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
	AL11942911	A. BUILDING: _____ B. WING _____	R 05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNETT LAKEVIEW ALF INC.	3833 SW 33RD STREET WEST PARK, FL 33023

(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 revisit to Complaint (#2025019089) survey was conducted on at Barnett Lakeview ALF Inc. The facility had uncorrected deficiencies identified at the time of survey.	{A 000}		
A 050	429.256(2&6) FS;59A-36.008(1) FAC Medication - Self Administered Medications 429.256 (2) Residents who are capable of self-administering their own medications and performing other tasks without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. An unlicensed person may also provide assistance with other tasks specified in subsection (6). Assistance with self-administration of medication or such other tasks by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, , dosage forms, patches, and , , , , and dosage forms including solutions, suspensions, sprays, and inhalers. (6) Assistance with other tasks includes: (a) Assisting with the use of a to perform - level checks.	A 050		

AHCA Form 3020-0001

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

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A 050	Continued From page 1	A 050		

(b) Assisting with putting on and taking off stockings.
(c) Assisting with applying and removing an , , , but not with titrating the prescribed , , settings.
(d) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
(e) Assisting with measuring vital signs.
(f) Assisting with , bags.

59A-36.008
Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.
(1) SELF ADMINISTERED MEDICATIONS.
(a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do so.
(b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the

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A 050	Continued From page 2 resident's records. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to assess resident to ensure they were capable of self-administering their own medication, affecting 1 of 5 sampled residents (Resident #3). The findings included: During an interview on at approximately 8:30 AM, Staff C (Caregiver/Medication Technician) was asked whether the facility had any residents who were self-administering their medications. Staff C stated that Resident #3 self-administered her own medication. At that time, Staff C was asked to provide the resident's complete file. A record review of Resident #3's file revealed a date of admission of and a Health Assessment (AHCA Form 1823) dated and signed by a Medical Doctor (MD), which documented the following: a) Medical diagnosis: . b) Activities of Daily Living (ADLs): needs assistance (staff provides physical assistance with the resident's participation). c) Assessment of medications: needs assistance with self-administration. During an interview on at approximately 9:20 AM, Resident #3 was asked where her medication was stored, and she stated that she had a small desk in the common area. Next to her desk, she had an unlocked three-drawer compartment cabinet where she kept all of her medications in small Ziploc bags.	A 050		

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A 050	Continued From page 3 Observation revealed four other residents were gathered in the common area and had easy access to Resident #3's medications like; 50mg tablet. During an interview on at 9:26 AM, Resident #3 was asked if she carried any medication with her inside her wheelchair storage pouch/armrest side bag. Resident #3 reached into her wheelchair storage and pulled out a prescription bottle of 50 mg tablets. At that time, she was asked when she last took a dose of , and she stated that she did not remember the time but took it whenever she needed it. During an interview on at approximately 11:00 AM, the Administrator was asked if he was aware that the Health Assessment provided did not document Resident #3 as being able to self-administer medication. At that time, he acknowledged the findings. No additional information was provided. Class III	A 050		
{A 152}	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	{A 152}		

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{A 152}	Continued From page 4 working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that, the facility failed to provide a safe and living environment free of safety hazards for all residents that reside at the facility. The findings included: During an interview on at 9:45 AM, the Administrator was asked to provide the	{A 152}		

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{A 152}	Continued From page 5 facility's most recent Fire Reinspection for 2026 from the local city. The Administrator confirmed that the most recent Fire Inspection was dated , with no inspections conducted since. Review of the facility's most recent annual fire inspection, dated , revealed the following violations: Emergency light in family room not operating. Violation found on . Provide copy of annual fire alarm system inspection report. Violation found on . Fire alarm system is in need of repair. Inspection Notes: System in trouble mode. Violation found on . Inspection Notes: Fire extinguishers need service or replacement. Expired at the end of During an interview on at approximately 11:15 AM, the Administrator was informed of the concerns noted above, acknowledged the findings, and provided no additional documentation. Class III	{A 152}		