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
	AL11969105	A. BUILDING: _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALACE AT HOMESTEAD, LLC	3100 NE 8TH ST HOMESTEAD, FL 33033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or . damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a	A 165		

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A 165	Continued From page 1 preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report	A 165		

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A 165	Continued From page 2 this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file an adverse incident report for incidents which involved law enforcement and a Department of Children and Families (DCF) investigation of to be filed for one out of thirty one (Resident #1) sampled residents. Findings included: A police report revealed on an investigation which alleged a verbal and physical confrontation after the daughter of Resident #1 entered a bathroom stall while a facility staff was changing Resident 1's adult briefs. The daughter accused the staff of pushing her and called the police. A second and most recent incident showed the police were called on to investigate an alleged involving Resident #1 and a private duty aide. The police report documented that resident #1 was grabbed by her and touched in her private area by the private aide while being changed out of her adult briefs at the time of transferring the resident from the bed to the wheelchair.	A 165		

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A 165	Continued From page 3 In an interview on at 10:40 AM the Administrator stated, "There was an incident where she (Resident #1's daughter) entered the stall while the resident was being changed and there was a verbal and potential physical situation with one of our prior nurses. The daughter actually called the police. We have to protect the residents' dignity when they are in the bathroom being changed and she kind of pushed her way in. So, we trespassed her for that behavior. It was very hostile-the behavior. It was external thing with the police. There was a police report. I don't think we documented it. We just have a case number from the police. No incident report because it was with her predominantly. She is the one who called the police. It didn't happen here. Not with a resident, it was just the daughter. She's claiming that. The next incident regarding Resident #1 was when her son had come to visit the resident as usual. Sometimes we would notice the residents were agitated during visits. He accused the at the time of inappropriately touching Resident #1 and filed a DCF report. I not really sure who file the report. We spoke to the staff, and we took their statement I believe and it coincided A review of the Adverse Incident Report database showed no documentation of a report regarding these incidents and documentation of these incidents that had occurred. In an interview on at 11:50 AM the Administrator confirmed she had not completed an adverse incident regarding incidents. Class III	A 165		

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A 000	Continued From page 4	A 000		
A 000	Initial Comments A re-licensure survey and a complaint investigation (#2025010808) was conducted at Palace at Homestead, LLC from through . The provider had deficiencies at the time of the visit.	A 000		
A 030 SS=D	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	A 030		

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A 030	Continued From page 5 telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 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	A 030		

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A 030	Continued From page 6 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and 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	A 030		

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A 030	Continued From page 7	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , 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

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A 030	Continued From page 8 resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (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	A 030		

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A 030	Continued From page 9 resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the 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 observations and interviews, the facility failed to protect residents' sensitive health information for a census of 197 out of 197 sampled residents and failed to honor resident rights by entering fifteen resident rooms without knocking. Findings included:	A 030		

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A 030	Continued From page 10 Observations on at 8:22 AM Staff C walked away and left the laptop open on cart in the hallway with access to resident's Health Insurance Portability and Accountability Act (HIPAA) sensitive information accessible to anyone as she left to enter Resident #4's room. On at 9:10 AM Staff G was observed in the dining room as she was walking away from opened laptop containing HIPPA sensitive information accessible to anyone to provide assistance with medication for Resident #10 and Resident #31. Each resident was seated at two different tables and given their medications before Staff returned to the laptop. On between 8:10 AM to 8:45 AM Staff G was observed as if she entered resident bedrooms without knocking on the door. Staff G unlocked and entered # , , , 106, 111, 113, 115, 116, 118, 119, 120, 121, 123, 124, and 127 where residents were surprised by the entry. On at 10:45 AM the Administrator stated, "The computer was not supposed to be left open. The computer has to be closed." Class III	A 030		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it	A 052		

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A 052	Continued From page 11 to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and 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	A 052		

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A 052	Continued From page 12 medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with 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	A 052		

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A 052	Continued From page 13 must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused 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	A 052		

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	AL11969105	A. BUILDING: _____ B. WING _____	10/16/2025

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A 052	Continued From page 14 this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assist one (Resident #4) out of four sampled residents with self-administration of medications at the time indicated by the prescribing physician. Findings: Observation on at 8:19 AM found pre-poured medications (tablets) for Resident #4 on the medication cart. Photographic evidence obtained. Observation on at 8:22 AM Staff B (Medication Technician) entered Resident #4's offered the resident water at her request but did not assist the resident with her medications prescribed for the following times: (. 650 MG 8:00AM, 200 MG 8:00 AM, 150 MG 9:00 AM, , 300 MG 8:00 AM, , .	A 052		

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A 052	Continued From page 15 Solution 0.2% 8:00 AM). Interviewed on at 8:22 AM Staff B stated, "She was not good. I can't administer the medication now." However, there was no immediate call to Director of Nursing. A review of Resident #4's progress notes documented on by the Director of Nursing (DON) stated: "[Medication] observed one assist [with] medication Resident was not feeling well when med tech tried to assist resident. Resident able to take them now." However, there was no documentation of time the medications were given, and Staff B was observed throwing medications in garbage attached to medication. Photographic evidence obtained. Interviewed on at 2:39 PM when asked if Resident #4 received her medications, the DON stated that she got her medications at 9:30 AM and were given by her (DON). Interviewed on at 12:06 PM the Administrator acknowledged that the medications were given late. A review of Staff B's Personnel records showed 6 hours of assistance with self-administration of medication training on and updated annual training for two hours on . Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	A 054		

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A 054	Continued From page 16 managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Director of Nursing (DON) immediately update the medication observation record for one (Resident #4) out of three sampled resident who received assistance with self-administration of medications. Findings:	A 054		

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A 054	Continued From page 17 A review of the MOR showed Staff B (Medication Technician) signed the MOR for assisting Resident #4 with self-administrations of the following medications: , 650 MG 8:00AM, , 0.25 MG 6:00 AM-2:00 PM, 200 MG 8:00 AM, 5 MG 6:00 AM-2:00 PM, - 1.0-0.5% 6:00 AM-2:00 PM, Drops 0.2% , 9:00 AM, - Drops 22. .8 mL, Capsules Delayed release 60 MG 6:00 AM-2:00 PM, 150 MG 9:00 AM, , 300 MG 8:00 AM, , Solution 0.2% 8:00 AM, 1000 MG 6:00 AM-2:00 PM, , 25 MG 6:00 AM-2:00 PM, Miconazorb AF ( ) Powder , 2% 6:00 AM-2:00 PM, One Day Multi- 6:00 AM-2:00 PM, C 500 MG 6:00 AM-2:00 PM. However, Resident #4 was not assisted by Staff B. Interviewed on at 11:10 AM when asked if she gave the medications to Resident #4 on in the morning, Staff B stated that she did not give the medications. Interviewed on at 11:14 PM when asked who gave the morning medications for to Resident #4, the DON stated that she did. The DON acknowledged that the MOR was signed by Staff B. The DON stated that the resident received her medications at approximately 9:30 AM. A review of Resident #4's progress notes documented on by the Director of Nursing (DON) stated: "[Medication] observed one assist [with] medication Resident was not feeling well when med tech tried to assist	A 054		

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A 054	Continued From page 18 resident. Resident able to take them now." However, there was no documentation the time the medications were given. Interviewed on at 12:06 PM the Administrator acknowledged that the MOR was not signed by the DON. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of	A 055		

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A 055	Continued From page 19 physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has	A 055		

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A 055	Continued From page 20 ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure Resident #4's medications were taken to the pharmacy for disposal or destroyed by the administrator or designee with one witness. The facility failed to document the disposal or destruction of the medications in Resident #4's records. Findings: Observation on at 8:22 AM Staff B (Caregiver) threw Resident #4's medications in a garbage attached to the medication cart. Interviewed on at 8:22 AM Staff B (Medication Technician) stated, "She was not good. I can't administer the medication now. I will throw the medications in the garbage."	A 055		

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A 055	Continued From page 21 Photographic evidence obtained. A review of Resident #4's found no documentation the list of medications were discarded or destroyed. Interviewed on at 2:20 PM Staff B stated that she did not have the container with her because it was strong. Staff B stated that she took the medications out of the garbage and gave it to the nurse. Staff B stated, "It was with [the Director of Nursing"]. Interviewed on at 2:39 PM the DON stated that medications would be destroyed if the resident was unable to take the medication. When asked if the destroyed medications would be documented, the DON Stated, "No." The DON stated further that if it were a , a second person would witness the discarding of the . The DON stated that Staff B was nervous, and she threw the medications in the garbage and got it out. When asked if discarding medications in liquid was in their policy, the DON stated that she does not think it was in their policy. Interviewed on at 12:06 PM the Administrator acknowledged that the medications were thrown in the garbage. A review of Staff B's Personnel records showed 6 hours of assistance with self-administration of medication training on and updated annual training for two hours on . Class III	A 055		

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A 078	Continued From page 22	A 078		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 23 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure three (Staff D, Staff E, and Staff E Caregivers) out of six sampled staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. The facility failed to ensure Staff D, E and F could describe , , ( ) in the event a full code resident became unresponsive. Staff E was unable to describe the and grievance policies.	A 078		

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A 078	Continued From page 24 Findings: 1) Observation on at 8:45 AM found Staff E on the fourth floor. Interviewed on at 8:45 AM when asked what the facility's policies were on identifying and reporting , Staff E stated, "I don't know." When asked what the facility's grievance policy and procedure, Staff E stated, "I don't know what the policy you are asking." When asked what she would do with an unresponsive resident, Staff D stated that she would check the , and put the resident on the floor. Staff D stated that she would notify the supervisor, call 911 and then start . Staff D stated, "I would do 30 , . I don't know the breath." When asked to describe what she would do with a choking victim, Staff D stated, "My thing was hitting them in the , open their and then try to take the thing from their . Then I will do the thrust. Then I saw the old school way to put your up." Staff D stated that she worked in the facility for four years and scheduled from 6:00 AM-2:30 PM. A review of Staff D's personnel records showed a hire date of and Resident Rights and Recognizing and Reporting and Neglect training on , but no training on file. 2) Interviewed on at 10:17 AM when asked to described on an unresponsive resident, Staff F stated, "I would do 30 , in 10 to 15 seconds and three to	A 078		

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A 078	Continued From page 25 four breaths and then continue with . A review of Staff F personnel records showed training on . 3) Interviewed on at 10:38 AM when asked to described on an unresponsive resident, Staff E stated, "15 . You do five breaths and go and do it again." A review of Staff E's personnel records found no training on file. Interviewed on at 2:48 PM the Administrator acknowledged the employees were unable to describe the and grievance policies and . According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 -to-breaths." The National Library of Medicine states: "full code refers to a patient desire to receive all possible intervention during a medical emergency, such as , or , This could involve everything from , to advanced interventions using a or ." In the event of an adult choking, the America Association offer the guidelines below: 1. If the person can speak, , or breathe, do not interfere.	A 078		

Agency for Health Care Administration

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A 078	Continued From page 26 2. If the person cannot speak, ⌄ or breathe, give thrusts 3. To employ the [thrust], reach round the person's waist. Position on clenched fist above the navel and below the cage. Grasp your fist with your other . Pull the clenched fist sharply and directly backward an upward under the cage six 4. In case of ⌄ and , ⌄ , give thrusts. Class III	A 078		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable ⌄ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects,	A 152		

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A 152	Continued From page 27 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a safe living environment free of hazards. Findings Included: Observation on at 9:04 AM during tour of the memory care unit showed that Resident #7 had three cans of paint, Windex cleaner, and dish dawn soap that were unsecured in her living quarter. (photographic evidence obtained) A review of Resident 7's health assessment dated showed medical diagnoses of , , , and , . The and behavioral section revealed that the resident was alert and oriented to person only. The resident required assistance with all activities of daily living. During the preliminary exit interview on at 12:06 PM the Administrator acknowledged the finding of the unsecured paint	A 152		

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	AL11969105	A. BUILDING: _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 152	Continued From page 28 and wanted to know which room it had been left in. Class III	A 152		
A 160 SS=F	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	A 160		

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A 160	Continued From page 29 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). (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	A 160		

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A 160	Continued From page 30 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 investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's . . . . prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log. Findings included: Interviewed on at 9:00 AM when asked to provide the facility's resident admission and discharge log the Administrator provided a computer printout of recent resident admission and discharge activity.	A 160		

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A 160	Continued From page 31 A review of the computer printout provided by the Administrator revealed it did not list all the residents at the facility, the place from which the residents were admitted, the reason for discharge or identification of the location to which the residents were discharged. Interviewed on at 11:00 AM the Administrator stated that she was requesting assistance from the corporate office to obtain the admission and discharge log. Interviewed on at 12:30 PM the Corporate Director of Nursing stated that the admission and discharge log would be set up to be accessible on the facility's computer system. Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case	A 162		

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A 162	Continued From page 32 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 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.	A 162		

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A 162	Continued From page 33 (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, 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	A 162		

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A 162	Continued From page 34 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 record review and interview, the facility failed to maintain documentation for a hospice interdisciplinary care plan for 1 out of 30 sampled residents (Resident 2). Findings included: A review of Resident 2's health assessment dated showed diagnoses and medical history of , ( ) lower extremity, , , , right replacement, , surgery, ( ), , , , history of , history of , , right lateral lower , right lower extremity and skin , history of (of the), . , Activities of daily living (ADL) showed the Resident needed assistance with all ADL, ambulation, bathing, , eating, grooming, toileting and transfer. Nursing requirements	A 162		

Agency for Health Care Administration

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A 162	Continued From page 35 showed hospice care, continue care. A review of the facility's hospice care resident census report dated revealed that Resident 2 was receiving hospice care services. Interviewed on at 12:30 PM the Corporate Director of Nursing stated that the hospice care plan was kept by the hospice care agency in their record. Class III	A 162		

Agency for Health Care Administration

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ZZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain signed attestations in the personnel files for three out of nine sampled staff (Administrator, Director of Resident Care, Staff C). Findings Included: A review of the Administrator and Staff C (Certified Nursing Assistant) personnel records showed that there were no attestations included in the files. A review of the Director of Resident Care personnel records revealed an attestation in the file dated ; however, the attestation was not signed. (photographic evidence obtained) During the exit interview on at 2:48 PM the Administrator acknowledged that the attestation documents were either not present or not signed in the employee files. Unclassified	ZZ813		

AHCA Form 3020-0001

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