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
	AL11967824	A. BUILDING: _____ B. WING _____	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALFONSO'S ALF INC	17010 SW 100 AVENUE MIAMI, FL 33157

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A 000	Initial Comments AMENDED to revise citation-removed Medication Labeling and Orders, Staffing Standards/Staff. A Bi-annual relicensure survey with generator monitoring was conducted on at Alfonso Alf from through . Deficiencies were identified at the time of survey.	A 000		
A 010 SS=H	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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A 010	Continued From page 1 receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of	A 010		

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A 010	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	A 010		

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A 010	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	A 010		

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the continued appropriateness of placement for two out of seven sampled residents (Resident #1, #2). Resident #1 was monolingual in a language that the staff could not speak. Resident #2 was bedbound, required total care, and was not enrolled in hospice services. Findings included: 1) A review of the Florida Health Finder database showed that the population served by the assisted living facility was English- and Spanish-speaking. An observation on at 5:30 am revealed that Resident #1 had been breathing loudly and had been making a sound like ". Further observation revealed that the sound of the resident's breathing could be heard from outside the facility, although Resident #1 was seated at the dining table inside. An interview with Resident #1 at 5:42 am revealed that he spoke Creole. When asked if he could use an interpretation application (app) so that he could participate in a conversation about his health, Resident #1 could not respond. Further observation revealed that the resident had been unable to read the questions in Creole in the app. However, Resident #1 was able to the word " " when asked if he	A 010		

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A 010	Continued From page 5 was okay. A review of Resident #1's record revealed that he had been admitted to the facility on . Further review of Resident #1's health assessment revealed diagnoses of , , and , , . Further review of the health assessment showed that Resident #1 needed assistance with all activities of daily living. Resident #1 was identified as a risk, needed home health care, and spoke Creole. An interview on at 6:22 am with Staff C (Caretaker) regarding the , for Resident #1 revealed that Staff C stated in Spanish (via interpreter), "We gave it to him when it was difficult for him to breathe, and right now his breathing was normal." Staff C was asked who made the decision to give the medication because Resident #1 spoke Creole and no one there spoke Resident #1's language; however, that morning Resident #1 had been able to clearly state that he was . Staff C stated, "I don't care what he said; I made the decision when to give him the medication." Staff C was asked if she was a medical provider. Staff C stated, "No, but rescue told me that." A review of data from Mayo Clinic revealed, " was used to prevent (,) caused by , , . This medicine was also used to relieve an that was already occurring. , belonged to the group of medicines called . It worked by relaxing the and increasing the supply of and , to the while reducing its workload. When used regularly on a long-term basis, or just before exercise or a stressful event, this helped prevent from occurring."	A 010		

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A 010	Continued From page 6 An interview on in the morning with Staff C revealed that when asked if she had been able to communicate with Resident #1 in Creole, she stated she did not speak the language. When asked who had made the decision to give the medication because he spoke Creole and no one there spoke his language-and that morning he had clearly stated that he was -Staff C stated, "I didn't care what he said; I made the decision when to give him his medication." 2) An observation on at 10:44 am revealed Resident #3 was in bed with a hanging on the bed. Further observation revealed a bucket under the resident's bed with what appeared to be yellowish-brown liquid inside it. Staff C stated that the bucket was used for the resident to empty the . A review of Resident #3's health assessment dated revealed diagnoses of , , , and , . Further review revealed that Resident #3 needed supervision with eating and self-care (grooming). He needed assistance with ambulation, bathing, , toileting, and transferring. Resident #3 was identified as needing total care in the areas of ambulation, bathing, toileting, and transferring. He was on a diet, and meals were regular texture and thin in consistency. An interview on at 11:39 am with Resident #3 revealed that he was and had no issue that prevented him from using the bathroom. He stated that the reason why he had not gotten out of bed was because he did not feel comfortable using the walker, as he was afraid, he would . He	A 010		

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A 010	Continued From page 7 understood that the walker was for precautionary measures and that he had been told not to walk too much by his provider. An observation on at 12:00 pm showed that the Administrator was pushing Resident #3 in a wheelchair to the kitchen. An interview on at 12:36 pm with the medical office Administrator revealed that Resident #3 had undergone , surgery in and that during the recovery phase-specifically, the first few days after surgery-the resident had been advised to rest and not awalk too much until the removal of the staples that had been applied during surgery. The staples were removed seven days after surgery, and the resident was cleared to walk. An interview with Staff C on 11/18/2025 at 12:15 pm revealed that when asked why she was walking behind Resident #3 pushing the wheelchair, Staff C stated he did not walk much and that he had a weak . Class II	A 010		
A 027 SS=I	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	A 027		

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A 027	Continued From page 8 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 observation, record review and interview, the facility failed to make immediate medical arrangements for Resident #1 who was sitting at the table for more than 4 hours. The facility failed to attend a scheduled , , for Resident #2 to see his primary care physician for a prescription for prescribed medications to be given for more than 6 months. The facility also failed to make immediate medical arrangements for Resident #7 who was having difficulty breathing which resulted in the resident being transported to the hospital, where he . Findings Include: 1) A review of the admission and discharge log dated revealed an insert for Resident #7, which stated " at the []". Also, a review of Resident #7's health assessment showed a diagnosis of , , , and , , . Further review of the progress notes dated revealed "The resident had begun experiencing shortness of , . Rescue was called, and the rescue doctor spoke badly to the staff, asking why they had just called. Resident #7 was transported to [] where he was admitted." On the progress notes indicated "The resident continued to be admitted in the at [] in critical condition. The sister had called to notify	A 027		

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A 027	Continued From page 9 the facility he had , at 3:45 pm." An interview on at 1:00 pm with Staff C revealed that when asked what had happened to Resident #7, Staff C stated the resident's had been very hard and had been getting worse over a year. Resident #7 had started having very low , and they had called 911. 911 had arrived and had been rushing everybody, asking why it had taken so long to call them, and they had taken the resident to the []. A review of the run report dated at 7:00 pm revealed "Resident #7 was a male complaining of . On arrival, audible rales could be heard from the door. was on a with nothing in it; his , ox was at 50 with the machine going. He was alert and oriented times four (AAOX4) and moved all four extremities (MAEX4). Staff did not speak English and just pointed at the patient ( ) and eventually gave us papers. After bagging him, we were able to attempt Continuous Positive Airway Pressure (CPAP); his saturations were not holding, so R50 switched to using the Bag-Valve-Mask (BVM) and was able to keep his saturation in the 90s. Multiple attempts were made to get an ( ); had poor vasculature. was transported to [] for further medical evaluation and treatment." 2) An observation on at 5:35 am showed that Resident #1 was sitting at the table breathing coarsely with a loud sound. Resident #1 was asked if he was okay, and he replied, " ." Resident #1 was removed from the table and was placed in a recliner chair for 4 hours until he was taken by his case worker to receive medical care at the urgent care. No other	A 027		

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A 027	Continued From page 10 intervention was noted while the resident waited. A review of Resident #1's progress notes dated and revealed Resident #1 had been treated at the hospital for . A review of Resident #1's Health Assessment dated revealed a diagnosis of and . Further review of the health assessment showed Resident #1 needed physical assistance in all of his activities of daily living routines. Resident #1 was alert (unclassified), a risk, had an order for home health, and spoke Creole. An interview on at 5:57 am with Staff C (Caretaker) revealed that when asked if Resident #1 had received treatment for his , Staff C stated no, they had administered the pill for him when he was in distress. Staff C also stated that this breathing was normal when Resident #1 woke up or moved around. Staff C was informed that Resident #1 had been sitting, not walking or moving. Staff C stated, "I'll give him medicine to control his breath." The medication was identified as 0.4 mg tablet. The instruction stated to give 1 tablet under the for only. Staff C was asked if she knew what was intended for. Staff C stated, "If Resident #1 was in a crisis. When they brought Resident #1 here, we were told to give Resident #1 this medication when he was in crisis." An interview on at 6:07 am with the Administrator was asked if the breathing Resident #1 was displaying was normal, the Administrator stated yes. The Administrator was asked what the	A 027		

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A 027	Continued From page 11 intended purpose of the was. The Administrator replied, "When he got like that, this was why we gave him the medication." The Administrator was advised that a review of Resident #1's Medication Observation Record (MOR) did not state to give Resident #1 the " " for difficulty breathing and was asked to clarify. The Administrator stated, "That's what I understood." An interview on at 6:22 am with Staff C revealed that regarding the " " for Resident #1, Staff C stated that they gave it to him when it was difficult for him to breathe, and that at the time his breathing was normal. Staff C was asked who made the decision to give the medication since Resident #1 spoke Creole and no one spoke his language. However, that morning Resident #1 was able to clearly state that he was . Staff C stated, "I didn't care what he said; I made the decision when to give him the medication." Staff C was asked if she was a medical provider, and she stated, "No, but rescue told me that." A review of data from Mayo Clinic revealed " was used to prevent ( ) caused by . This medicine was also used to relieve an that was already occurring. belonged to the group of medicines called . It worked by relaxing the and increasing the supply of and to the while reducing its workload. When used regularly on a long-term basis, or just before exercise or a stressful event, this helped prevent from occurring." 3) A record review on revealed that	A 027		

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A 027	Continued From page 12 Resident #2 had been admitted into the facility on and was dependent. Further review of Resident #2's file revealed no prescription or documentation indicating that Resident #2 had been receiving the prescribed medication for a period of six months and a signed note by Resident #2 stated: "I, [Resident #2], under the supervision of the employees of Alfonso's ALF Inc., was responsible for supplying you with my as I did before I entered this facility. Very grateful," signed Resident #2. "The was applied in my at night." (photographic evidence obtained) An interview on at 11:28 am showed that the Administrator was asked about the document signed by Resident #2, and the Administrator replied, "The resident wished to give his own medication." The Administrator was asked where the and the log were, and the Administrator stated, "There was no log because Resident #2's friend brought the medication daily and gave it to him." A review of Resident #2's Health Assessment dated revealed that Resident #2 was Alert x2 and had a diagnosis of Solid of the ( ), , , and needed assistance with self-administration of medication. (photographic evidence obtained) An interview on at 1:00 pm with [ ], who said that he was Resident #2's friend, revealed that [ ] refused to provide his last name, indicating he did not feel comfortable providing it as he was nervous about why we had called him. [ ] stated that he had been helping	A 027		

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A 027	Continued From page 13 Resident #2 with the for about a month due to something bad happening to the resident a month prior. [ ] stated he was unable to go into further detail because he was at work and asked if he could call . An interview on at 11:45 am with the pharmacy revealed that, in reference to Resident #2's " ," "per the pharmacist, the last prescription was given on , , and the last prescription was written by the physician." An interview on at 12:49 pm with the Nurse Practitioner revealed, "[Resident #2] had come to the facility from the rehab. The Nurse Practitioner went to the facility to see [Resident #2] on . The doctor's office provided a prescription for the to [Resident #2] as a one-time courtesy due to the resident being uninsured." An interview on via phone at 1:11 pm showed that the Administrator was contacted for the physician's name for Resident #2, who was identified as a Limited Mental Health (LMH) resident. The Administrator was asked if she was aware that she needed to maintain the health information for the residents. Staff B stated that, at the time, Resident #2 did not have Medicaid. She stated that his friend brought the medication, and Resident #2 administered the medication himself. An interview on at 9:09 am revealed the Administrator stated that Resident #2 had gone for an , , with [ ] on with Staff C but did not stay because it was crowded. The Administrator was asked what she had done since . The Administrator stated	A 027		

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A 027	Continued From page 14 Resident #2 had had an , , on and they could not complete the , , due to a letter of financial stability that needed to be notarized (photographic evidence obtained). The Administrator further stated they had been trying to reach out to [ ], the friend, to assist her with getting medical insurance. The Administrator was asked if she was aware that [ ] was not Resident #2's legal guardian. The Administrator stated, "Yes, but he was the one helping with the medication." She further stated that he had an , , to go to [clinic] on Monday, . An interview on at 4:03 pm with [ ], friend of Resident #2, revealed that [ ] was asked where he had obtained the for Resident #2. [ ] stated that he had been purchasing it through [ ] pharmacy; the price was $81.00 a bottle. [ ] stated he did not know the name of the pharmacy and did not need a prescription since the medication was not a or controlled medication. [ ] further stated that Resident #2 had been homeless for 7 months before being admitted to Alfonso's ALF, and that was the reason why he was handling his medication. [ ] also stated that Resident #2 had refills until the end of and that the name of Resident #2's psych doctor was [ ], though he did not know where the doctor was located. During the interview, [ ] was asked to email a picture of the bottle and the prescription showing Resident #2's name on it. [ ] laughed and said yes, but he stated he would be traveling. Class II	A 027		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 15 59A-36.007 (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;	A 030		

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A 030	Continued From page 16 2. and tobacco use; 3. Medication storage; 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	A 030		

Agency for Health Care Administration

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A 030	Continued From page 17 facility shall have the right to: (a) Live in a safe and decent living environment, 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	A 030		

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A 030	Continued From page 18 the right to independent personal decisions. No religious beliefs or practices, nor any attendance 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	A 030		

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A 030	Continued From page 19 of the facility, governing officials, or any other person without , interference, coercion, 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	A 030		

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A 030	Continued From page 20 residents.- (1)(a) A resident shall be given the option of using 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 record view and interviews, the facility failed to have consideration, recognize the individuality and right to privacy for 4 out of seven sampled residents (Residents #1,2,3,4). Findings include: 1) Observation on at 10:12 am in the room of Resident #4 the armoire was used to store all the facility linen and towels. Further observation revealed at the top of the closet to the right were resident files. (photographic evidence obtained) Interviewed on at 10:15 am Staff C (Caretaker) stated that there was nowhere to	A 030		

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A 030	Continued From page 21 store the linen and towels, so they could not move them. Interviewed on at 10:17 am the Administrator acknowledged that the linen and towels belong the all the residents in the facility, and said she would have someone to move them. 2) Observation on at 10:44 am revealed # was shared by Residents #2 & #3. Staff C entered the room of Resident's #2 & #3 without knocking. Resident #2 was observed in bed with a hanging on the bed. Further observation revealed a bucket under the resident bed that is used for the resident to empty . (photographic evidence obtained) Interviewed on at 10:47 am, Staff C about the and bucket under Resident #2 bed. Staff C states that he used the and bucket because he had , surgery 4 years ago and he was told by his provider not to walk as much. However, Resident#2 could get out of the bed but only got up if he needed to have a bowl movement. Interviewed on at 11:39 am Resident #2 stated that he had , surgery 4 years ago and , surgery 3 days earlier on his left , at []. Resident#2 further stated the reason why he didn't get out of bed was that he didn't feel comfortable using the walker because he was afraid that he would . Interviewed on at 12:36 pm with the medical office Administrator revealed the resident had , surgery in of 2022 and during the first few days after the surgery, the resident was	A 030		

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A 030	Continued From page 22 advised to rest and not ambulate too much until the removal of the staples that was applied during the surgery. The staples were removed 7 days after the 2022 surgery and the resident was cleared to ambulate. 3) Observation on at 1:49 pm Resident #1 was observed sitting in a recliner chair covered with a blanket. Staff C was later observed assisting Resident #1 from the chair, upon exiting the chair, there was a foam pillow with a black garbage bag covering it. Interview on at 5:42 am with Resident #1 revealed that he spoke Creole. When asked if he could use an interpretation application (app) so that he could participate in a conversation, Resident #1 could not respond. Further observation revealed that the resident was unable to read the questions in Creole in the app. However, Resident #1 was able to the word "No" when asked if he wanted the plastic bag covering the pillow on the chair. Interview on at 1:50 pm the Administer was asked why a bag was there covering the pillow on the chair, the Administrator stated it's because Resident #1 doesn't like the way the chair feels. (photographic evidence obtained). A review of Resident #1's demographic sheet showed that he was admitted to the facility on and his native language is Creole. A review of Resident #1's health assessment showed a diagnosis of , , and , , . Also, Resident #1 needs	A 030		

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A 030	Continued From page 23 assistance with all his activities of daily living, is identified as a risk, and needs home health services. Further review of the health assessment revealed that Resident #1 needed a Vegan diet. Observation on at 7:15 am revealed Resident #1 and Resident #3 being served a Sunnyside egg toasted hamburger with butter, coffee and was not offered any alternative. A review of a "Regular" breakfast menu dated at 7:18 am showed the menu consisting of " or Hot cereal, Bread with margarine, milk, cup of juice and coffee." A review Resident#1 records dated revealed a resident agreement contract, waiver for assistance with self -medication, a right to choose furniture and a therapeutic diet policy written in English and signed by Resident #1 who did not speak or read English. Interviewed on am at 6:02 am Staff C was asked if she was able to communicate with Resident #1 in Creole. Staff stated she did not speak the language. Interview on at 1:50 pm the Administer was asked why a bag was there covering the pillow on the chair, the Administrator stated it was because Resident #1 didn't like the way the chair felt. (photographic evidence obtained). Class II	A 030		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin	A 052		

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A 052	Continued From page 24 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into	A 052		

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A 052	Continued From page 25 the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH	A 052		

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A 052	Continued From page 26 SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving	A 052		

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A 052	Continued From page 27 the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility staff failed to follow the proper procedure when assisting with self-administration of medications for four out of seven (#1, #4, #5, #6) sampled residents. Findings included: On at 6:46 am, Staff C was observed preparing the medication (medications) for Resident #1 on the television stand in the living room. During the preparation of the medication, Staff C dropped a pill on the floor. Staff C continued with the preparation of the medication	A 052		

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A 052	Continued From page 28 and provided the medications inside a cup to Resident #1 while he was having difficulty breathing. Staff C then stepped away from Resident #1, picked up the pill off the floor, and disposed of the pill by dropping it in the trash. Staff C did not wait to observe or ensure that Resident #1 had effectively consumed and swallowed the medication. On at 6:52 am, Staff C was observed preparing the medication (medications) for Resident #5. Staff C assisted Resident #5 with taking his medication but did not give the name of the medication or explain what the medication was for. Further observation revealed that Staff C did not ensure Resident #5 had consumed or swallowed the medication provided. On at 7:01 am, Staff C was observed preparing medication for Resident #4. Staff C was observed counting the medication administration cards to ensure she had all the medication but did not compare the medications to the Medication Observation Record (MOR). Staff C then punched out the medication, placed the medications inside a medication cup, and provided them to Resident #4. Further observation revealed that Staff C did not observe the resident consuming or swallowing the medication. On at 7:08 am, Staff C was observed assisting Resident #6 with the self-administration of medication. After providing Resident #6 with the medication, Staff C did not ensure the resident had consumed and swallowed all the medication. During an interview on at 1:10 pm, the Administrator acknowledged that Staff C had not	A 052		

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A 052	Continued From page 29 followed the procedure to assist with the medications and stated she would have Staff C retrained. Class III	A 052		
A 077 SS=F	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in	A 077		

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A 077	Continued From page 30 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: 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	A 077		

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A 077	Continued From page 31	A 077		

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 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

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A 077	Continued From page 32 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 and interview Administrator failed to ensure supervision, manage staff, upkeep of maintenance, and operations of the facility to provide suitable care for all residents. Findings include: Observations on at 11: 30 AM revealed when asked about the facility protocols and to retrieve records, records maintenance, and residents' rights, the Administrator did not know facility protocols and asked Staff B (caregiver) and Staff C (caregiver) to locate the facility and residents' records. Administrator failed to maintain resident's records when asked to provide plan of care for resident #4. During an interview on at 10: 39 AM the Administrator was informed that each resident should have a wardrobe space. The Administrator stated that a state representative stated it was ok if there were no closets for all rooms. The Administrator was asked to provide the documentation during the tour but failed to. During an interview on at 1: 20 PM when asked about the most recent Plan of Care for Resident #4 Administrator was incapable of locating the Plan of Care. A nurse from a home	A 077		

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A 077	Continued From page 33 health agency came and brought a cluster of papers to the Administrator. After discovery, Resident #4 records were not on file. During an interview on at 11:45 AM when asked about the admission records the Administrator forgot to remove previous residents' records. Class III	A 077		
A 084 SS=E	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be	A 084		

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A 084	Continued From page 34	A 084		

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

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A 084	Continued From page 35 previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.	A 084		

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A 084	Continued From page 36 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure that staff implemented Self-Administration of Medication Training for four out of six sampled residents (Resident #1, #3, #4, #5, #6) Findings include: Observations on at 6:46 AM revealed medication administration by staff #C. Providing Resident #3 with water, staff #C prepared the medication by sitting them on the table in the living room area and placing each pill in a medication cup. During preparation of the medication, staff #C dropped a pill on the floor, she continued preparing the meds and gave the cup to Resident #3 to consume himself. Resident #3 took the pills while having difficulty breathing staff #C did not Ensure that all medication where effectively consumed. After providing the medication to Resident #3, staff #C picked up the pill off the floor and dropped it inside the trash in the kitchen along with the gloves she had on. Observations on at 6:52 AM revealed medication administration to Resident #5. Resident #5 was observed wearing a pair of glasses with one arm on them. Resident #5	A 084		

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A 084	Continued From page 37 stated they have been broken for about a week, Resident #5 also stated that he has new glass, but they do not fit. One side up and one side is down. Staff #C assisted Resident #5 with taking his medication but did not explain what the medication was for and she did not observe him consuming nor swallowing the medication. Observations on at 7:01AM revealed medication administration to Resident #1, staff #C was observed counting the medication administration cards to ensure she had all the medication. Staff #C then punched out and administered it to the Resident #1. She did not observe her consuming or swallowing the medication. Observations on at 7:08 AM staff #C assisted Resident #6 with self-administration of medication, and she check to see if he consumed and swallowed all medication. A review of the facility's Employee Review discovered (staff #A, #B, #C) Self-Administration Medication Training accuracy, lacking documentation, license number and telephone number of the trainer to validate the Self-Administration of Medication Training course. Class III	A 084		
A 093 SS=I	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living	A 093		

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A 093	Continued From page 38 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. 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,	A 093		

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A 093	Continued From page 39 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 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,	A 093		

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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 093	Continued From page 40 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, interview and record review, the facility failed to ensure dietary needs were met for 4 out of 6 sampled residents (#1, # 3, # 5). The facility failed to provide an menu based on the dietary needs of 4 out of 6 residents. (#1, # 3, # 5). The facility failed to offer a meal substitution or document a change in the menu. Findings includes: Observation on at 11:30 am revealed Resident #3 and #5 were provided a meal of Rice, Beans, Toasted Hamburger , Peaches, Juice and water.	A 093		

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	AL11967824	A. BUILDING: _____ B. WING _____	12/31/2025

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A 093	Continued From page 41 A review of the lunch menu dated 11/18/2025 showed "Regular Diet" and the meal for the day consisted of Rice, Beans tortilla, fruit cocktails, salad juice and water. 1) A review of Resident #3's health assessment dated showed diagnoses of , , and . Further review of Resident #3 health assessment revealed Resident #3 was prescribedon diet, and the meal to be provided was regular with thin consistency. Observation on at 11:30 am revealed Resident #3's meals where not thin in consistency did not meet the dietary standard of the prescribed diet. 2) A review of Resident #5 health assessment dated shows a diagnosis of due to secondary type 2, D deficiency, cigarette dependence, Primary , Hypertensive adenopathy. Further review of Resident #5 health assessment revealed Resident #5 was precribed a regular low- diet with no reduced concentrated sweets. Observation on revealed Resident #1 and Resident #3 being served a sunnyside egg, toasted hamburger with butter and coffee.	A 093		

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A 093	Continued From page 42 A review of the breakfast menu dated 11/21/2025 "Regular Diet" and the meal for the day consisted of " or Hot cereal, bread with margarine, milk, cup of juice and coffee" 3) A review of Resident #1 health assessment dated shows a diagnosis of , and , , . Further review of Resident #1 health assessment revealed Resident #1 needed a regular Vegan diet. 4) A review of Resident #4 health assessment dated showed a diagnosis of Hyponatremia, , , , Type, , Tardive Dyskinesia, , ,), and , ( ). Further review of Resident #4 health assessment revealed Resident #4 needed a regular low salt diet with no concentrated sweets. Interviewed on at 7:47 am, the Administrator about the resident's diet, the Administrator stated, "since he's been here, he has been on a regular diet." Class II	A 093		

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A 152	Continued From page 43	A 152		
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, 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	A 152		

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A 152	Continued From page 44 be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide six out of six sampled residents (Resident's #1, #2, #3, #4, #5, #6) wardrobe space for hanging clothes, nightstand, and bedside lamp or floor , . Also, the facility failed to provide six out of six sampled residents (Resident's #1, #2, #3, #4, #5, #6) a safe living environment and be free of hazards; Findings include: 1. Observations on at 10:14 AM Resident #1 revealed no closet space with rod to hang clothing, and no nightstand. During an interview on at 10:15 AM, when asked how she implemented wardrobe space for residents, the Administrator advised that Resident #1 used bedroom dressers provided by the facility. She stated a representative from the state verbally told her it was ok if there were no closet and wardrobe space for all rooms. The Administrator was informed that each resident should have wardrobe space. The Administrator was asked to provide the documented waiver for removal of wardrobe space during the tour but failed to. Observations on at 10:22 AM revealed that (Residents #2, #3, #4, #6) did not have closet space with rod to hang clothing, nightstand, and bedside lamp or floor lamp. 2. Observations on at 10:19 AM revealed unlocked storage area containing central air condition unit had cleaning supplies; bleach stored below.	A 152		

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A 152	Continued From page 45 During an interview on at 10:19 AM when informed that cleaning bleach left in the unlocked storage area was accessible to residents, the administrator confirmed and voiced ok, that she would remove the cleaning supplies. Observations on at 10:41 AM revealed unlocked cleaning supplies; all-purpose cleaner containing bleach exposed above washing machine near Resident #3, #4, #5, #6 room. 3. Observations on at 10:24 AM exit door in Resident #2 revealed kitchen chairs outside of room with outside debris in residents' common area. Further observation showed Resident #3 came outside to smoke a cigarette and sat on the chair. During an interview on at 10:25 AM when informed about interior chairs with outside debris is harmful to residents, the Administrator voiced ok. Class III	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or	A 160		

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A 160	Continued From page 46 other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's	A 160		

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A 160	Continued From page 47 contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices;	A 160		

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A 160	Continued From page 48 (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated 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 observation and record review the facility failed to provide an up-to-date admission to discharge log with the justification for the discharge, the discharge destination address, and facility name. Findings include: During an interview on at 12:45 PM when asked about the admission to discharge log the Administrator responded the residents on the log are all the same people and she didn't know she had to include reason for transfer to hospital, the address, and facility name for discharge destination. A review of the facility's admission to discharge log revealed on Resident #7 discharged, reason for transfer to another Assisted Living Facility (ALF). The facility discharge log did not include the ALF name for transfer. A review of the facility's admission to discharge log revealed on Resident #8, reason for discharge at Hospital. The admission/discharge log did not include reason	A 160		

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A 160	Continued From page 49 for transfer to hospital and hospital name. Class III	A 160		
A 162 SS=E	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.	A 162		

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A 162	Continued From page 50 Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at:	A 162		

Agency for Health Care Administration

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A 162	Continued From page 51 http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by:	A 162		

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A 162	Continued From page 52 Based on Observation and Record Review, the facility failed to properly maintain, records for Resident 1, Resident 2, Resident 3, and Resident 5 (4 of 7 residents sampled). Findings include: Observation conducted on at 7:10 AM during the facility tour revealed that, upon inspection of refrigerated medications, an , belonging to Resident 3 was found. It was noted that Resident 3 had been self-administering . Review of the health assessment (Form 1823, page 3) indicated that Resident 3 needed assistance with self-administration of medications and was diagnosed with type 2 . Review of Resident 1's health assessment (Form 1823, Section 2) showed that the resident needed assistance with self-administration, yet the resident was asked to sign a blank form to waive this assistance. Review of Resident 2's hospital discharge summary revealed a list of multiple diagnoses not reflected in the updated health assessment: acute , , hypertensive left hypertrophy, , , ( ), , due to acquired atrophy of the , and . The discharge showed home health services were required but there was no documentation of these services coordinated by the facility. Staff C claimed services were not needed, however Form 1823 and the hospital discharge both indicate a need for nursing assistance. Review of Resident 5's health assessment showed the resident needed assistance with	A 162		

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A 162	Continued From page 53 self-administration of medication and had a diagnosis of . Class III	A 162		
A 163 SS=F	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on observation, interview, record review the facility modified facility records and used white-out for four out of seven sampled residents (Resident #2, #3, #4, #5) Findings include: 1) A review of Resident #2 Resident's Demographic Information Sheet dated revealed the admission date was covered by white out. A review of Resident #2 progress notes dated revealed the facility used white out on Resident #2's progress notes and wrote in that (translated from Spanish) the resident's family brought the resident some clothes. Further review showed that the original writing beneath the white out read that the family brought the resident some medicine.	A 163		

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A 163	Continued From page 54 2) A review of Resident #3's alternate care certification , , , form revealed the name, date of birth, social scurity number, the facility name, address and telephhone number, as well as reident's income amout were covered by white out. 3) A review of Resident #4's Resident's Agreement revealed. A pen was used to cross out resident rights, duty, and , termination of residency agreement and bed policy text. The facility crossed out text and transcribed the termination of residency agreement and bed policy, overwriting 2025 with permanent marker. Further review showed that the termination of tenancy notification by tenant requirement was changed from 30 days to 3 days. In addition, the bed hold policy was crossed out, changing the number of days a bed would be held from 21 days to eight days. 4) A review of Resident #6 progress notes dated showed that the facility used white out on Resident #6 progress notes. A review of Resident #4's , , , form on at 11:40 AM revealed the facility used white out on Resident #4's alternate care certification , , , form.	A 163		

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	AL11967824	A. BUILDING: _____ B. WING _____	12/31/2025

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A 163	Continued From page 55 Observations on at 10:50 AM during the facility file review, it was revealed that several forms were found with white out and overwritten. During an interview on at 10:51 AM, when asked why resident records had been modified and overwritten with white-out, the Administrator stated that she was unaware of the practice. Class III	A 163		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her	A 165		

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A 165	Continued From page 56 consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The	A 165		

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A 165	Continued From page 57 agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to file required adverse incident reports after residents were taking to a higher level of care. Resident #7 had breathing difficulties, was found by paramedics to have no medication in the and subsequently at the hospital. Resident #1 was hospitalized after having breathing difficulties. Findings include: 1) A review of Resident #7's file notes showed that on (translated from Spanish) the	A 165		

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A 165	Continued From page 58 resident had a lack of ˛˘ ( ). Emergency Medical Services( ) were called and the resident was transferred to [ ] hospital, where he was admitted for four days. A review of the incident report database found no documentation of the hospitalization. 2) A review of the Admission/Discharge log showed that Resident #7 at the hospital on . A review of Resident #7's file notes showed that on (translated from Spanish) showed that the resident had a lot of lack of ˛˘ (severe). Emergency Medical Services( ) were called. The staff mistreated the staff and the resident ('La Doctora'). They took him to [hospital] . An additional note revealed that on the resident was still hospitalized in a 'critical state'. The resident's sister called the facility to notify staff that the resident had ˛˘ . A review of the Ambulance Run Record dated at 7:00 pm revealed "Resident #7 was a 65 yr old male complaining of . On arrival audible rales could be heard from the door, (patient) was on a with nothing in it, his ˛ ox (˛˘ level) was at 50 with the machine going. He was Alert and Oriented times 4 (AAOX4), Moves all four extremities times 4 (MAEX4), Staff did not speak English and just pointed at the patient ( ) and eventually gave us papers. After bagging him we were able to attempt the Continuous Positive Airway Pressure (CPAP), his ˛˘ saturations were not holding, [Rescue] (switched to using the Bag-Valve-Mask (BVM) and was able to keep his ˛˘ saturation in the 90's. Multiple	A 165		

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A 165	Continued From page 59 attempts were made to get an ( ), had poor vasculature. was transported to [] for further medical evaluation and treatment." A review of Resident #7's health assessment showed a diagnosis of , , ,

Agency for Health Care Administration

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A 165	Continued From page 60 Class III	A 165		