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
	AL11967003	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAMAR SENIOR LIVING VI, INC	15364 SW 10TH STREET MIAMI, FL 33194

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A 000	Initial Comments A re-licensure survey was conducted at Miramar Senior Living VI on . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility had failed to implement a hygiene program and failed to ensure that one out of three sampled staff (Staff B) followed	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 hygiene practices that would have reduced the risk of transmission of according to the facility's control policy. Findings: In an observation at 8:00am showed medication pass given by Staff B (caregiver) to Resident #4. A further observation revealed Staff B dropped a medication on the table, then picked up the medication (1 mg. tab) with her gloves and placed the medication in a small disposable cup for Resident #4 to take it orally. In an interview on at 8:01am, Staff B was told why she picked up the medication from the table and gave it to Resident #4 to take it, she stated, "Yes I know, it just dropped on the table, and I gave the medication to her." Review of Staff B's record showed a certificate for Control dated for 3 contact hours (photographic evidence obtained). Review of control policy and procedure stated washing is the single most important practice for preventing the spread of and . Proper washing will be completed as part of regular work practice and routine, regardless of the presence or absence of any recognized and . Staff are also expected to assist people served to ensure regular washing. washing will occur often and will include thorough use of water, soap, rubbing vigorously together for 20 seconds, rising and drying completely. Class III	A 036		

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A 057	Continued From page 2	A 057		
A 057 SS=D	59A-36.008(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription. (a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply. (b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A	A 057		

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A 057	Continued From page 3 health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications. This Statute or Rule is not met as evidenced by: Based on Observation and interview, the facility failed to ensure that all over the counter medication was properly labeled for the intended resident. The facility also failed to ensure that all over the counter medication was locked in a secure environment. Findings: An observation on at 7:06am revealed a container of Thickener unlocked in the kitchen cabinet. (Photographic evidence obtained) In an interview on at 7:07am - Staff B (caregiver) was asked why the Thickener unlocked in the kitchen cabinet, she stated, "It should not be there, it should be locked away." Impact on Medication Bioavailability Thickeners can interfere with how the body absorbs medication. This is a , critical issue for individuals on multiple medications or those who rely on precise dosage. The altered viscosity can change the breakdown rate of pills and capsules, delaying or decreasing the amount of medication that reaches the bloodstream. This can result in sub-therapeutic levels of a drug, rendering it less effective. For time-release medications, this effect can be , daily. This complication is mostly pronounced with thicker consistency and in patients, like the elderly, who are already on multiple medications.	A 057		

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A 057	Continued From page 4 It is essential to consult a pharmacist or physician to determine if and how medication schedules need to be adjusted. Class III	A 057		
A 152 SS=D	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	A 152		

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A 152	Continued From page 5 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 maintain a clean and safe environment, free of hazards. Findings: An observation on at 6:35am showed no individual lamp and no dresser for Resident # 5 in # . In an interview on at 6:36am, Staff B (caregiver) was asked why there was no lamp or dresser for Resident #5, she stated, "Because we have an . . apparatus by the bedside at this time." An observation on at 6:37am revealed paint discoloration against the wall by Resident #5's bed. (Photographic evidence obtained) An observation on at 6:38am revealed a red needle sharpy plastic box underneath Resident #6's bed. In an interview on at 6:39am, Staff B (caregiver) was asked why there was a red needle sharpy plastic box underneath Resident #6's bed, she stated, "I have it there because it is ready for the hospice nurse when she comes in."	A 152		

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A 152	Continued From page 6 In an interview on at 6:40am, Staff B (caregiver) was asked why there was paint discoloration against the wall by Resident #5's bed, she stated, "Well, I need to let my administrator know about that." Class III	A 152		
A 182 SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all staff were trained in their duties and able to implement the emergency management plan, two of three sampled staff (Administrator and Staff C) In an interview on at 7:14am Staff C (caregiver) was asked if she knew how much fuel was needed for emergency preparedness, she stated, "I am not sure. I need to ask the administrator for that. I think we need 7 gallons." An observation on at 7:17am - Staff C (caregiver) was asked to show the emergency fuel. Found fuel in a locked container in the backyard. It showed 12 / 5 gallons red containers,	A 182		

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A 182	Continued From page 7 2 of 5 gallons were not at full capacity. (photographic evidence obtained) In an interview on at 7:27am the Administrator was asked if she knew how much fuel it was needed for emergency preparedness, she stated, "I am not sure how much we need." Review of Staff C's file revealed Staff C was hired on and a certificate for Emergency Management dated for 2 hours. Administrator was hired on and a certificate for Emergency Management dated for 2 hours. Class III	A 182		