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
	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER'S VILLAGE ALF INC	8035 SW 13 STREET MIAMI, FL 33144

(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
CZ809	59A-35.062(3)(e)&(7);408.803(7) &.810(8) Proof of Financial Ability to Operate 59A-35.062 Proof of Financial Ability to Operate. (3) Definitions. The following definitions apply to this section for proof of financial ability to operate. (e) "Financial instability" means the provider cannot meet its financial . Evidence such as the issuance of bad checks, an accumulation of delinquent bills, or inability to meet current payroll needs shall constitute prima facie evidence that the ownership of the provider lacks the financial ability to operate. Evidence shall also include the Medicare or Medicaid program's indications or determination of financial instability or fraudulent handling of government funds by the provider. 408.803 Definitions.-As used in this part, the term: (7) "Controlling interest" means: (a) The applicant or licensee; (b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or (c) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member. 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.	CZ809		

AHCA Form 3020-0001

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

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CZ809	Continued From page 1 (8) Upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes, and applicable rules. The agency shall establish standards for this purpose, including information concerning the applicant's controlling interests. The agency shall also establish documentation requirements, to be completed by each applicant, that show , provider revenues and expenditures, the basis for financing the , cash-flow requirements of the provider, and an applicant's access to contingency financing. A current certificate of authority, pursuant to chapter 651, may be provided as proof of financial ability to operate. The agency may require a licensee to provide proof of financial ability to operate at any time if there is evidence of financial instability, including, but not limited to, unpaid expenses necessary for the basic operations of the provider. An applicant applying for change of ownership licensure is exempt from furnishing proof of financial ability to operate if the provider has been licensed for at least 5 years, and: (a) The ownership change is a result of a corporate reorganization under which the controlling interest is unchanged and the applicant submits organizational charts that represent the current and proposed structure of the reorganized corporation; or (b) The ownership change is due solely to the of a person holding a controlling interest, and the surviving controlling interests continue to hold at least 51 percent of ownership after the change of ownership. 59A-35.062 Proof of Financial Ability to Operate.	CZ809		

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CZ809	Continued From page 2 (7) An applicant for renewal of a license shall not be required to provide proof of financial ability to operate, unless the licensee or applicant has demonstrated financial instability. If an applicant or licensee has shown signs of financial instability, as provided in Section 408.810(9), F.S., at any time, the Agency may require the applicant or licensee to provide proof of financial ability to operate by submission of: (a) AHCA Form 3100-0009, , Proof of Financial Ability Form, that includes a balance sheet and income and expense statement for the next 2 years of operation which provide evidence of having sufficient assets, credit, and projected revenues to cover liabilities and expenses; and, (b) Documentation of correction of the financial instability, including but not limited to, evidence of the payment of any bad checks, delinquent bills or liens. If complete payment cannot be made, evidence must be submitted of partial payment along with a plan for payment of any liens or delinquent bills. If the lien is with a government agency or repayment is ordered by a federal or state court, an accepted plan of repayment must be provided. This Statute or Rule is not met as evidenced by: Based on observation, interview and records review the facility failed to demonstrate financial stability and withheld information to determine the financial stability of the facility from the agency. Findings included: A review of the facility posted license showed that the facility was a licensed for Limited Mental Health with a total capacity of 6 residents. Observation on at 6:35am showed	CZ809		

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CZ809	Continued From page 3 that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed. Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that the facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list and there were 6 other residents listed at the facility. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 not being in the admission and discharge log. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. Staff A also stated that they were going to sell the assisted living facility and were negotiating a change of ownership. During an interview on at 10:00am	CZ809		

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CZ809	Continued From page 4 Staff A (owner) stated that the documents were not at the facility, when asked for a copy of the bank statement for the last three months and accounting for all the facility expenses such as payroll, utilities, and other expenditures. A review of the records sent on at 11:58 showed bank statements with missing pages and electric and internet expenses only. Unclassified	CZ809		
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on observations, records review, and interviews that facility exceeded the licensed	CZ828		

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CZ828	Continued From page 5 capacity. The facility was found with seven (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) residents. Findings included: Observation on 02/ /2026 at 6:38 AM accounted for ten (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) residents in the facility. Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed. Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that the facility provided food and have his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list and there were 6 other residents listed at the facility. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 not being in the admission and discharge log.	CZ828		

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CZ828	Continued From page 6 During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving today and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. A review of the facility posted license showed that the facility was a licensed for Limited Mental Health with a total capacity of 6 residents. Unclassified	CZ828		
{CZ875}	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of ; (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training	{CZ875}		

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{CZ875}	Continued From page 7 curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition	{CZ875}		

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{CZ875}	Continued From page 8	{CZ875}		

to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not

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{CZ875}	Continued From page 9 account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by:	{CZ875}		

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{CZ875}	Continued From page 10 Based on interview and record review, the facility failed to ensure that all staff complete one-hour training for staff interacting with people with or related forms of for one of three staff sampled (Staff H). Findings included: A review of Staff H's (caregiver) employee records showed that she did not complete her required one-hour training for staff interacting with people with . Staff H Hire date was . During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Unclassified	{CZ875}		

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{A 000}	Initial Comments A second revisit survey was conducted at Sunflower's Village from . Deficiencies were identified at the time of the survey.of	{A 000}		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in Rule	A 009		

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A 009	Continued From page 1 59A-36.007, F.A.C.; 11. The facility policy concerning pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related , a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated	A 009		

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A 009	Continued From page 2 documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on Observation, records review, and interview, the facility failed to ensure that one out of 12 sampled residents (resident #10) had an admission package. Findings included: A review of the facility posted license showed that the facility was a licensed for Limited Mental Health with a total capacity of 6 residents. Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone	A 009		

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	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER'S VILLAGE ALF INC	8035 SW 13 STREET MIAMI, FL 33144

(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 009	Continued From page 3 sleeping in the shed when asked to open the shed. Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that the facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list and there were 6 other residents listed at the facility. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 records. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day and had no records. Staff A stated that he was just there to help the placement foundation. Class III	A 009		
{A 025} SS=H	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition	{A 025}		

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{A 025}	Continued From page 4 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 and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant	{A 025}		

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{A 025}	Continued From page 5 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 observations, interviews and records review, the facility failed to provide adequate supervision for one out of 12 sampled residents (Resident # 12) and failed to maintain a written record of change in conditions for one out of 12 sampled residents (Resident # 5). Findings included: 1) Observations on at 7:55am showed Resident # 12 left the facility for an , , . Resident # 12 was not assisted with the self-administration of medications. A review of Resident # 12 Health Assessment dated showed that the resident was dependent and was diagnosed with . Resident # 12 required assistance with the self-administration of medications. During an interview on at 7:56am Staff I (caregiver) stated that Resident # 12 was independent and they didn't document when he took medications. 2)	{A 025}		

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{A 025}	Continued From page 6 Observations on at 8:00am showed Staff I poured a packet of polyethylene ˷ ˷ osmotic into a cup of water and gave it to Resident # 5 to take with a cup full of her medications. Resident # 5 asked Staff I if that was the powder that the doctor prescribed for the ˷ . During an interview on at 8:02am Staff I stated that Resident # 5 went to the doctor a few days ago and they prescribed her the packets and stated that Staff H (caregiver) knows more about why. A review of Resident # 5 Health Assessment dated showed that the resident was diagnosed with and needed assistance with self-administration of medications. A review of Resident # 5 progress notes showed that the last entry was . A review of Resident # 5 medication observation record showed that Resident # 5 was started on a packet of polyethylene ˷ ˷ osmotic on ˷ ˷ . During an interview on at 8:10am Staff H stated that she called Resident # 5's doctor because she had a and the doctor started her on a packet of polyethylene ˷ ˷ osmotic , when asked why she was prescribed the packets. Staff H stated that she did not document the call to the doctor or the resident's , when asked if there was documentation of her communication with Resident # 5's physician. During an interview on at 9:30am	{A 025}		

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{A 025}	Continued From page 7 Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class II	{A 025}		
{A 030} SS=E	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 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	{A 030}		

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{A 030}	Continued From page 8	{A 030}		

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;
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

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{A 030}	Continued From page 9 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 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	{A 030}		

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{A 030}	Continued From page 10 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 , , 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	{A 030}		

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{A 030}	Continued From page 11 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. (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	{A 030}		

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{A 030}	Continued From page 12 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 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 one out of 12 sampled residents (Resident #7) with consideration and respect. Findings Included: Observations on at 7:00am showed that in Resident # 7's room there were two large boxes of paper towels and toilet paper.	{A 030}		

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{A 030}	Continued From page 13 (photographic evidence obtained) During an interview on at 7:00am Staff H (caregiver) stated that the paper towels and toilet paper belonged to the facility. A review of Resident # 7's health assessment dated showed that the resident was diagnosed with an intellectual , and During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class III	{A 030}		
{A 052} SS=F	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	{A 052}		

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{A 052}	Continued From page 14 being orally advised of the medication name and 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	{A 052}		

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{A 052}	Continued From page 15	{A 052}		

physician or health care professional with 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,

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 052}	Continued From page 16	{A 052}		

and spoons. Trained staff may also return unused 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

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	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

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{A 052}	Continued From page 17 control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to follow the procedure outlined by the State when assisting with self-administration of medications for two out of 12 sample residents (Residents #5 and #7). Unlicensed staff were administering medications to residents. Findings included: Observation on at 8:00am showed that Staff I (caregiver) pre-poured Resident # 5's medications into a small cup. Staff I then signed the resident's medication observation record, then took the small cup with the medications, a cup of water with a packet of polyethylene , , osmotic mixed in to Resident # 5's room. Staff I handed the cups to Resident # 5 and Resident self-administered the medications. Staff I did not tell resident the name or dosage of the medication in the small cup, and the packet poured into the water. Resident # 5 asked Staff I if that was the powder that the doctor prescribed for the . A review of Resident # 5 Health Assessment dated showed that the resident needed assistance with self-administration of medications. A review of Resident # 5 records showed that she had no executed medication waiver. Observation on at 8:08am showed	{A 052}		

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{A 052}	Continued From page 18 that Staff I pre-poured Resident # 7's medications into a small cup. Staff I then signed the resident's medication observation record. Staff I handed the cups to Resident # 7 and Resident self-administered the medications. A review of Resident # 7's health assessment dated showed that the resident needed assistance with self-administration of medications. A review of Resident # 7 records showed that he had no executed medication waiver. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class III	{A 052}		
{A 054} SS=H	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 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	{A 054}		

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{A 054}	Continued From page 19 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 observations, interviews and record review, the facility failed to ensure that the Medication Observation Records (MOR) were accurate for six out of 12 sampled residents (Residents #2, 5, 7, 10, 11, and 12) Findings included: Observations on at 7:53am showed Staff I (caregiver) gave Resident # 10 his medication packs, and Resident # 10 punched out the medications out of the and self-administered the medications. During an interview on at 7:54am Staff I stated that Resident # 10 was independent and she did not have to document his medications. A review of the resident records revealed no records for Resident # 10 including a health assessment.	{A 054}		

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{A 054}	Continued From page 20 Observations on at 7:55am showed Resident # 11 and 12 left the facility for an . . . Residents # 11 and 12 were not assisted with the self-administration of medications. A review of Resident # 12 Health Assessment dated showed that the resident was dependent and was diagnosed with . . . Resident # 12 required assistance with the self-administration of medications. A review of the facility records showed no MOR for Resident #10, 11, or 12. During an interview on at 7:56am Staff I (caregiver) stated that Resident # 11 and 12 were independent and they didn't document when they took their medications. Observation on at 7:56am Staff I went to Resident # 2 room with a small cup. A review of Resident # 2 Health Assessment dated showed that the residents needed assistance with self-administration of medications. Resident # 2 was also legally . A review of Resident # 2 records showed that he had no medication waiver in his records. Observation on at 8:00am showed that Staff I pre-poured Resident # 5's medications into a small cup. Staff I then signed the resident's medication observation record. A review of Resident # 5 Health Assessment dated showed that the resident needed assistance with self-administration of	{A 054}		

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{A 054}	Continued From page 21 medications. Observation on at 8:08am showed that Staff I pre-poured Resident # 7's medications into a small cup. Staff I then signed the resident's medication observation record. A review of Resident # 7's health assessment dated showed that the resident needed assistance with self-administration of medications. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class II	{A 054}		
A 058 SS=E	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	A 058		

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A 058	Continued From page 22 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, 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	A 058		

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A 058	Continued From page 23 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 is required to employ the consultant services of a dietitian and a licensed registered nurse or pharmacist who will provide onsite quarterly consultations until it is determined that such consultation services were no longer required. The facility received a class II deficiency on food service and an uncorrected Class II deficiency on and a new uncorrected deficiency on food service on . The facility received two (2) class III deficiencies on medications, and a new uncorrected Class II and Class III deficiency on medication on . Findings included: 1) Observation on at 12:07 PM showed that Staff E and Staff B served steak, rice, red beans, sliced tomatoes and string beans to Resident #7 in the dining room for lunch A review of Resident 7's health assessment dated showed that he was on a soft, mechanical diet. Observation on at 7:30 AM showed that there was a large bag of rice that was open	A 058		

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A 058	Continued From page 24 inside a kitchen cabinet. Further observation showed that there was a portion of unfrozen, raw meat inside a plastic bag in the refrigerator section. Further observation revealed that there was raw meat inside a pot on top of the stove that was to the touch. Observation on at 7:47am showed that there was raw chicken being defrosted in the kitchen sink next to a used rag. Observation on at 9:00am showed that Resident # 2 was eating a bowl of fruit with bread and a fried egg. A review of the posted menu and alternative showed no alternative included fruit for breakfast. Fruit was an alternative to lunch or dinner. A review of Resident # 2 Records showed no documenting of the substitution of fruit for breakfast. A review of Resident # 2 health assessment dated showed no special diet. 2) Observation on at 8:08am showed that Staff E was giving Resident # 7 his medications. Staff E poured the medication in a cup into Resident # 7 . A review of Resident #7 health assessment dated showed that he was diagnosed with . and . delay. Resident # 7 needed assistance with the self-administration of medications. Observation on at 8:15am showed	A 058		

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A 058	Continued From page 25 that Staff E administered medications to Resident # 8 by pouring medications into the resident month using a cup. Staff #E also failed to notify Resident #8 of the dosage for each medication administered. A review of Resident # 8 health assessments dated showed that she was diagnosed with and major , . Resident # 8 needed assistance with the self-administration of medications. A review Resident # 8 records showed that there was no documentation signed by the residents or power of attorney waving the requirement to advise the resident of the dosage of the medications being provide by staff. A review of Resident # 8 medication observation record (MOR) showed that there was no annotation that the resident received her on and . Observation on at 8:00am showed that Staff I (caregiver) pre-poured Resident # 5's medications into a small cup. Staff I then signed the resident's medication observation record. Staff I then took the small cup with the medications, a cup of water with a packet of polyethylene , , osmotic mixed in to Resident # 5's room. Staff I handed the cups to Resident # 5 and Resident self-administered the medications. Staff I did not tell Resident the name or dosage of the medication in the small cup, and the packet poured into the water. Resident # 5 asked Staff I if that was the powder that the doctor prescribed for the , . A review of Resident # 5 Health Assessment dated showed that the resident	A 058		

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A 058	Continued From page 26 needed assistance with self-administration of medications. A review of Resident # 5 records showed that she had no executed medication waiver. Observation on at 8:08am showed that Staff I pre-poured Resident # 7's medications into a small cup. Staff I then signed the resident's medication observation record. Staff I handed the cups to Resident # 7 and Resident self-administered the medications. A review of Resident # 7's health assessment dated showed that the resident needed assistance with self-administration of medications. A review of Resident # 7 records showed that he had no executed medication waiver. Observations on at 7:55am showed Resident # 11 and 12 left the facility for an . . . Resident # 12 was not assisted with the self-administration of medications. A review of Resident # 12 Health Assessment dated showed that the resident was dependent and was diagnosed with . Resident # 12 required assistance with the self-administration of medications. A review of the facility records showed no MOR for Resident #10, 11, and 12. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility.	A 058		

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A 058	Continued From page 27 Class III	A 058		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are	A 079		

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A 079	Continued From page 28 absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the	A 079		

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A 079	Continued From page 29 facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety	A 079		

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A 079	Continued From page 30 requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have a physically present and designated person in charge of the facility when the administrator was absent for more than 48 hours. Findings included: Observation on at 6:30am showed only two staff at the facility.	A 079		

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A 079	Continued From page 31 During an interview on at 7:45am Staff I (caregiver) stated that Staff A (owner) was in charge and that she did not know who Staff J (new administrator) was. Staff I stated that she was at the facility on and and that Staff J was not at the facility. During an interview on at 7:48am Staff H (caregiver) identified Staff A (owner) as the administrator. Staff H stated that she met with Staff J about 15 days ago. Observation on at 7:45am showed that there was no written designation of the person in charge at the facility. During an interview on at 9:30am Staff K (owner) stated that Staff J was still doing her training and was not available. Class III	A 079		
{A 093} SS=F	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_	{A 093}		

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{A 093}	Continued From page 32	{A 093}		

Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible.
(b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as

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{A 093}	Continued From page 33	{A 093}		

served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .
(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on

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{A 093}	Continued From page 34 at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and record review that facility failed to document substitutions of food and consult with a licensed nutritionist to ensure the comparable nutritional value was met for one out of 12 sampled residents. (Resident # 2) Findings included Observation on at 9:00am showed that Resident # 2 was eating a bowl of fruit with bread and a fried egg. A review of the posted menu and alternative showed that fruit was not an alternative for breakfast. There was no documentation on the menu of the substitution for fruit. The alternative menu was reviewed by the dietitian on A review of Resident # 2 Records showed no documenting of the substitution of fruit for breakfast. A review of Resident # 2 health assessment dated showed no special diet. Class III	{A 093}		

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A 160	Continued From page 35	A 160		
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 emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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A 160	Continued From page 36 (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., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint	A 160		

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A 160	Continued From page 37 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 observations, interviews, and records review the facility failed to have an up-to-date admission. One out of 12 sampled resident (#10) was not on the admission and discharge log. Findings included: Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed.	A 160		

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A 160	Continued From page 38 Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that they facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 not being in the admission and discharge log. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. 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,	{A 162}		

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{A 162}	Continued From page 39 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, 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	{A 162}		

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{A 162}	Continued From page 40 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 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,	{A 162}		

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{A 162}	Continued From page 41 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 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 observations and interviews, the facility failed to maintain records on the premises for one out of 12 sampled residents (Resident # 10). Findings Included: Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed.	{A 162}		

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{A 162}	Continued From page 42 Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that they facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. During an interview on at 6:38 am Staff I stated that she did not know about Resident # 10 records and why there were 7 residents at the facility. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day, and that there was no file for him, and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. Class III	{A 162}		
A 164 SS=D	59A-36.015(4) FAC; 429.35(1) & (3) FS Records - Inspection Availability 59A-36.015 (4) RECORD INSPECTION. (a) The resident's records must be available to	A 164		

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A 164	Continued From page 43 the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. 429.35 Maintenance of records; reports.- (1) Every facility shall maintain, as public information available for public inspection under such conditions as the agency shall prescribe, records containing copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. (3) Every facility shall post a copy of the last inspection report of the agency for that facility in a prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the facility shall also provide a copy of the report to any resident of the facility or to an applicant for admission to the facility. This Statute or Rule is not met as evidenced by: Based on Observations and interviews, the facility failed to post a copy of the last inspection report in a prominent location within the facility so as to be accessible to all residents and to the public. Findings included:	A 164		

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	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

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A 164	Continued From page 44 Observation on at 7:45am showed that there was no posted copy of the last inspection report at the facility. During an interview on at 7:45am Staff H did not know where plan of correction and last posted inspection was, when asked where the copies were. Class III	A 164		
AL241 SS=F	429.075( ); 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the , agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate,	AL241		

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AL241	Continued From page 45 and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a , agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 59A-36.020 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security , or supplemental security income and , , , as follows: a. An affirmative statement on the Alternate Care Certification for , , , ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available	AL241		

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AL241	Continued From page 46 for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-03988, that the resident is receiving SSI or SSDI due to a mental , b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental . The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental . 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, , nurse, or an individual supervised by one of these professionals. a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement: (I) Completed Alternate Care Certification for , , ( ) form,	AL241		

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AL241	Continued From page 47 CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services, c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities, d. Includes the _____ of the facility to	AL241		

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AL241	Continued From page 48 facilitate and assist the resident in attending . . and arranging transportation to . . for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms , to the resident that indicate the immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. , include the , Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. , Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for	AL241		

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AL241	Continued From page 49 accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. , cover all mental health residents of the facility who are clients of the same provider; and, d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation 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 appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on Interview and records review the facility failed to have an annually updated community support plan and , agreement for two out of 12 sampled residents (Residents # 5 and 7) and a community support plan and agreement for two out of 12 sampled resident (Resident# 11 and 12). Findings included: A review of the admission and discharge	AL241		

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AL241	Continued From page 50 identified Resident # 5, 6, 11, and 12 as limited mental health (LMH) residents. A review of the facility posted license showed that the facility was a licensed for LMH 1) A review of Resident # 5 records showed that the last , agreement and community support plan was dated . A review of Resident # 7 records showed that the last , agreement and community support plan was dated . 2) A review of Resident # 11 records showed no , agreement and community support plan. Resident # 11 was admitted to the facility on . A review of Resident # 12 records showed no records showed no , , agreement and community support plan. Resident #12 was also admitted to the facility on . During an interview on at 9:30am Staff K (owner) did not answer when asked about the community living support plans. Class III	AL241		

Agency for Health Care Administration

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{A 000}	Initial Comments A second revisit survey was conducted at Sunflower's Village from . Deficiencies were identified at the time of the survey.of	{A 000}		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in Rule	A 009		

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A 009	Continued From page 1 59A-36.007, F.A.C.; 11. The facility policy concerning pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related , a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated	A 009		

Agency for Health Care Administration

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A 009	Continued From page 2 documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on Observation, records review, and interview, the facility failed to ensure that one out of 12 sampled residents (resident #10) had an admission package. Findings included: A review of the facility posted license showed that the facility was a licensed for Limited Mental Health with a total capacity of 6 residents. Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone	A 009		

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A 009	Continued From page 3 sleeping in the shed when asked to open the shed. Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that the facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list and there were 6 other residents listed at the facility. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 records. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day and had no records. Staff A stated that he was just there to help the placement foundation. Class III	A 009		
{A 025} SS=H	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition	{A 025}		

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{A 025}	Continued From page 4 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 and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant	{A 025}		

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{A 025}	Continued From page 5 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 observations, interviews and records review, the facility failed to provide adequate supervision for one out of 12 sampled residents (Resident # 12) and failed to maintain a written record of change in conditions for one out of 12 sampled residents (Resident # 5). Findings included: 1) Observations on at 7:55am showed Resident # 12 left the facility for an , , . Resident # 12 was not assisted with the self-administration of medications. A review of Resident # 12 Health Assessment dated showed that the resident was dependent and was diagnosed with . Resident # 12 required assistance with the self-administration of medications. During an interview on at 7:56am Staff I (caregiver) stated that Resident # 12 was independent and they didn't document when he took medications. 2)	{A 025}		

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{A 025}	Continued From page 6 Observations on at 8:00am showed Staff I poured a packet of polyethylene ˷ ˷ osmotic into a cup of water and gave it to Resident # 5 to take with a cup full of her medications. Resident # 5 asked Staff I if that was the powder that the doctor prescribed for the ˷ . During an interview on at 8:02am Staff I stated that Resident # 5 went to the doctor a few days ago and they prescribed her the packets and stated that Staff H (caregiver) knows more about why. A review of Resident # 5 Health Assessment dated showed that the resident was diagnosed with and needed assistance with self-administration of medications. A review of Resident # 5 progress notes showed that the last entry was . A review of Resident # 5 medication observation record showed that Resident # 5 was started on a packet of polyethylene ˷ ˷ osmotic on ˷ ˷ . During an interview on at 8:10am Staff H stated that she called Resident # 5's doctor because she had a and the doctor started her on a packet of polyethylene ˷ ˷ osmotic , when asked why she was prescribed the packets. Staff H stated that she did not document the call to the doctor or the resident's , when asked if there was documentation of her communication with Resident # 5's physician. During an interview on at 9:30am	{A 025}		

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{A 025}	Continued From page 7 Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class II	{A 025}		
{A 030} SS=E	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 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	{A 030}		

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{A 030}	Continued From page 8	{A 030}		

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;
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

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{A 030}	Continued From page 9 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 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	{A 030}		

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{A 030}	Continued From page 10 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 , , 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	{A 030}		

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{A 030}	Continued From page 11 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. (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	{A 030}		

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{A 030}	Continued From page 12 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 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 one out of 12 sampled residents (Resident #7) with consideration and respect. Findings Included: Observations on at 7:00am showed that in Resident # 7's room there were two large boxes of paper towels and toilet paper.	{A 030}		

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{A 030}	Continued From page 13 (photographic evidence obtained) During an interview on at 7:00am Staff H (caregiver) stated that the paper towels and toilet paper belonged to the facility. A review of Resident # 7's health assessment dated showed that the resident was diagnosed with an intellectual , and During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class III	{A 030}		
{A 052} SS=F	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	{A 052}		

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{A 052}	Continued From page 14	{A 052}		

being orally advised of the medication name and 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

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{A 052}	Continued From page 15	{A 052}		

physician or health care professional with 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,

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and spoons. Trained staff may also return unused 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

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{A 052}	Continued From page 17 control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to follow the procedure outlined by the State when assisting with self-administration of medications for two out of 12 sample residents (Residents #5 and #7). Unlicensed staff were administering medications to residents. Findings included: Observation on at 8:00am showed that Staff I (caregiver) pre-poured Resident # 5's medications into a small cup. Staff I then signed the resident's medication observation record, then took the small cup with the medications, a cup of water with a packet of polyethylene , , osmotic mixed in to Resident # 5's room. Staff I handed the cups to Resident # 5 and Resident self-administered the medications. Staff I did not tell resident the name or dosage of the medication in the small cup, and the packet poured into the water. Resident # 5 asked Staff I if that was the powder that the doctor prescribed for the , . A review of Resident # 5 Health Assessment dated showed that the resident needed assistance with self-administration of medications. A review of Resident # 5 records showed that she had no executed medication waiver. Observation on at 8:08am showed	{A 052}		

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{A 052}	Continued From page 18 that Staff I pre-poured Resident # 7's medications into a small cup. Staff I then signed the resident's medication observation record. Staff I handed the cups to Resident # 7 and Resident self-administered the medications. A review of Resident # 7's health assessment dated showed that the resident needed assistance with self-administration of medications. A review of Resident # 7 records showed that he had no executed medication waiver. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class III	{A 052}		
{A 054} SS=H	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 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	{A 054}		

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{A 054}	Continued From page 19 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 observations, interviews and record review, the facility failed to ensure that the Medication Observation Records (MOR) were accurate for six out of 12 sampled residents (Residents #2, 5, 7, 10, 11, and 12) Findings included: Observations on at 7:53am showed Staff I (caregiver) gave Resident # 10 his medication packs, and Resident # 10 punched out the medications out of the and self-administered the medications. During an interview on at 7:54am Staff I stated that Resident # 10 was independent and she did not have to document his medications. A review of the resident records revealed no records for Resident # 10 including a health assessment.	{A 054}		

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	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

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{A 054}	Continued From page 20 Observations on at 7:55am showed Resident # 11 and 12 left the facility for an . . . Residents # 11 and 12 were not assisted with the self-administration of medications. A review of Resident # 12 Health Assessment dated showed that the resident was dependent and was diagnosed with . . . Resident # 12 required assistance with the self-administration of medications. A review of the facility records showed no MOR for Resident #10, 11, or 12. During an interview on at 7:56am Staff I (caregiver) stated that Resident # 11 and 12 were independent and they didn't document when they took their medications. Observation on at 7:56am Staff I went to Resident # 2 room with a small cup. A review of Resident # 2 Health Assessment dated showed that the residents needed assistance with self-administration of medications. Resident # 2 was also legally . A review of Resident # 2 records showed that he had no medication waiver in his records. Observation on at 8:00am showed that Staff I pre-poured Resident # 5's medications into a small cup. Staff I then signed the resident's medication observation record. A review of Resident # 5 Health Assessment dated showed that the resident needed assistance with self-administration of	{A 054}		

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{A 054}	Continued From page 21 medications. Observation on at 8:08am showed that Staff I pre-poured Resident # 7's medications into a small cup. Staff I then signed the resident's medication observation record. A review of Resident # 7's health assessment dated showed that the resident needed assistance with self-administration of medications. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Class II	{A 054}		
A 058 SS=E	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	A 058		

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A 058	Continued From page 22 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, 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	A 058		

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A 058	Continued From page 23 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 is required to employ the consultant services of a dietitian and a licensed registered nurse or pharmacist who will provide onsite quarterly consultations until it is determined that such consultation services were no longer required. The facility received a class II deficiency on food service and an uncorrected Class II deficiency on and a new uncorrected deficiency on food service on . The facility received two (2) class III deficiencies on medications, and a new uncorrected Class II and Class III deficiency on medication on . Findings included: 1) Observation on at 12:07 PM showed that Staff E and Staff B served steak, rice, red beans, sliced tomatoes and string beans to Resident #7 in the dining room for lunch A review of Resident 7's health assessment dated showed that he was on a soft, mechanical diet. Observation on at 7:30 AM showed that there was a large bag of rice that was open	A 058		

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A 058	Continued From page 24 inside a kitchen cabinet. Further observation showed that there was a portion of unfrozen, raw meat inside a plastic bag in the refrigerator section. Further observation revealed that there was raw meat inside a pot on top of the stove that was to the touch. Observation on at 7:47am showed that there was raw chicken being defrosted in the kitchen sink next to a used rag. Observation on at 9:00am showed that Resident # 2 was eating a bowl of fruit with bread and a fried egg. A review of the posted menu and alternative showed no alternative included fruit for breakfast. Fruit was an alternative to lunch or dinner. A review of Resident # 2 Records showed no documenting of the substitution of fruit for breakfast. A review of Resident # 2 health assessment dated showed no special diet. 2) Observation on at 8:08am showed that Staff E was giving Resident # 7 his medications. Staff E poured the medication in a cup into Resident # 7 . A review of Resident #7 health assessment dated showed that he was diagnosed with . and . delay. Resident # 7 needed assistance with the self-administration of medications. Observation on at 8:15am showed	A 058		

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A 058	Continued From page 25 that Staff E administered medications to Resident # 8 by pouring medications into the resident month using a cup. Staff #E also failed to notify Resident #8 of the dosage for each medication administered. A review of Resident # 8 health assessments dated showed that she was diagnosed with and major , . Resident # 8 needed assistance with the self-administration of medications. A review Resident # 8 records showed that there was no documentation signed by the residents or power of attorney waving the requirement to advise the resident of the dosage of the medications being provide by staff. A review of Resident # 8 medication observation record (MOR) showed that there was no annotation that the resident received her on and . Observation on at 8:00am showed that Staff I (caregiver) pre-poured Resident # 5's medications into a small cup. Staff I then signed the resident's medication observation record. Staff I then took the small cup with the medications, a cup of water with a packet of polyethylene , , osmotic mixed in to Resident # 5's room. Staff I handed the cups to Resident # 5 and Resident self-administered the medications. Staff I did not tell Resident the name or dosage of the medication in the small cup, and the packet poured into the water. Resident # 5 asked Staff I if that was the powder that the doctor prescribed for the . A review of Resident # 5 Health Assessment dated showed that the resident	A 058		

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A 058	Continued From page 26 needed assistance with self-administration of medications. A review of Resident # 5 records showed that she had no executed medication waiver. Observation on at 8:08am showed that Staff I pre-poured Resident # 7's medications into a small cup. Staff I then signed the resident's medication observation record. Staff I handed the cups to Resident # 7 and Resident self-administered the medications. A review of Resident # 7's health assessment dated showed that the resident needed assistance with self-administration of medications. A review of Resident # 7 records showed that he had no executed medication waiver. Observations on at 7:55am showed Resident # 11 and 12 left the facility for an . . . Resident # 12 was not assisted with the self-administration of medications. A review of Resident # 12 Health Assessment dated showed that the resident was dependent and was diagnosed with . Resident # 12 required assistance with the self-administration of medications. A review of the facility records showed no MOR for Resident #10, 11, and 12. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility.	A 058		

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A 058	Continued From page 27 Class III	A 058		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are	A 079		

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A 079	Continued From page 28 absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the	A 079		

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A 079	Continued From page 29 facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety	A 079		

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A 079	Continued From page 30 requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have a physically present and designated person in charge of the facility when the administrator was absent for more than 48 hours. Findings included: Observation on at 6:30am showed only two staff at the facility.	A 079		

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A 079	Continued From page 31 During an interview on at 7:45am Staff I (caregiver) stated that Staff A (owner) was in charge and that she did not know who Staff J (new administrator) was. Staff I stated that she was at the facility on and and that Staff J was not at the facility. During an interview on at 7:48am Staff H (caregiver) identified Staff A (owner) as the administrator. Staff H stated that she met with Staff J about 15 days ago. Observation on at 7:45am showed that there was no written designation of the person in charge at the facility. During an interview on at 9:30am Staff K (owner) stated that Staff J was still doing her training and was not available. Class III	A 079		
{A 093} SS=F	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_	{A 093}		

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{A 093}	Continued From page 32 Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as	{A 093}		

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{A 093}	Continued From page 33 served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on	{A 093}		

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	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

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SUNFLOWER'S VILLAGE ALF INC	8035 SW 13 STREET MIAMI, FL 33144

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{A 093}	Continued From page 34 at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and record review that facility failed to document substitutions of food and consult with a licensed nutritionist to ensure the comparable nutritional value was met for one out of 12 sampled residents. (Resident # 2) Findings included Observation on at 9:00am showed that Resident # 2 was eating a bowl of fruit with bread and a fried egg. A review of the posted menu and alternative showed that fruit was not an alternative for breakfast. There was no documentation on the menu of the substitution for fruit. The alternative menu was reviewed by the dietitian on A review of Resident # 2 Records showed no documenting of the substitution of fruit for breakfast. A review of Resident # 2 health assessment dated showed no special diet. Class III	{A 093}		

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A 160	Continued From page 35	A 160		
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 emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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A 160	Continued From page 36 (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., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint	A 160		

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A 160	Continued From page 37 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 observations, interviews, and records review the facility failed to have an up-to-date admission. One out of 12 sampled resident (#10) was not on the admission and discharge log. Findings included: Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed.	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 160	Continued From page 38 Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that they facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 not being in the admission and discharge log. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. 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,	{A 162}		

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{A 162}	Continued From page 39 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, 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	{A 162}		

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{A 162}	Continued From page 40 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 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,	{A 162}		

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{A 162}	Continued From page 41 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 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 observations and interviews, the facility failed to maintain records on the premises for one out of 12 sampled residents (Resident # 10). Findings Included: Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed.	{A 162}		

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{A 162}	Continued From page 42 Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that they facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. During an interview on at 6:38 am Staff I stated that she did not know about Resident # 10 records and why there were 7 residents at the facility. During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day, and that there was no file for him, and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. Class III	{A 162}		
A 164 SS=D	59A-36.015(4) FAC; 429.35(1) & (3) FS Records - Inspection Availability 59A-36.015 (4) RECORD INSPECTION. (a) The resident's records must be available to	A 164		

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A 164	Continued From page 43 the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. 429.35 Maintenance of records; reports.- (1) Every facility shall maintain, as public information available for public inspection under such conditions as the agency shall prescribe, records containing copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. (3) Every facility shall post a copy of the last inspection report of the agency for that facility in a prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the facility shall also provide a copy of the report to any resident of the facility or to an applicant for admission to the facility. This Statute or Rule is not met as evidenced by: Based on Observations and interviews, the facility failed to post a copy of the last inspection report in a prominent location within the facility so as to be accessible to all residents and to the public. Findings included:	A 164		

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A 164	Continued From page 44 Observation on at 7:45am showed that there was no posted copy of the last inspection report at the facility. During an interview on at 7:45am Staff H did not know where plan of correction and last posted inspection was, when asked where the copies were. Class III	A 164		
AL241 SS=F	429.075( ); 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the , agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate,	AL241		

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AL241	Continued From page 45 and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a , agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 59A-36.020 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security , or supplemental security income and , , , as follows: a. An affirmative statement on the Alternate Care Certification for , , , ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available	AL241		

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AL241	Continued From page 46 for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-03988, that the resident is receiving SSI or SSDI due to a mental , b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental . The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental . 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, , nurse, or an individual supervised by one of these professionals. a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement: (I) Completed Alternate Care Certification for , , ( ) form,	AL241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNFLOWER'S VILLAGE ALF INC	8035 SW 13 STREET MIAMI, FL 33144

(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
AL241	Continued From page 47 CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services, c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities, d. Includes the _____ of the facility to	AL241		

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AL241	Continued From page 48 facilitate and assist the resident in attending . . and arranging transportation to . . for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms , to the resident that indicate the immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. , include the , Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. , Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for	AL241		

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AL241	Continued From page 49 accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. , cover all mental health residents of the facility who are clients of the same provider; and, d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation 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 appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on Interview and records review the facility failed to have an annually updated community support plan and , agreement for two out of 12 sampled residents (Residents # 5 and 7) and a community support plan and agreement for two out of 12 sampled resident (Resident# 11 and 12). Findings included: A review of the admission and discharge	AL241		

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AL241	Continued From page 50 identified Resident # 5, 6, 11, and 12 as limited mental health (LMH) residents. A review of the facility posted license showed that the facility was a licensed for LMH 1) A review of Resident # 5 records showed that the last , agreement and community support plan was dated . A review of Resident # 7 records showed that the last , agreement and community support plan was dated . 2) A review of Resident # 11 records showed no , agreement and community support plan. Resident # 11 was admitted to the facility on . A review of Resident # 12 records showed no records showed no , , agreement and community support plan. Resident #12 was also admitted to the facility on . During an interview on at 9:30am Staff K (owner) did not answer when asked about the community living support plans. Class III	AL241		

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CZ809	59A-35.062(3)(e)&(7);408.803(7) &.810(8) Proof of Financial Ability to Operate 59A-35.062 Proof of Financial Ability to Operate. (3) Definitions. The following definitions apply to this section for proof of financial ability to operate. (e) "Financial instability" means the provider cannot meet its financial . Evidence such as the issuance of bad checks, an accumulation of delinquent bills, or inability to meet current payroll needs shall constitute prima facie evidence that the ownership of the provider lacks the financial ability to operate. Evidence shall also include the Medicare or Medicaid program's indications or determination of financial instability or fraudulent handling of government funds by the provider. 408.803 Definitions.-As used in this part, the term: (7) "Controlling interest" means: (a) The applicant or licensee; (b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or (c) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member. 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.	CZ809		

AHCA Form 3020-0001

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

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CZ809	Continued From page 1 (8) Upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes, and applicable rules. The agency shall establish standards for this purpose, including information concerning the applicant's controlling interests. The agency shall also establish documentation requirements, to be completed by each applicant, that show , provider revenues and expenditures, the basis for financing the , cash-flow requirements of the provider, and an applicant's access to contingency financing. A current certificate of authority, pursuant to chapter 651, may be provided as proof of financial ability to operate. The agency may require a licensee to provide proof of financial ability to operate at any time if there is evidence of financial instability, including, but not limited to, unpaid expenses necessary for the basic operations of the provider. An applicant applying for change of ownership licensure is exempt from furnishing proof of financial ability to operate if the provider has been licensed for at least 5 years, and: (a) The ownership change is a result of a corporate reorganization under which the controlling interest is unchanged and the applicant submits organizational charts that represent the current and proposed structure of the reorganized corporation; or (b) The ownership change is due solely to the of a person holding a controlling interest, and the surviving controlling interests continue to hold at least 51 percent of ownership after the change of ownership. 59A-35.062 Proof of Financial Ability to Operate.	CZ809		

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CZ809	Continued From page 2 (7) An applicant for renewal of a license shall not be required to provide proof of financial ability to operate, unless the licensee or applicant has demonstrated financial instability. If an applicant or licensee has shown signs of financial instability, as provided in Section 408.810(9), F.S., at any time, the Agency may require the applicant or licensee to provide proof of financial ability to operate by submission of: (a) AHCA Form 3100-0009, , Proof of Financial Ability Form, that includes a balance sheet and income and expense statement for the next 2 years of operation which provide evidence of having sufficient assets, credit, and projected revenues to cover liabilities and expenses; and, (b) Documentation of correction of the financial instability, including but not limited to, evidence of the payment of any bad checks, delinquent bills or liens. If complete payment cannot be made, evidence must be submitted of partial payment along with a plan for payment of any liens or delinquent bills. If the lien is with a government agency or repayment is ordered by a federal or state court, an accepted plan of repayment must be provided. This Statute or Rule is not met as evidenced by: Based on observation, interview and records review the facility failed to demonstrate financial stability and withheld information to determine the financial stability of the facility from the agency. Findings included: A review of the facility posted license showed that the facility was a licensed for Limited Mental Health with a total capacity of 6 residents. Observation on at 6:35am showed	CZ809		

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CZ809	Continued From page 3 that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed. Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that the facility provided food and had his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list and there were 6 other residents listed at the facility. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 not being in the admission and discharge log. During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving that day and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. Staff A also stated that they were going to sell the assisted living facility and were negotiating a change of ownership. During an interview on at 10:00am	CZ809		

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CZ809	Continued From page 4 Staff A (owner) stated that the documents were not at the facility, when asked for a copy of the bank statement for the last three months and accounting for all the facility expenses such as payroll, utilities, and other expenditures. A review of the records sent on at 11:58 showed bank statements with missing pages and electric and internet expenses only. Unclassified	CZ809		
CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on observations, records review, and interviews that facility exceeded the licensed	CZ828		

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CZ828	Continued From page 5 capacity. The facility was found with seven (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) residents. Findings included: Observation on 02/ /2026 at 6:38 AM accounted for ten (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) residents in the facility. Observation on at 6:35am showed that in the backyard of the facility there was a shed with electrical and an Air-conditioning unit. During an interview on at 6:35am Staff I (caregiver) stated that there was someone sleeping in the shed when asked to open the shed. Observation on at 6:36am Staff I opened the shed and Resident # 10 was sleeping in a bed. Resident # 10 awoke and identified himself. During an interview on at 6:37am Resident # 10 stated that he was part of a program that placed him at the facility, and that the facility provided food and have his medications stored, when asked about his presences. Resident #10 stated that he had been at the facility for about two weeks. A review of the admission and discharge log showed that Resident #10 was not on the list and there were 6 other residents listed at the facility. During an interview on at 6:38am Staff I stated that she did not know about Resident # 10 not being in the admission and discharge log.	CZ828		

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CZ828	Continued From page 6 During an interview on 9:45 at Staff A (owner) stated that Resident # 10 was leaving today and was not on the admission and discharge log. Staff A stated that he was just there to help the placement foundation. A review of the facility posted license showed that the facility was a licensed for Limited Mental Health with a total capacity of 6 residents. Unclassified	CZ828		
{CZ875}	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of ; (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training	{CZ875}		

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{CZ875}	Continued From page 7 curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition	{CZ875}		

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{CZ875}	Continued From page 8	{CZ875}		

to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not

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SUNFLOWER'S VILLAGE ALF INC	8035 SW 13 STREET MIAMI, FL 33144

(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
{CZ875}	Continued From page 9 account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by:	{CZ875}		

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
	AL11965045	A. BUILDING: _____ B. WING _____	R 04/28/2026

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{CZ875}	Continued From page 10 Based on interview and record review, the facility failed to ensure that all staff complete one-hour training for staff interacting with people with or related forms of for one of three staff sampled (Staff H). Findings included: A review of Staff H's (caregiver) employee records showed that she did not complete her required one-hour training for staff interacting with people with . Staff H Hire date was . During an interview on at 9:30am Staff K (owner) stated that he had no plan of correction for the deficiency because they were selling the assisted living facility. Unclassified	{CZ875}		