evaluation dated that showed Resident 4 continued to meet Medicare criteria for homebound status due to multiple conditions , mobility, generalized , and high risk. Resident 4 required full human assistance for all activities of daily living. 5) A review of Resident 5's health assessment dated showed diagnoses of high , , , , , , , and . Special precautions showed precautions. The activities of daily living (ADL) showed the Resident needed assistance with all ADL and with self-administration of medication. Class 1	ZZ815		