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
	AL11969328	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FABULOUS RESORT ALF LLC	1762 SE CARVALHO ST PORT SAINT LUCIE, FL 34983

(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 An unannounced Abbreviated Relicensure with Limited Mental Health (LMH) survey and a Generator Monitoring survey were conducted on [redacted] at Fabulous Resort ALF LLC. The facility had deficiencies related to the relicensure survey identified at the time of the visit.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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

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

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

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A 010	Continued From page 4 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, record review and interviews, it was determined that the facility failed to develop and implement a care plan with hospice that ensures the provision of additional care that a resident who is bedbound or with a , requires to continue residency at an Assisted Living Facility (ALF) for 1 of 1 sampled resident (Resident #4); and, failed to continuously monitor for appropriateness in ALF placement with completion of a new health assessment (AHCA Form 1823) when a significant change occurred for 1 of 1 sampled resident (Resident #4). The findings included: A. Resident #4 was observed laying on her in bed in her room on at 9:45 AM. The resident was not able to be interviewed due to , . Staff A stated during interview at this time that the resident did not get out of bed because she was not able to sit up properly in a wheelchair. During interview with the resident's representative on at 10:35 AM, she stated that the resident was supposed to be assisted out of bed every day, and that she wanted the resident up in her wheelchair. Staff C stated during interview at 10:40 AM that the resident was not able to get up due to her instability that occurred about a month ago. After reporting to Staff C that the resident's family member did not want the resident left in bed, Staff A assisted the resident out of bed on at 11:00 AM. Staff A was then observed transferring the resident from her wheelchair on to a recliner chair in the living room at 12:25 PM with little	A 010		

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A 010	Continued From page 5 ᵕ ᵕ from the resident. The resident's with non-skid socks were sliding on the floor while being transferred. Resident #4 was admitted to the facility on . During review of the resident's record on , the resident's most recent health assessment (AHCA Form 1823) on file was dated . The assessment documented that the resident required "supervision" with transferring, bathing, ambulation and toileting. The resident's diagnoses included a history of falling, , and a , . The resident was also listed as having no sensory or physical limitations, or requiring special precautions. The inquiry as to whether or not the resident had , was marked "no". There were no subsequent health assessments available for review at the facility on that were completed as a result of a significant change. Staff C was asked if there were any residents at the facility with , on at 11:30 AM. Staff C answered "no". In an email received from the hospice registered nurse (RN) dated , she noted that the resident had a ᵕ , on the right upper that was first identified on . In an email dated , she confirmed that the resident's , was still a ᵕ as of . The only documentation in the resident's file at the facility to show the required continuous monitoring for appropriateness by the facility's administrator were hospice notes indicating their care of the on , , and . The facility did not document the date of onset of the , the knowledge of the stage of the , or the monitoring to ensure a ᵕ , showed improvement within 30 days.	A 010		

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A 010	Continued From page 6 Additionally, there was no documentation of a in the plan of care that was to be coordinated and implemented with hospice to allow the resident to remain at the facility although she was inappropriate. There were no new approaches listed in the plan of care to direct the ALF care staff to turn and reposition the resident, or to provide scheduled care, for the prevention of , and to promote healing of the current . A subsequent email received by Staff C on included a hospice Visit Note dated that confirmed the , on the resident's right upper was identified initially on . Further review of the resident's record on revealed a hospice plan of care for admission to hospice on . The plan of care documents that the resident required " , precautions" with "honey thick liquids" to be provided. The hospice Visit Notes show that the resident had a , , treated on her on , , and . There were no new health assessments completed for the significant changes that the resident had experienced, for the onset of a , or for the admission to hospice. This finding was discussed with Staff C at 1:00 PM on . The email received by Staff C on contained a new health assessment for the resident dated , with documentation that the resident is to receive "thin liquids" rather than "honey thick liquids". The assessment noted erroneously that the resident was to receive "administered" medication rather than "assistance with self-administration" of medication. A , ill resident who no longer meets the	A 010		

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A 010	Continued From page 7 criteria for continued residency may continue to reside in the facility if the resident receives services from hospice that coordinates and ensures the provision of any additional care and services that the resident may need based on a care plan that is developed and implemented with specific services being provided by hospice and those being provided by the facility indicated. Documentation of the additional services must be maintained in the resident's file. Resident #4 was inappropriate for ALF residency, but was able to remain at the facility with a plan of care implemented by the facility and hospice to address the additional care needs as identified on the resident's new health assessment (AHCA Form 1823). However, the plan of care available at the facility did not address the resident's current , care to be provided by the facility staff, with documentation in the resident's file to show the provision of the additional care. There were no new health assessments completed at the time of admission to hospice or when the , was identified. There were no records found during review of the resident's record at the facility to show the implementation of turning and repositioning or care that was required to prevent and to promote healing of the on the resident's . The facility provided no additional information for review at the time of the survey. Class III	A 010		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	A 054		

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A 054	Continued From page 8 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 resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 2 out of 4 sampled residents (Residents #1 and #2) who required assistance with the self-administration of medication. The findings included:	A 054		

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A 054	Continued From page 9 During review of the , MOR's on at 10:00 AM, the following omissions and errors were identified: 1) Resident #1 a. , to be given every 6 hours unless the resident's , was more than , was blank in the individual boxes with no staff initials to indicate the medication was given from through . There were no , readings available during review of the resident's record on . b. , , to be applied twice daily, was blank in the individual boxes with no staff initials to indicate the medication was given from through . 2) Resident #2 a. , to be applied twice daily, was blank in the individual boxes with no staff initials to indicate the medication was given from through . b. 7:00 AM doses from through had not been initialed as given for , . Staff C was notified of these findings during interview on at 12:30 PM. Staff C stated some of the medication not documented as given was completed or discontinued. Upon request at this time, there were no copies of medication orders to discontinue the discussed medications. The facility provided no additional information for review at the time of the survey. Class III	A 054		

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A 082	Continued From page 10	A 082		
A 082	59A-36.011(4) FAC Training - /	A 082		
	(4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 1 of 2 sampled staff (Staff B) had completed training in / within 30 days of employment. The findings included: The personnel file for Staff B was reviewed on for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review at the time of the survey. Staff A was hired on . Staff C was notified of this finding at 12:30 PM on . The facility provided no additional documentation for review at this time. Class III			
A 083	59A-36.011(5) FAC Training - First Aid and	A 083		

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A 083	Continued From page 11 (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure a staff member who has completed a course in First Aid in addition to being trained in , was in the facility at all times for 1 of 1 sampled staff (Staff A). The findings included: Review of the personnel file on for Staff A (Caregiver) revealed no current training in First Aid. Staff A was observed in sole charge of 4 current residents on at 9:30 AM. Staff C was notified of this finding on at 12:30 PM. The facility provided no additional	A 083		

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A 083	Continued From page 12 information for review at the time of the survey. Class III	A 083		