

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER SARA'S HOUSE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1567 NE 46TH STREET OAKLAND PARK, FL 33334		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted at Sara's House on . The facility had deficiencies related to the Relicensure at the time of the visit.	A 000			
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 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	A 052			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations. (g) Assisting with medications ordered by the 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	A 052			

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A 052	Continued From page 2 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, 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	A 052			

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A 052	Continued From page 3 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on records review, observation, and interview, it was determined that the facility failed to follow appropriate steps when assisting a resident with his/her self-administration of medications, 1 of 5 sampled resident (Resident #5) .	A 052			

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A 052	Continued From page 4 The findings include: Review of Resident #5's admission records revealed that she was admitted to the facility on _____, with diagnoses of _____ and _____. Review of her health assessment (AHCA Form 1823), dated _____, indicated that she required assistance with the self-administration of medications. On _____, at approximately 9:30 AM, Staff A, identified as the Facility Administrator, was observed preparing Resident #5's medications by placing them into a small cup and carrying them to the resident's bedroom. The following medications were identified: _____ 40 mg, _____ 100 mcg, ER 10 mEq, _____ Plus 40 mg, and _____ 50 mg. Upon entering the room, Staff A handed the cup containing the medications to Resident #5's private duty aide, then exited the room and closed the door without observing the resident take the medications. She signed the MOR as if she had assisted with the medications, when she actually had not observed this process. During a follow-up interview conducted at approximately 9:35 AM on _____, Staff A stated that she has been providing the medications to the private duty aide to administer to the resident because the aide is present with Resident #5 daily. Staff A acknowledged that this practice was not consistent with facility protocol and stated she would ensure corrective action is taken to address the issue. She was also unable to provide any documentation indicating the private duty aid had any training to appropriate assist a resident with medications. The	A 052			

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A 052	Continued From page 5 Administrator was also unable to verify that the private duty aid followed appropriate medication steps. CLASS III	A 052			
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including _____ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical	A 053			

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A 053	Continued From page 6 laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to follow the appropriate steps when assisting a resident with his/her self-administered medications, for 1 out of 2 sampled residents (Resident #1) observed during the medication pass. The findings include: On _____, at approximately 9:30 AM, Staff A, identified as the Facility Administrator, was observed administering medications to Resident #1. Staff A was seen retrieving medications from a cabinet, placing them into a small plastic cup after crushing them, entering the resident's room, and feed the pills to Resident #1 with her breakfast meal. Review of Resident #1's health assessment (AHCA Form 1823), dated _____, revealed diagnoses of _____ and _____. The assessment indicates that Resident #1 required assistance with medication administration and is currently receiving hospice care services. During an interview conducted at approximately 9:35 AM on _____, Staff A acknowledged that she does not possess the credentials required to administer medications.	A 053			

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A 053	Continued From page 7 She further stated that she would coordinate with hospice personnel to ensure that Resident #1 receives medication administration services in accordance with regulatory requirements going forward. Class III	A 053			
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is 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 _____	A 054			

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A 054	Continued From page 8 429.41, 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 staff interview, the facility failed to ensure accurate and complete documentation on the Medication Observation Record (MOR) when assisting 5 of 5 sampled residents (Residents #1, #2, #3, #4, and #5) with self-administration of medications. The findings include: On _____, a review of the Medication Observation Records (MORs) for revealed that all five residents (Residents #1 through #5) were prescribed daily medications. However, documentation was incomplete. Specifically, signatures were missing from _____ to _____, for Residents #1 and #4, and on _____ to _____ for Residents #2, #3, and #5. The MORs for those dates contained no documentation for both morning and evening doses. (Photographic evidence obtained) Review of the residents' Health Assessments (AHCA Form 1823) indicated that Resident #1 required medication administration by a licensed professional, while Residents #2 through #5 required assistance with the self-administration of medications. Interviews conducted with the residents and/or their representatives on _____, during the survey revealed no reports or evidence of missed medication doses. All residents expressed no concerns regarding the receipt or administration of their prescribed medications.	A 054			

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A 054	Continued From page 9 During an interview conducted with the Administrator on _____, at approximately 1:30 PM, she confirmed that the residents (R#1-R#5) had received their medications as prescribed but acknowledged that she failed to document the administrations on the MOR. The Administrator stated that corrective action would be taken to ensure proper documentation procedures are followed moving forward. Class III	A 054		
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 _____	A 078		

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A 078	Continued From page 10 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 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,	A 078		

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A 078	Continued From page 11 pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 1 of 1 sampled employee (Staff B) obtained an annual () screening demonstrating freedom from , as required. The findings include: On , at approximately 8:30 AM, Staff B, a Home Health Aide, was observed working alone in the facility, providing care and services to five adult residents. During an interview conducted at 8:45 AM the same day, Staff B reported that she has been employed at the facility for approximately eleven years. Review of Staff B's employee file revealed that her last documented test was completed on . No documentation of an updated annual screening or physician's statement confirming her freedom from or other communicable was found in the record. During an interview conducted with the Administrator on , at approximately 1:30 PM, she was unable to provide evidence that Staff B had an up-to-date annual clearance. The Administrator acknowledged the omission and stated that Staff B would promptly complete the required screening. Class III	A 078		