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
	AL11969963	A. BUILDING: _____ B. WING _____	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA PAZ II ALF INC	60 NW 33RD AVE MIAMI, FL 33125

(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
ZZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility with a license capacity for 14 beds exceeded its capacity. The facility was found with 15 residents. Findings: In an interview on , at 8:15AM, Staff C stated that there were 15 residents at the facility Record review of the Agency for Health Care Administration's license capacity for the facility was 14 residents. Record review of the admission and discharge log revealed that there were 15 names on the list.	ZZ828		

AHCA Form 3020-0001

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

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ZZ828	Continued From page 1 A tour of the facility on from 8:15AM to 9:44AM revealed that there were observed to be 10 rooms at the facility with a total of 15 residents assigned to various rooms. On an interview on at 9:21AM with Staff A., the Assistant Administrator for the Facility's group, when asked why there were 15 residents at the facility when the facility was licensed for 14 residents, Staff A stated that they have space for four independent residents. He stated that when there are independent residents according to regulations, you can have residents outside of the licensed amount. The independent residents do not count as part of the total licensed amount. Unclassified	ZZ828		

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A 000	Initial Comments An ECC, LNS Monitoring survey was conducted at Villa Paz II ALF, Inc. On . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=E	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to be aware of the whereabouts of a resident to prevent a . Furthermore, the facility failed to monitor the resident's surroundings to ensure that the residents did not store over the counter medication in their quarters. Findings: On at approximately 10:00AM, observed a room of double beds. Observation on at approximately 8:00AM, revealed that Resident #1 was assigned to # in the facility.	A 025		

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A 025	Continued From page 2 On an interview with Staff C on at approximately 8:10AM, Staff C stated that Resident #1 went to the hospital at 715 AM. Resident #1 had and was disoriented. Staff C stated that Resident #1 had gone out of the facility. He was found by a neighbor. On an interview with Staff B on at 10:20AM regarding at the facility, Staff B stated Resident #1 had before. Staff C stated that resident #1 had a walker but he had to be reminded and encouraged to use it. Staff B stated that resident #1 tended to walk fast. On an interview with Staff C on at 10:20AM Resident #1 - left at 6:00AM to go outside to walk and smoke. Resident #1 climbed over the gate. Resident #1 was brought to the facility by a man who saw him on the floor and brought him to the facility. Staff C stated that Resident #1 was walking but disoriented. Staff C stated that Rescue came and took vital signs and and that Resident #1's was a little high. Staff C stated that Rescue took Resident #1 to the hospital. On at 8: 48 AM- observed- discontinued medication of Resident #7 and over the counter medication in the Employee room. observed in a plastic file drawer. On 8:48AM Staff C stated that they keep the over-the-counter medication in the employee room for the residents when they need it. at 8:48AM, Staff A stated that they were waiting to dispose of the discontinued	A 025		

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A 025	Continued From page 3 medication of Resident #7. On at. 8:59AM, a container was observed in a compartment of a nightstand of Resident #6. On an interview of Staff A on at 8:59AM, Staff A stated that sometimes when the residents go out, they return with items that the facility is not aware of. Class III	A 025		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;	A 055		

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A 055	Continued From page 4 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued	A 055		

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A 055	Continued From page 5 medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to discard medication of a discharged resident. The facility failed to properly store over the counter medication. Findings. On at 848 AM-observed - discontinued medication of a resident and over the counter medication in a drawer of the Employee room. On at 8:48AM, in an interview with Staff C, stated that they keep the over-the-counter medication in employee room.	A 055		

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A 055	Continued From page 6 On at 8:48AM, Staff A stated that they were waiting to dispose of the discontinued medication. On at 8:48AM, it was observed that a medication prescribed to resident #7 was stored in the employee room. Record review of the facility's Admission Discharge log revealed that Resident #7 was no longer at the facility. Resident #7 was discharged on . Class III	A 055		
A 152 SS=E	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	A 152		

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A 152	Continued From page 7 clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on Observation and Interview, the facility failed to accommodate residents in a room providing them with adequate space for storage and a comfortable existence. Findings: On at 8:48AM, Resident #4 and Resident #5 were observed in a room of the facility. Resident #4 and Resident #5 were assigned to the same double room. On at 8:48AM, a dresser drawer assigned for use by resident #4 was observed in the closet of the room. On at 8:48AM, a wheeled walker and wheelchair were observed in the room. The wheeled walker and the wheelchair were used by Resident #4.	A 152		

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A 152	Continued From page 8 On at 8:48AM, the wheelchair was observed at the of Resident #5's bed. On at 8:48AM, in an interview, Staff A stated that the wheelchair was for the use of Resident #4. 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 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	A 160		

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A 160	Continued From page 9 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 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	A 160		

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A 160	Continued From page 10 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; (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, Interview and Record Review, the facility failed to have an updated Admission Discharge log. Findings.	A 160		

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A 160	Continued From page 11 On , on a tour of the facility rooms between 815 and 9:44AM 10 resident rooms and 15 assigned residents were observed. Record review of a census log of the facility listed 15 residents Record review of the Admission Discharge log revealed that Resident #2 and Resident #3 were not listed. Record review of the facility's census log revealed that Resident #2 and Resident #3 were independent residents. On an interview on at 9:21AM Staff A stated that the independent residents do not count as part of the total licensed amount. of residents. Class III	A 160		
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS	AN278		

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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
AN278	Continued From page 12 A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have progress notes updating the care and progression of services on a resident meeting LNS criteria. The facility failed to provide documentation on residents' LNS care. Findings. On at 8:49AM, Resident #5 was observed in a room of the facility. On at 8:49AM, Staff A stated that Resident #5 was part of an early discharge program of a local hospital. Staff A stated that arrangements were made for , care supplies for Resident #5. On at 1230- in an interview Resident #5 stated that she received training from a nurse on how to take care of her , . Resident #5 stated that she takes care of her , herself. On at 12:30PM, Resident #5 stated that she was waiting for an , , from the doctor to find out when they were going to close the , . Record review of Resident #5's file revealed a prescription for , care and education on , car.	AN278		

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
	AL11969963	A. BUILDING: _____ B. WING _____	02/13/2026

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AN278	Continued From page 13 Record review of Resident #5's file revealed monthly documentation on Resident #5's progress at the facility however documentation did not address the ,. Class III	AN278		