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 _____	R 04/20/2026

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up re-licensure survey was conducted at Alfonso ALF from - . Deficiencies were identified at the time of survey. Class 1 deficiency was found at tag #A025, and A056 A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's non-compliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. The Class I non-compliance began on . The facility Manager was notified of the Class 1 non-compliance on . The census at the start of the survey was five residents. The facility failed to follow an order to discontinue a medication (Betablocker) for more than 60 days after discharge from the hospital for , caused by the medication. The facility failed to provide adequate supervision and maintained a general awareness of the residents' whereabouts for one out of five sampled residents who was dependent and left the facility without staff knowledge for three days. The facility failed to treat the resident with consideration and recognize the individuality of one out of five sampled residents who was	{A 000}		

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{A 000}	Continued From page 1 monolingual and was unable to communicate with his caregivers and failed to ensure that the resident obtained adequate and appropriate health care. The following is a description of the deficiencies found at the time of the visit: A0010, A0025, A0027, A0030, A0032, A0052, A0054 A0055, A0056, A0058, A0077, A0092, A0152, A0160, A0162, A0163, A0165, A0182, Z827	{A 000}		
{A 010} SS=D	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 010}		

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{A 010}	Continued From page 2 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 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	{A 010}		

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{A 010}	Continued From page 3 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 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:	{A 010}		

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{A 010}	Continued From page 4 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 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	{A 010}		

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{A 010}	Continued From page 5 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 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 appropriateness of continued residency of one out of five sampled residents (5). The Resident was monolingual in a language the facility staff did not understand and were unable to communicate with the Resident. Findings included: A review of the facility's profile on Florida Health Finders revealed the facility served English and Spanish language populations. Interviewed on at 5:42 AM, Resident 1 could only communicate in Haitian Creole. When asked if he could use an interpretation software application to participate in a conversation about his health Resident 1 did not respond. Observation revealed that Resident 1 was unable to read the questions in Creole on the interpretation application. A review of the admission and discharge log showed that Resident 1 was admitted to the facility on . A review of Resident 1's health assessment dated showed diagnoses of high and	{A 010}		

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{A 010}	Continued From page 6 Physical limitations showed generalized . . status showed the Resident was alert and oriented to self and calm. Nursing requirements showed the Resident needed with activities of daily living with special precautions for . The activities of daily living (ADL) showed the Resident needed assistance with all ADL of ambulation, bathing, , eating, self-care, toileting and transferring. Special diet instructions showed diet. The Resident needed assistance with self-administration of medication. Interviewed on at 6:30 AM, Resident 1 could only communicate in Creole language. Interviewed on at 11:08 AM the Administrator stated that the staff could not communicate with Resident 1 because he only spoke Creole. The Administrator further stated that a case manager was looking to transfer Resident 1 to a facility that employed Creole speaking staff. A review of financial records revealed that the facility accepted a payment of $3,000 to keep Resident #1 placed in the facility. Further review of financial and resident records revealed no documentation of accommodation the facility made to provide services in a language that the resident could understand. Uncorrected Class III	{A 010}		
A 025 SS=J	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26	A 025		

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A 025	Continued From page 7 (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 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	A 025		

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A 025	Continued From page 8 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 record review and interview, the facility failed to provide adequate supervision and maintained a general awareness of the residents' whereabouts for one out of five sampled residents who eloped from the facility and was found three days later (Resident #5). The facility also failed to maintain an up-to-date written record that documented significant changes in residents' conditions, including illness that required medical attention or developments that resulted in initiation or modification of services for [Resident #5.] Findings Include: A review of Resident #5's progress notes revealed that on , Resident #5 left the facility after lunch to go to the store to purchase cigarettes. The notes further stated that around 3:00 P.M., when Resident #5 had not returned, Staff B (Caregiver) notified the Administrator. The notes showed the Administrator arrived at the facility at 8:00 P.M., filed a missing person's report, and notified the family member of	A 025		

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A 025	Continued From page 9 Resident #5. Further review of the progress notes revealed Resident #5 was found three days later, sleeping at a store 24 miles away from the facility. The record stated Resident #5's clothing when he was found was soiled with and feces. During an interview on at 11:05 A.M. Staff B stated that "[Resident #5] had lunch, went to get cigarettes and did not come ." Staff B further stated, "I checked for hours and nothing. We were here until 10 o'clock with the police. I searched all over the house and outside and he was not anywhere; I immediately called the Administrator. On Monday ( ), a friend of the facility told the Administrator that [Resident #5] was seen downtown, and the Administrator went to look for him." During an interview on at 11:08 A.M., the Administrator stated that on , Staff B contacted her around 11:00 A.M. to inform her that Resident #5 went to get cigarettes after lunch. Three hours later, the Administrator arrived at the facility and attempted to locate Resident #5. The Administrator also stated the facility waited to see if Resident #5 would return and at 8:00 P.M. She stated that when Resident #5 failed to appear, the decision was made to call the police and file a missing person's report. The Administrator further stated days later a person that visited the facility called to let the facility know that they had seen a person that looked like Resident #5 near a clothing store 24 miles away from the facility. The Administrator stated Resident #5 was found sitting in front of a jewelry store. Resident #5 was then taken to the facility, his community health program was contacted, along with the police and his doctor. The facility asked the resident if he wanted to go to the hospital, but the resident refused. The	A 025		

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A 025	Continued From page 10 Administrator stated that no specific procedures were put in place to prevent further elopement, as Resident #5 was considered independent. A review of Resident #5's health assessment dated showed that the resident had been diagnosed with , , due to secondary type II, D deficiency, , Cigarette dependence, Primary , Hypertensive , and adenopathy. The resident was assessed as independent with all his daily-living skills but needed medication administration of his and monitoring of his levels, and needed assistance with self-administration of medication. The assessment showed Resident #5 was alert and oriented to person, place, situation and partially to time. The resident was not identified as at risk of elopement. Interviewed on at 1:15 P.M. the Case Manager at Resident #5's community health program stated the facility had reported that Resident #5 had been missing several times before, but had always returned after a couple of days. A review of Resident #5's facility record found no documentation of those previous times the resident was missing. During an interview on , at 4:20 P.M., Resident #5 stated he went out for a walk, he then took the bus and the Metrorail to Downtown Miami. Resident #5 further stated he got lost and was unable to find his way to the facility. Resident #5 also stated that he only had one meal while he was gone, and slept on the street in front of the store.	A 025		

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A 025	Continued From page 11 A review of the community health program case notes dated , showed "the facility Administrator reported that [Resident #5's] daughter indicated a similar prior incident in which [Resident #5] was missing for approximately three years and was later located at a community shelter." Further review of Resident #5's case notes showed that when the resident was finally seen by his health care provider on and lab work given on , his A1C (a test measuring over the prior months) was elevated at 8.1, increased from 7.9 the prior month indicating suboptimal control. The record also showed that the resident had an unspecified, abnormal test result. A review of data from Cleveland Clinic showed the normal level for the A1C test was below 5.7. A review of the Cleveland Clinic database showed " (high) is common in people who have . If it is left untreated, can lead to complications, such as damage, and damage. If is left untreated, it can develop into -related (DKA), in which a lack of and a high number of ketones cause your to become acidic. This condition is an emergency that can lead to or ." Class I	A 025		
{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	{A 027}		

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{A 027}	Continued From page 12 as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to arrange health services for one out of five sample residents after he was discharged from the hospital following a , , (Resident #1). The facility failed to arrange monitoring, , consultation and primary care follow up care for the Resident. Findings Include: A review of Resident #1's progress notes dated showed that Resident 1 was transferred to the hospital emergency room by Emergency Medical Services ( ) after 'his , went white and he sled out of his chair and to the floor'. A review of the hospital records dated showed Resident #1 presented to the emergency room following a syncopal episode. stated that he was sitting in recliner chair Resident #1 gasped for air, his , rolled backwards and he slid from his recliner to the ground. Further review of the hospital record showed Resident #1 had diagnoses of , , , ,	{A 027}		

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{A 027}	Continued From page 13 Baseline , History of , History of , , , and Questionable Polypharmacy. "The records also showed a comment from the which stated, "If Resident #1 was able through his Assisted Living Facility (ALF) to make outpatient follow-up for outpatient monitoring for as it appears his was adjusted." The recommend sending Resident #1 home off the medication seen as causing the syncopal event and , and said that it was also okay to discharge to the ALF with outpatient follow-up for monitoring." A review of Cleveland Clinic Database showed " is the broad medical term for fainting or passing out. This happens when you have a sudden, temporary drop in the amount of that flows to your which causes unresponsiveness for a short period of time". A review of Mayo Clinic's database showed " is a -blocker. It works by affecting the response to impulses in certain parts of the body, like the . As a result, the beats slower and decreases the , When the , is lowered, the amount of and is increased to the ." Further review showed ' (low rate) is when your resting rate below , .' A review of Resident #1 health assessment dated showed diagnoses of , , , , and , . Resident #1 had generalized , needed with all activities of daily living, identified as a risk, was prescribed a diet and needed assistance with self-administration of medication.	{A 027}		

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{A 027}	Continued From page 14 Further review of Resident #1's record showed no documentation for the follow-up care for the hospital discharge instruction for medication orders, monitoring, consultation and primary care follow up care for Resident #1. A review of the case manager's notes from Resident's 1's primary care agency showed no documentation for Resident #1's hospital discharge instruction for medication orders, monitoring, consultation or primary care follow up care for Resident #1. A review of the Medication Observation Records (MOR) showed the medication 50 was not discontinued and Resident #1 continued to receive the medication until . During an interview on at 8:59. A.M. the Administrator stated, regarding Resident #1's hospital discharge follow up orders, "[Resident #1] had not seen the doctor since he came from the hospital." Class II	{A 027}		
{A 030} SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 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	{A 030}		

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{A 030}	Continued From page 15 admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions;	{A 030}		

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{A 030}	Continued From page 16 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, 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	{A 030}		

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{A 030}	Continued From page 17 personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance 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 , ,	{A 030}		

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{A 030}	Continued From page 18 for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, 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.	{A 030}		

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{A 030}	Continued From page 19 (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using 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	{A 030}		

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{A 030}	Continued From page 20 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, interview and record review, the facility failed to treat with consideration and recognize the individuality of one out of five sampled residents who was monolingual and was unable to communicate with his caregivers (Resident #1) Findings included: A review of the admission and discharge log showed that Resident 1 was admitted to the facility on . Interviewed on at 5:42 AM, Resident 1 could only communicate in the Haitian Creole language and when he was asked if he could use an interpretation software application to participate in a conversation about his health Resident 1 did not respond. Observation revealed that Resident 1 was unable to read the questions in Creole on the interpretation application. Observation on at 6:15 AM revealed that Staff B asked Resident 1 several times to get up and go to the bathroom in the English language but Resident 1 did not respond. Staff B stated, "He only speaks Creole. No, nobody here	{A 030}		

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{A 030}	Continued From page 21 speaks Creole" Further observation on from 6:15 AM through 2:00 PM revealed that Staff B, Staff C and the Administrator were unable to communicate with Resident 1. Interviewed on at 11:08 AM the Administrator stated that the staff at the facility did not speak Creole and they could not communicate with Resident 1, but a case manager was looking to transfer Resident 1 to a facility that employed Creole speaking staff. A review of the Case Manager notes dated revealed the Case Management Agency negotiated with the Administrator an increase in the facility's compensation to $3,000 per month to continue to provide services to Resident 1. Further review of Case Management Agency records revealed a Payment Agreement Contract executed by the Administrator and the Case Management Agency with an effective date of for $3,000 per month payable to the facility to provide services to Resident 1. A review of Resident #1's contract dated , his new based rent increased to $3000 temporarily. His prior rent for the 2025 year was based at $2500. A review of Resident #1's record still found no documentation that the facility was providing additional support, translation or interpretation services in the resident's language. A review of Resident 1's health assessment dated showed diagnoses of high	{A 030}		

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{A 030}	Continued From page 22 pressure, , , and , , . Physical limitations showed generalized status showed the Resident was alert and oriented to self and calm. Nursing requirements showed the Resident needed with activities of daily living with special precautions for . The activities of daily living (ADL) showed the Resident needed assistance with all ADL of ambulation, bathing, , eating, self-care, toileting and transferring. Special diet instructions showed diet. The Resident needed assistance with self-administration of medication. Class II	{A 030}		
A 032 SS=G	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.	A 032		

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A 032	Continued From page 23 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility	A 032		

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A 032	Continued From page 24 must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to identify and monitor residents at risk for elopement and failed to follow it's policies and procedures regarding elopement for one of six sampled residents (Resident #5). Resident #5 eloped and remained missing for three days, during which he was without prescribed , and was found living on the street 24 miles away from the facility. Findings included: On at 5:15 p.m., observation showed that Resident #5 did not have any form of identification on his person that included the facility's address or phone number. The resident had only a Permanent Resident Card which did not show his address of residency. On at 11:22 a.m., the Administrator reported that on , Resident #5 left the facility after lunch to buy cigarettes and did not return. After approximately three hours, Staff B (caregiver) informed her that the resident was missing. The Administrator and Staff B searched for the resident but did not contact law enforcement until 8:00 p.m., several hours after the resident failed to return. She stated that an acquaintance of the resident came to the facility and asked whether a resident was missing, as she believed she had seen him in downtown Miami. The Administrator further stated that on , Resident #5 was located in downtown Miami by her and her husband. The	A 032		

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A 032	Continued From page 25 resident was found sitting outside the [pharmacy] drinking coffee and smoking, and his clothing was saturated with and feces. Interviewed on at 5:07 p.m., Resident #5 stated that on the day he left the facility, he went out walking, took a bus downtown, transferred to the Metrorail, and then to the Metromover. He stated that he became lost and forgot how to get to the facility. He reported that he used the money he had to purchase one meal and slept on the street for a few days until the Administrator and her husband located him and brought him . On at 1:45 p.m Staff B (caregiver) was asked what measures could be taken to prevent future elopements. Staff B stated that the most they could do was speak with Resident #5 and explain to him that leaving the facility was not appropriate. Staff B also stated that they could not lock the doors. A review of the case manager (CM) notes showed on the [clinic] received a call from Staff B (caregiver) reporting that Resident #1 attempted to elope, she stated that the facility could not provide the appropriate level of care for this resident. Also is reflected that the CM explored options to reduce the risk of elopement. Additionally, Staff B (caregiver) requested a new health assessment, but the CM stated that the hospital had already completed one and it was sufficient. A review of Resident #1's file did not show any documentation of the attempted elopement. Additionally, there was no record of the calls made to the [clinic] in the progress notes.	A 032		

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A 032	Continued From page 26 A review of the community health program case notes dated , showed "the facility Administrator reported that [Resident #5's] daughter indicated a similar prior incident in which [Resident #5] was missing for approximately three years and was later located at a community shelter. A review of the facility's Elopement Policy and Procedures showed, if a resident was missing: "Staff member(s) will search immediate area . Staff member (s) will do an extensive search of the facility, grounds and neighborhood will be conducted. Staff member (s) will notify the facility administrator or person in charge. - Family members will be notified by management (Administrator) within one-half hour of the elopement. The police will be notified as soon as it has been determined that the resident is not in the facility and is missing by the Administrator. Administrator will inform health care providers. - The appropriate notification and documentation required by law and rule will be completed. After the initial assessment, routine reassessment will be completed to determine changes in mental status, behavior, and the effectiveness of the chosen interventions. The staff will monitor the resident's behavior because these types of changes may occur subtly and gradually over time. In addition, each resident may exhibit individual behavior patterns for /eloping, calling for a variety of interventions tailored to specific patterns. The facility staff members will be trained and receive ongoing education on and elopement behavior, assessments and interventions. The facility staff must be able to recognize those residents who are assessed as potential or elopers so that due	A 032		

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A 032	Continued From page 27 diligence may be exercised in monitoring their movements. In addition to employees' awareness, physical preventive measures including door alarms, automatic door locking systems, and identity bracelets, will be considered. Administrator will fill out Adverse Incident Report within 24 hours of the incident Administrator will fill out Adverse Incident Report 15-Days." A review of personnel records showed that the Administrator, Staff A and Staff B had been trained on the facility's elopement procedures. Class II	A 032		
{A 052} SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 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	{A 052}		

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{A 052}	Continued From page 28 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 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	{A 052}		

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{A 052}	Continued From page 29 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 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	{A 052}		

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{A 052}	Continued From page 30 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 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	{A 052}		

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{A 052}	Continued From page 31 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, facility failed to follow the procedure outlined by the State when assisting one of five residents with self-administration of medications. Finding Include: Observation on at 7:20 A.M. revealed Staff B (Caregiver) poured the medication in her gloved and placing the pills in the of Resident #1 for consumption without describing or explaining the purpose of the medications. (Photographic evidence obtained) A review of staff files revealed Staff B had received 6-hour training for assistance with self-administration of medication on 2026. During an interview on at 2:00 p.m., the Administrator acknowledged the finding and thanked the survey team. Class III	{A 052}		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the	A 054		

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A 054	Continued From page 32 resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ˘ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have a medication being given to Resident # 1 documented on the medication observation record (MOR). The facility failed to ensure that one out of seven sAMpled residents (Resident # 4) took a medication daily according to the physician' order. The facility failed to signed the MOR immediately after assisting a resident with self-administration of medications for two out of seven sAMpled residents (Resident # 1 and # 6). Findings included:	A 054		

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A 054	Continued From page 33 A review of the Medication Observation Record (MOR) for Resident # 6 showed that it had not been signed for two days. On at 7:07 AM Staff C (Caregiver) stated on interview about the unsigned MOR. She stated that she had provided the resident with the medications, but she could not see because she had recently had , surgery. A review of facility records showed that the MOR for Resident # 1 had been signed previous to the resident being offered his medications. On at 7:07 AM Staff B (Caregiver) was observed at 7:19 AM placing the medications in her and placing the medication in Resident # 1 's for him to take. (Photographic evidence obtained). On at 1:30 PM while reviewing the medications for Resident # 1, observation revealed a medication pack of , 81 mg, with 15 tablets left. The medications for the 15 for the month of , had been already given to the resident. A review of the MOR showed that the , 81 mg daily order had not been documented on it. On at 2:20 PM Staff B stated regarding the , , "The Administrator fills out the MOR and I give the medications. Last month they did not send the , and they send it again this month." On at 2:39 PM the Administrator stated, "I write the medications, but I do not receive them, Staff B does."	A 054		

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A 054	Continued From page 34 On at 1:02 PM while reviewing the medications for Resident # 4 observed on a of 50 mg ER a pill belonging to the 9th day of the month, the was open and the tablet was still inside. A review of the MOR showed that the Resident # 4 was to receive 50 mg ER daily in the morning, the medication had been signed as given. On at 1:04 PM Staff B stated, "I don't know what happened, it must have gotten stuck." Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out 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;	A 055		

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A 055	Continued From page 35 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to 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	A 055		

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A 055	Continued From page 36 centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain centrally stored medications in a locked cabinet, or other locked storage receptacle, room, or area at all times. Finding Include: Observations on on 6:37 a.m and 6:39 a.m revealed medications were located in	A 055		

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A 055	Continued From page 37 an unlocked office, making the medications accessible and not secured. (photographic evedience obtained) 6:37 a.m., medications were stored inside of an unlocked file cabinet. 6:39 a.m, medications identifed as four bottles of , , with no lables indetifying who they was intended for were stored inside a refrigerator located in an unlocked office. During an in at 2:00 P.M, the Administrator was informed of the findings and acknowledged of them. Class III	A 055		
{A 056} SS=J	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer	{A 056}		

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{A 056}	Continued From page 38 medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of	{A 056}		

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{A 056}	Continued From page 39 medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow a medication order from a hospital to discontinue a medication (Betablocker) for more than 60 days after one of six sampled residents was discharged from the hospital for , , (Resident #1). Findings included: A review of residents' records that on Resident # 1 fainted and his , rolled , rescue was called and they decided to take the	{A 056}		

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{A 056}	Continued From page 40 resident to the hospital. Showed that he was seen on by a (Structural and interventional) at the hospital that discontinued 50 mg daily. He was discharged on with a main diagnosis of , (loss of and strength that happens when someone has a sudden drop in , which causes a drop in flow to the). He was also diagnosed with , Baseline , , , , , and Questionable Polypharmacy. The plan stated, "if patient is able through ALF to make it outpatient, would recommend sending home off a blocking agent or any nodal blocking agents as syncopal event may have been a pause or , , , , . Ok to discharge to ALF with outpatient follow up for monitoring." According to Mayo Clinic, is a -blocker. It works by affecting the response to impulses in certain parts of the body, like the . As a result, the beats slower and decreases the , . When the , is lowered, the amount of and is increased to the . The most common side effects included , difficult or labored breathing and , faintness, or lightheadedness when getting up suddenly from a lying or sitting position. A review of the medication observation record showed that the facility continued to give the discontinued medication betablocker (50 mg in the morning) to Resident # 1 through . From to , , the resident was taking 25 mg, and the dose was increased to 50 mg on , based on an order from a previous	{A 056}		

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{A 056}	Continued From page 41 admission to another hospital on . The facility did not follow the last order to discontinue the 50 mg given by the . A review of Resident# 1's health assessment completed on showed he had been diagnosed with , , , , and , , , needed assistance with all activities of daily living and with self-administration of medication. On at 7:49 AM the Administrator stated that Resident # 1 had not seen the doctor since he came from the hospital. When she was asked why 50 MG medication was given to the resident if it was discontinued when he was in the hospital on , she stated he received the medication from the Clinic pharmacy and that the clinic had to send transportation for him to see the doctor. On at 7:49 AM the Administrator stated that Resident # 1's Case Manager came to see him. A review of the progress notes indicated that he was seen at the program on and a medication change was given. All blockers were discontinued and an order for aerosol treatment was given as a PRN along with as a PRN. On interview on at 10:00 AM Resident # 1' s case manager stated that it had taken eight days for him to receive the medication needed to discontinue, the one that caused the episode. Also stated that the facility had not notified her of the resident being admitted to the hospital on and discharged from the hospital on , the facility notified her on , the date previously agreed upon. She reported that	{A 056}		

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{A 056}	Continued From page 42 the physician had prescribed , . She was unsure whether the facility was aware that had been discontinued during the hospitalization, and she confirmed that the resident continued receiving it for eight days after discharge. She explained that her organization's policy was to follow the prescription on file and that no updated medication orders were provided at the time of the resident's return. The resident should have been re-evaluated after 7 days. On at 2:46 PM the Administrator stated, "The doctor at the hospital discontinued the ." On at 2:46 PM Staff B stated that the clinic had sent the again. On at 2:47 PM the Administrator stated that she did not have the copy of the prescription to re-start the because the doctor at the clinic sends the prescription directly to the pharmacy. On at 1:15 PM Staff B was contacted and she stated that the case manager from the clinic had come to the facility and she had given her the discharged documents from the hospital on , and she did not return the documents . Staff B also stated that on the of the medication observation record there was an insert that stated the medication was discontinued. Staff B further stated that upon providing the case manager with the documents she informed her that there was medication that had been delivered from the pharmacy that was supposed to be discontinued from when he went to the hospital on the 28th. Staff B stated that the case manager had answered that the doctor had to discontinue the medication.	{A 056}		

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{A 056}	Continued From page 43 On at 4:15 the Behavioral Health Department from the clinic was interviewed and asked to provide the documentation that the clinic had regarding the change of medication for Resident # 1. She stated that the case manager only took pictures of the documents received from the hospital because the facility did not have a printer. A review of facility's records showed a picture of the patient discharge instructions from the hospital that contained a picture of a sticky note with the words , and Solution and a handwritten note stating, "Admission , Discharge ." 2) On at 1:30 PM while reviewing the medications for Resident # 1, observation revealed a medication pack of , 81 mg, with 15 tablets left. The medications for the 15 for the month of , had been already given to the resident. A review of the , MOR showed that the , 81 mg daily order had not been documented on it. On at 2:20 PM Staff B stated regarding the , , "The Administrator fills out the MOR and I give the medications. Last month they did not send the , , and they sent it again this month." On at 2:39 PM the Administrator stated, "I write the medications, but I do not receive them, Staff B does." A review of the resident record found no documentation of a medication order from a	{A 056}		

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{A 056}	Continued From page 44 physician or pharmacy. Class I	{A 056}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185,	A 058		

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A 058	Continued From page 45 F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to correct deficiencies regarding assistance with self-administration of medications and medication labeling and orders. The facility also had a two new deficiencies with regards to accurate medication records and to keep the medications locked at all times. The facility is required to employ the consultant	A 058		

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A 058	Continued From page 46 services or a licensed registered nurse or pharmacist to provide onsite quarterly consultations until the Agency for Health Care Administration has determined that such consultation services are no longer required. Findings included: On at 6:45 AM observed the office door opened, the office was not occupied, and the medication cabinet was unlocked. A review of facility records showed that the medication observation record (MOR) for Resident # 6 had not been signed for two days immediately after being assisted with self-administration of medications. Also showed that the medication observation record (MOR) for Resident # 1 had been signed previus to being offered his medications. On at 7:07 Staff C stated on interview about the unsigned MOR that she had provided Resident # 6 with the medications, but she could not see because she recently had , surgery On at 7:07 Staff B was observed at 7:19 A.M placing the medications in her and providing the medications to Resident # 1 in his for him to take. (Photographic evidence obtained). On at 1:30 PM while reviewing the medications for Resident # 1 observed a of , 81 mg, 15 tablets left, the other 15 for the month of , had been already given to the resident. A review of the MOR showed that the , 81 mg daily order had no been documented on it.	A 058		

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A 058	Continued From page 47 On at 2:20 PM Staff B stated regarding the , , "The Administrator fills out the MOR and I give the medications. Last month they did not send the , and they send it again this month." On at 1:02 PM while reviewing the medications for Resident # 4 observed on a of 50 mg ER a pill belonging to the 9th day of the month, the was open and the tablet was still inside. A review of the MOR showed that the Resident # 4 was to receive 50 mg ER daily in the morning, the medication had been signed as given. On at 1:04 PM Staff B stated, "I don't know what happened, it must have gotten stuck." Class III	A 058		
{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.	{A 077}		

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{A 077}	Continued From page 48 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 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	{A 077}		

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{A 077}	Continued From page 49 this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of 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	{A 077}		

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{A 077}	Continued From page 50 requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to be under the supervision of an administrator capable of handling the operations of the facility including the implementation of the emergency management plan and coordinating the provision of appropriate care and services for five out of five sampled residents. Also, the Administrator failed to correct Class I, Class II and Class III deficiencies. Findings included: Interviewed on at 1:30 PM when asked how much fuel the facility needed to have to run the emergency power generator for 48 hours the Administrator stated that she did not know	{A 077}		

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{A 077}	Continued From page 51 Interviewed on at 7:49 AM when she was asked why Resident 1 was given medication for more than two months after it had been discontinued by the hospital , the Administrator stated the Resident received his medication from his PCP's (Primary Care Provider) pharmacy. Interviewed on at 8:00 AM when asked if hospital discharge instructions for monitoring and follow up , , with , and the primary care provider were arranged for Resident 1 the Administrator stated the Resident had not seen a doctor since he was discharged from the hospital. Interviewed on at 11:08 AM when she was asked why Resident 5 was not seen by a doctor after he was missing for three days, did not take his medication and exhibited and the Administrator stated that the PCP had to arrange transportation for him. A review of the Adverse Incident Reporting System (AIRS) showed no documentation for an adverse incident after Resident 5 eloped from the facility on , was missing for three days and was found living in the streets with and . Interviewed on at 1:30 PM when asked why an adverse incident was not reported regarding Resident 5's elopement on the Administrator did not respond A review of facility documents found uncorrected deficiencies at Class 1 (A 027, A 030, A 056), Class 2 (A 093) and Class 3 (A 52, A 54, a 077, A 152, A162, A 165) and new deficiencies at Class	{A 077}		

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{A 077}	Continued From page 52 1 {A 025} Class 2 (A 032) Class 3 (A 055, A 058) and Unclassified (Z827) Class III	{A 077}		
A 092 SS=D	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who	A 092		

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A 092	Continued From page 53 require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure the Administrator follow proper food handling practices to prevent the outbreak of foodborne illness. Findings Include: Observation on A.M. showed a uncovered roll of ground beef with a red substance dripping from it in the sink the kitchen. (photographic evedience obtained) A review of the Administrator files showed a certificate of completion for 2 hours of Nutrition and Food Services and 1 hour of Safe Food Handling dated . A review of the United States Department of Agriculture (USDA) database revealed " Raw or cooked meat, poultry or egg products, as any perishable foods, must be kept at a safe temperature during "the big thaw." They are safe indefinitely while frozen. However, as soon as they begin to thaw and become warmer than 40 °F, that may have been present before freezing can begin to multiply. Perishable foods should never be thawed on the counter, or in hot water and must not be left at room temperature for more than two hours. Even though the center of the package may still be frozen as it thaws on the counter, the outer layer of the food could be in the "Danger Zone,"	A 092		

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A 092	Continued From page 54 between 40 and 140 °F - temperatures where multiply rapidly. When thawing frozen food, it's best to plan ahead and thaw in the refrigerator where it will remain at a safe, constant temperature - at 40 °F or below" During an interview on at 2pm the Administrator acknowledged the findings. Class III	A 092		
{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	{A 152}		

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{A 152}	Continued From page 55 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, interviews, and record review, the facility failed to provide a safe, hazard-free living environment and did not maintain the physical premises in good working order. Findings Included: On at 6:23 a.m., observation showed Resident # 6's mattress had a soiled bottom sheet on the bed. (Photographic evidence obtained) There was also a rusty air conditioning cabinet door in the hallway. On at 10:00 a.m., observation showed an unused boat on the premises. On at 1:50 p.m., observation showed an unlocked shed containing various items, including unused wheelchairs, an tank, and gasoline containers totaling 25 gallons.	{A 152}		

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{A 152}	Continued From page 56 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 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	{A 160}		

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{A 160}	Continued From page 57 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 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.,	{A 160}		

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{A 160}	Continued From page 58 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 record review and interview, the facility failed to maintain an updated and accurate admission and discharge log including the location of Resident #1 and the identification of the facility or home address to which Resident #2 who was discharged. Findings Included: A review of the Admission and Discharge log revealed Resident #1 was discharged from the facility on 01/ 29/2026. However Resident # 1 remained on the facility census. Further review of	{A 160}		

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{A 160}	Continued From page 59 the admission and discharge log showed that Resident #2 was discharged from the facility on . However, there was no documented address to where Resident #2 was discharge to. During a interview on at 10:21a.m., the Administrator stated Resident #2 was independent and the decision to move him upstairs was made following a conversation between the Administrator, Resident #2 and his friend [ ]. 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,	{A 162}		

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{A 162}	Continued From page 60 therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌣ recorded 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	{A 162}		

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{A 162}	Continued From page 61	{A 162}		

fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has 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

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{A 162}	Continued From page 62 contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain complete and accurate resident records as required. Medication orders and nursing service documentation were missing or incomplete. administration records for Residents #5 and Resident #3 were not documented. Additionally, updated medication orders following a hospitalization specifically the discontinuation of were not included in the resident's file, resulting in Resident #1 continuing to receive a discontinued medication. Findings included: On at 12:57 p.m., the Administrator was observed calling the home health nurse who provide the for resident #5. On at 1:26 p.m., observation showed the RN arrived to administered morning doses to Resident # 5. On at 7:49 a.m., during an interview the Administrator stated Resident #1 had not seen the doctor since he came from the hospital. When she was asked why the medication 50 MG was given to the Resident after it was discontinued in the hospital on she stated. "The medications	{A 162}		

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{A 162}	Continued From page 63 were sent by the clinic pharmacy". On at 1:03 p.m., during an interview the Administrator stated that she contacted the home health nurse who provides the for Resident #3, she stated the RN forgot to sign the log today. On at 10:59 a.m., during an interview the Case Manager (CM) was informed that Resident #1 had recently been hospitalized for a episode, during which was identified as the cause and discontinued. However, the Medication Observation Records showed the facility continued administering for 2 months and 15 days after the hospital's discontinuation order. The CM stated that the physician had prescribed 81 mg and was unaware that had been discontinued during the hospitalization. A review of Resident #3 and Resident # 5 Medication Observation Record (MOR) showed no documentation of the administration of for two consecutive days. A review of Resident #5 file revealed no documentation about the risk of elopement on his health assessment, additionally there was no a follow with his Primary Care Physician (PCP) to evaluate the of and feces occurred during the elopement. A review of Resident #3's health assessment showed that it had been completed by Rayito de Esperanza Facility, yet the facility name field listed Alonso ALF. The document contained inconsistent facility information. A review of the hospital records revealed that	{A 162}		

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{A 162}	Continued From page 64 Resident #1's had been discontinued. The records also indicated that a monitor was ordered. Also a review of the 1823 form did not reflect this updated diagnosis, and there was no documentation of any follow?up visits related to his condition. A record review revealed that the Medication Observation Record (MOR) of resident #1 was provided continuously up to today, in addition contained no documentation of prescribed , 81 mg daily. 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 interview and record review, the facility failed to ensure that resident's records were accurate and free from falsification. Findings include: On at 12:15 p.m., during an interview, the Administrator was asked about the use of whiteout and was informed that it was not	{A 163}		

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{A 163}	Continued From page 65 permitted due to the possibility of record alteration or falsification. She stated that she understood. A review of Resident #3's demographic information showed a whiteout use on the Medicaid number field. (Photographic evidence obtained). A review of Resident #5's progress note revealed the use of whiteout, overwritten dates and a different name written in the resident name field. Class III	{A 163}		
A 182 SS=F	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 staff were trained to implement the emergency management plan. Findings included: On at 1:50 p.m., observation showed that 25 gallons of gasoline were stored inside the	A 182		

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A 182	Continued From page 66 shed near an tank. On at 1:55 p.m., observation showed that Staff B was able to start the generator without difficulty. On at 1:59 p.m., during an interview the Administrator was asked how much fuel it took to run the generator and she stated "I don't know." On at 2:10 p.m.,Staff C (caregiver) was asked about the evacuation process, including the locations where residents would be taken. She stated that she did not know the names or addresses of the evacuation sites and only mentioned a place called [ ] A review of the Comprehensive Emergency Management Plan revealed that this was not one of the mutual aid sites listed. When asked how residents would be evacuated, Staff C reported that she did not know. She added that the Owner was responsible for providing transportation but was unsure whether any designated or pre-arranged transportation existed for emergencies. A review of the generator manual revealed that it required 28. .8 gallons to operate at full capacity for 48 hours. Class III	A 182		
{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	{A 165}		

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{A 165}	Continued From page 67 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 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	{A 165}		

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{A 165}	Continued From page 68 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 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	{A 165}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALFONSO'S ALF INC	17010 SW 100 AVENUE MIAMI, FL 33157

(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 165}	Continued From page 69 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 record review and interview the facility failed to submit an adverse incident report on the Agency portal after one out of seven sampled residents eloped from the facility, was reported missing to the police and was found three days later living in the streets with his clothes soiled with and feces (5) Findings included: A review of Resident 5's progress notes dated showed the Resident left the facility at noon and the Administrator reported him missing to the police at 8:00 PM. A review of Resident 5's progress notes dated showed the Administrator found Resident 5 living in the streets with his clothes soiled in feces and and brought him to the facility. Interviewed on at 11:04 AM Staff B stated that on Resident 5 left the facility after lunch, and when he did not return, she notified the Administrator. Staff B further stated the Administrator called the police at 8:00 PM. Interviewed on at 11:08 AM the Administrator stated that on Staff B informed her that Resident 5 had left at noon to get cigarettes and had not returned. The	{A 165}		

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{A 165}	Continued From page 70 Administrator stated that after looking for the Resident for several hours she called the police at 8:00 PM and filed a missing person report. The Administrator further stated that on the Resident was found living in the streets 24 miles away from the facility with his clothes soiled in feces and . A review of Resident 5's primary care provider's (PCP) report dated revealed the Resident presented intermittent , and fecal and occasional , in after he was absent from the assisted living facility from through A review of Resident 5's PCP report dated showed the Resident presented recent abnormal laboratory results in the setting of Type 2 with an elevated hemoglobin AIC indicating suboptimal , control and an abnormal , report after the Resident reported he had been without his medication for a few days which may have contributed to the worsening , control. A review of the facility on the Adverse Incident Reporting System (AIRS) revealed Resident 5's elopement incident on was never reported. Interviewed on at 1:45 PM when asked why she had not reported Resident 5's elopement incident the Administrator did not respond. Class III	{A 165}		

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ZZ827	408.812 FS; 408.8065(3) FS Unlicensed Activity 408.812 Unlicensed activity.- (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients, and constitutes and neglect, as defined in s. 415.102. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation, the person or entity is subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of operation is a separate offense. (4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to	ZZ827		

AHCA Form 3020-0001

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

Agency for Health Care Administration

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ZZ827	Continued From page 1 license a provider rendering services that require licensure, the agency may revoke all licenses, impose actions under s. 408.814, and regardless of correction, impose a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained or the unlicensed activity ceases. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. 408.8065 Additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics.- (3) In addition to the requirements of s. 408.812, any person who offers services that require licensure under part VII or part X of chapter 400, or who offers skilled services that require licensure under part III of chapter 400, without obtaining a valid license; any person who knowingly files a false or misleading license or license renewal application or who submits false or misleading information related to such application, and any person who violates or conspires to violate this section, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.	ZZ827		

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ZZ827	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain a license to provide services that require licensure. The facility provided assistive care services at a location other than its licensed location. Findings included: Observation on at 10:00 AM showed the facility was located on the first floor of a two-story building and two one-bedroom apartments occupied the second floor. Further observation revealed the second-floor apartments were subdivided into four separate rental units that shared bathroom and kitchen facilities. A review of the facility's lease agreement dated signed by the Property Owner and the Administrator revealed the facility occupied the first floor of the property only. A review of the admission and discharge log showed Resident 2 was discharged from the facility on . Further reviews showed that the address to which the Resident was discharged was not identified. Interviewed on at 6:15 AM Staff B stated that Resident 2 had moved out of the facility. A review of Resident 2's health assessment dated showed he had diagnoses of Memory, , High , and . The Resident status	ZZ827		

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ZZ827	Continued From page 3	ZZ827		

showed memory loss and nursing requirements of home health care for administration. Special precautions showed precautions. The Resident had special diet instructions for a diet. The activities of daily living (ADL) showed he was independent for all ADL and needed assistance with self-administration of medication.

Observation on at 10:38 AM revealed Resident 2 answered the door of one of the apartments on the second floor and stated that he had moved out of the facility because he was more comfortable there.

Interviewed on at 11:30 AM, Staff C stated regarding Resident 2," I help him with his medications and bring him his meals"

Interviewed on at 11:45 AM the Administrator stated Resident 2 had moved out of the facility about 10 days earlier to an apartment upstairs and the facility continued to provide him with assistance with medications and meals "To help him out." The Administrator further stated she was Resident 2's designated payee for his Social Security benefits.

Interviewed on at 11:00 AM, the Property Owner stated the facility was located on the ground floor and the rental apartments on the second floor were not part of it.

Interviewed on at 11:15 AM the Administrator stated that the facility only occupied the first floor of the building and the second floor was managed by the Property Owner.

Unclassified