

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969854</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                      |                                                                                                                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>05/21/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER WINGS ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12275 SW 187 TERR</b><br><b>MIAMI, FL 33177</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                    |
| {A 000}                                                         | Initial Comments<br><br>A second revisit survey was conducted at Silver Wings ALF LLC. from . Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | {A 000}                                                                                     |                                                                                                                          |                                                                    |
| {A 025}<br>SS=J                                                 | <p>429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision</p> <p>429.26<br/>(7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.</p> <p>59A-36.007 Resident Care Standards.<br/>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br/>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br/>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.</p> |                                                                                | {A 025}                                                                                     |                                                                                                                          |                                                                    |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| {A 025}                                                         | <p>Continued From page 1</p> <p>(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.</p> <p>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.</p> <p>(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 change.</p> <p>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed notify a licensed physician when a resident exhibits _____ for one out of eight (Resident #7) sampled residents.</p> <p>Findings included:</p> <p>On _____ at 7:20 AM Staff F was observed as she placed the cup in Resident 7's _____ and attempted to guide his _____ toward his _____ to administer the medication. Resident #7's _____ were observed closed and did not open his _____ . Staff F documented the dose as (R) Refused on the Medication Observation Record (MOR).</p> | {A 025}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 025}                                                         | Continued From page 2<br><br>On at 7:30 AM Staff F stated, Resident #7 is always difficult in the morning. He is usually more active around 10:00 AM.<br><br>On at 7:53 a.m., interviewed Staff E (Owner) stated, "We have not called the doctor. We have always had difficulty with him in the morning."<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {A 025}                                                                        |                                                                                                                          |                          |                                                                    |
| A 030                                                           | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(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, | A 030                                                                          |                                                                                                                          |                          |                                                                    |

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| A 030                                                           | <p>Continued From page 3</p> <p>1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident , neglect, and</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. control, sanitation, and standard precautions;</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers;</li> <li>9. Assistive devices; and</li> <li>10. Physical</li> </ol> <p>(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.</p> <p>(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),</p> | A 030                                                                          |                                                                                                                          |                          |                                                                    |

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| A 030                                                           | <p>Continued From page 4</p> <p>F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> <p>429.28 Resident bill of rights.-</p> <p>(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:</p> <p>(a) Live in a safe and decent living environment, free from _____ and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(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.</p> <p>(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.</p> <p>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,</p> | A 030                                                                          |                                                                                                                          |                          |                                                                    |

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| A 030                                                           | Continued From page 5<br><br>autonomy, and interaction within the community.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(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.<br>(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.<br>(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.<br>(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 | A 030                                                                          |                                                                                                                          |                          |                                                                    |

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| A 030                                                           | <p>Continued From page 6</p> <p>relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.</p> <p>(1) 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.</p> <p>(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</p> | A 030                                                                          |                                                                                                                          |                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER WINGS ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12275 SW 187 TERR</b><br><b>MIAMI, FL 33177</b>                              |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| A 030                                                           | <p>Continued From page 7</p> <p>and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida.</p> <p>429.27 Property and personal affairs of residents.-<br/>(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.<br/>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview facility failed to honor resident rights for two out of six sampled residents (Resident #1 and 6).</p> | A 030                                                                          |                                                                                                                          |                          |                                                                    |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SILVER WINGS ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12275 SW 187 TERR</b><br><b>MIAMI, FL 33177</b> |                                                                                                                          |  |                                                                    |
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| A 030                                                           | Continued From page 8<br><br>Findings included:<br><br>Observation on _____ at 6:20 AM during the<br>tour of the facility, _____ was used for storage<br>of facility _____ brief, disposable<br>_____ pads, toilet tissue, bed sheets, and<br>a small cabinet was used for facility storage of<br>electronics. Residents 1 and 6 resided and<br>shared the same bedroom.<br><br>In an interview on _____ at 6:21 AM Staff C<br>stated that they store all the supplies for the<br>facility in that room. The cabinet is where we<br>store all the electronic facility here."<br><br>Class III                                                                                                                                                                                                                                                                                                                                                        | A 030                                                                                       |                                                                                                                          |  |                                                                    |
| {A 055}<br>SS=D                                                 | 59A-36.008(6) FAC Medication - Storage and<br>Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and<br>preferences of residents and to encourage<br>residents to remain as independent as possible,<br>residents may keep their medications, both<br>prescription and over-the-counter, in their<br>possession both on or off the facility premises.<br>Residents may also store their medication in their<br>rooms or apartments if either the room is kept<br>locked when residents are absent or the<br>medication is stored in a secure place that is out<br>of sight of other residents.<br>(b) Both prescription and over-the-counter<br>medications for residents must be centrally stored<br>if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The<br>facility must maintain a list of all medications<br>being stored pursuant to such a request; | {A 055}                                                                                     |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| {A 055}                                                         | Continued From page 9<br><br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If | {A 055}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 055}                                                         | <p>Continued From page 10</p> <p>centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.</p> <p>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).</p> <p>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.</p> <p>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure medication was kept secured in a locked cabinet at all times</p> <p>Findings included</p> <p>On at 6:46 AM Staff C (caregiver) was observed as she left the medication bin in the room unattended as she walked away out to the kitchen</p> | {A 055}                                                                                     |                                                                                                                          |  |                                                                    |

If continuation sheet 12 of 13

Agency for Health Care Administration

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| A 152                                                           | <p>Continued From page 12</p> <p>5. A comfortable chair, if requested.</p> <p>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to provide a safe living environment for four out of four (Resident #3, 6, 7, and 8) sampled residents.</p> <p>Findings included:</p> <p>Observation on at 6:07 AM revealed # a peeling recliner. was found unlocked with three gallons of liquid detergent, three gallons of bleach, a bucket of liquid detergent in laundry room, and a storage of</p> <p>On at 6:26 AM Staff F (Caregiver) stated that we don't use those anymore.</p> <p>Class III</p> | A 152                                                                          |                                                                                                                          |                          |                                                                    |