

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>AL11968127</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/25/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SARA'S HOUSE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1567 NE 46TH STREET<br/>OAKLAND PARK, FL 33334</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 000                                                        | Initial Comments<br><br>An unannounced Complaint investigation, complaint #2025017956, was conducted at Sara's House, Inc. on . The facility had deficiency at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 000                                                                                          |                                                                                                                          |                                                        |
| AE204                                                        | 429.26(9); 429.07(3)b ; 59A-36.021(4) ECC - Admissions & Continued Residency<br><br>429.26(9)<br>Facilities licensed to provide extended congregate care services shall promote aging in place by determining appropriateness of continued residency based on a comprehensive review of the resident's physical and functional status; the ability of the facility, family members, friends, or any other pertinent individuals or agencies to provide the care and services required; and documentation that a written service plan consistent with facility policy has been developed and implemented to ensure that the resident's needs and preferences are addressed.<br><br>429.07(3)b<br>... The primary purpose of extended congregate care services is to allow residents the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more . A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if he or she is determined appropriate for admission to the extended congregate care facility.<br><br>59A-36.021<br>(4) ADMISSION AND CONTINUED RESIDENCY. | AE204                                                                                          |                                                                                                                          |                                                        |

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SARA'S HOUSE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1567 NE 46TH STREET<br/>OAKLAND PARK, FL 33334</b>                           |                          |                                                        |
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| AE204                                                        | <p>Continued From page 1</p> <p>(a) An individual must meet the following minimum criteria in order to receive extended congregate care services:</p> <ol style="list-style-type: none"> <li>1. Be at least _____;</li> <li>2. Be free from signs and symptoms of any communicable _____ that is likely to may be transmitted to other residents or staff. However, an individual who has _____ ( ) _____ may be admitted to a facility, provided that he or she would otherwise be eligible for admission according to this rule; the individual would otherwise be eligible for admission according to this rule. In addition, an individual that exhibits signs or symptoms of or has been diagnosed with a _____ illness that can be spread through droplet transmission, may be admitted, at the administrator's discretion, if appropriate droplet precautions are implemented by facility staff. Appropriate droplet precautions include recommendations from nationally accepted standards, recommendations from the local county health department, and the facility's _____ prevention and control policies and procedures at the time of the individual's admission. The individual must otherwise be eligible for admission according to this rule.</li> <li>3. Be able to transfer, with assistance if necessary. The assistance of more than one individual is permitted;</li> <li>4. Not be a danger to self or others as determined by a health care practitioner or mental health practitioner licensed under chapter 490 or 491, F.S.;</li> <li>5. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.;</li> <li>6. Not have any _____ or 4 _____;</li> <li>7. Not require any of the following nursing services:</li> </ol> | AE204                                                                          |                                                                                                                          |                          |                                                        |

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| AE204                                                        | <p>Continued From page 2</p> <p>a.       airway management of any kind except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine,</p> <p>b.       ,</p> <p>c. Monitoring of       gases,</p> <p>d. Management of post-surgical drainage tubes or       vacuums,</p> <p>e. Skilled rehabilitative services as described in rule 59G-4.290, F.A.C., or</p> <p>f. Treatment of a surgical       , unless the surgical       and the condition that caused it have been stabilized and a plan of care developed. The plan of care must be maintained in the resident's record at the facility.</p> <p>8. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; and,</p> <p>9. Have been determined to be appropriate for admission to the facility by the facility administrator or manager. The administrator or manager must base his or her decision on:</p> <p>a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed in subsection (7),</p> <p>b. The facility's residency criteria, and services offered or arranged for by the facility to meet resident needs; and,</p> <p>c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule chapter 69A-40, F.A.C.</p> <p>10. Notwithstanding any other provisions of this rule, an individual enrolled and receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. may be admitted and receive extended congregate care services.</p> | AE204                                                                          |                                                                                                                          |                          |                                                        |

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| AE204                                                        | <p>Continued From page 3</p> <p>(b) Criteria for continued residency in an extended congregate care services must be the same as the criteria for admission, except as specified below.</p> <p>1. A resident may be bedridden for up to 14 consecutive days.</p> <p>2. A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:</p> <p>a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice that coordinates and ensures the provision of any additional care and services that may be needed,</p> <p>b. Continued residency is agreeable to the resident and the facility,</p> <p>c. An interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, is developed and implemented by a licensed hospice in consultation with the facility; and,</p> <p>d. Documentation of the requirements of subparagraph (5)(b)2., is maintained in the resident's file.</p> <p>3. The extended congregate care administrator or manager is responsible for monitoring the appropriateness of continued residency of a resident in extended congregate care services at all times.</p> <p>4. A hospice resident that meets the qualifications of continued residency pursuant to this rule may only receive services from the assisted living facility's staff within the scope of the facility's license.</p> <p>5. Staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice. Staff may not exceed the scope of their professional licensure or training in</p> | AE204                                                                          |                                                                                                                          |                          |                                                        |

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| AE204                                                        | <p>Continued From page 4</p> <p>any licensed assisted living facility.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on review of policy and procedure, record review and interview, the facility failed to ensure that it 1) monitored and re-assessed the continued residency, developed a resident Service Plan and communicated, as well as, coordinated the oversight of appropriate and specialized Extended Congregate Care (ECC) Supervisor nursing personnel, for a resident who required daily, routine, nutritional bolus</p> <p>( ) feedings. And, 2) communicated and assessed for the on-going monitoring and care of a resident's multiple skin , as well as, for the resident's receipt of skilled rehabilitation services, for 1 of 3 sampled residents reviewed in the assisted living facility (ALF), Resident #1.</p> <p>The findings included:</p> <p>Review of the facility policy titled Residency Criteria provided by the Administrator reviewed 2011 documented in the Policy Statement: Sara's House ensures that a potential resident must meet the minimum criteria to be admitted into the facility before being admitted to the ECC program. The following admission criteria will be adhered to by all staff involved with the admissions process. The resident must ...6. Not have any or 4, . 7. Not require any of the following nursing services... e. Skilled rehabilitative services. 8. Not require</p> | AE204                                                                          |                                                                                                                          |  |                                                        |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SARA'S HOUSE, INC**

**1567 NE 46TH STREET  
OAKLAND PARK, FL 33334**

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| AE204                    | <p>Continued From page 5</p> <p>24-hour nursing supervision. 9. Have been determined appropriate for admission to the facility by the facility's administrator. Determining Appropriate Placement: The administrator is responsible for determining the appropriateness of admission for a potential ECC resident. The administrator will base this decision on the admission criteria and the following: 1. An assessment of the potential resident's strengths, needs, and preferences ...The health assessment ...3. A preliminary service plan. 4. The facility's residency criteria and services offered or arranged for the by the facility to meet the resident's needs ....Continued Residency Criteria in an ECC Program Must Be Consistent with Florida Statutes ....</p> <p>Review of the facility policy titled ECC Philosophy and Objectives provided by the Administrator reviewed 2011 documented in the Policy Statement: ...To provide a planned and systematic approach to the professional services rendered, including contract services by a third party provider ...The full range of services will be provided under arrangement in accordance with their respective job descriptions, to provide nursing services rendered by a Licensed Practical Nurse (LPN) and Registered Nurses (RN), for the residents admitted to the extended congregate care program per their health care provider's orders ...Services will be provided under arrangement with a third party provider to patients with a reasonable expectation that the services can be provided adequately and safely. To provide quality services. To provide criteria for standards of care which ensure implementation of state guidelines. To provide in-service education opportunities to update knowledge and skills of all staff.</p> | AE204               |                                                                                                                          |                          |

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| AE204                                                        | <p>Continued From page 6</p> <p>Review of the facility policy titled Scope of Services provided by the Administrator reviewed 2011 documented in the Policy Statement: Sara's House is committed to provide or arrange for our Extended Congregate Care residents to receive an expanded scope of services, such as: ...3. Nursing ....Nursing services: Sara's House policy is to staff with LPNs as direct employees and an RN as an independent contractor, who will also be available at all times for nursing services ...All nursing services that will be provided must be provided in compliance with the following requirements: ...4. A service that can be safely, effectively and efficiently provided in the facility. 5. Recorded in the nursing progress notes. 6. In accordance with the resident's care plan. Nursing Assessments ...Identifying and Meeting Unscheduled Needs ....These additional services, when needed by residents, will be incorporated in the resident's service plan.</p> <p>Review of the facility policy titled Summary Sequence of ECC Program provided by Staff the Administrator reviewed 2011 documented in the Policy Statement: I. Initial Nursing Assessment ... II Health Assessment ...III Pre-liminary Service Plan ... Written Service Plan: 1. ECC Supervisor coordinates and develops within 14 days of admission to ECC. V. Service Plan Update (Quarterly). VI Nursing Documentation (Monthly). VII. Shared Responsibility and Managed Risk. Assessments: ...This process is an important part of the ECC program. Resident assessments are conducted both prior to admission, and throughout the entire residency to identify needs. Assessments establish the baseline information about residents, which are used to identify and measure any changes, which occur in the status of residents ....Prepares adequately to meet resident's needs and</p> | AE204                                                                          |                                                                                                                          |                          |                                                        |

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| AE204                                                        | <p>Continued From page 7</p> <p>preferences ....</p> <p>Resident #1 was admitted to the facility on<br/>under Hospice with diagnoses which<br/>included ( ),<br/>on ; right side , , dependent on<br/>, , severe without<br/>behavioral disturbance, . Disturbance,<br/>Disturbance and . Resident #1 was<br/>hospitalized and out of the facility from Saturday<br/>until Sunday . Her or<br/>behavioral status is noted as: Awake, oriented x1<br/>to self and non-verbal, Resident #1 was<br/>subsequently transferred to another assisted<br/>living facility (ALF) on ; she ultimately<br/>expired on .<br/>On the Agency for Healthcare<br/>Administration (AHCA) 1823 Resident Health<br/>Assessment for Assisted Living Facilities (ALFs)<br/>documented for .... " : Jevity 1.5<br/>calories 240 ml bolus every 8 hours or three (3)<br/>times per day (6 AM, 2 PM and 10 PM).</p> <p>Record review conducted of the Physician's<br/>Order dated documented for Skilled<br/>Nursing for care to left with<br/>normal , Xerofoam, three (3x) a<br/>week until healed, , evaluation<br/>and treatment for Wasting and<br/>Atrophy, of Extremities<br/>, evaluation and treatment for .</p> <p>Patient previously with Vitas Hospice, family<br/>requested to discontinue Hospice and start Home<br/>Health ....</p> <p>Further record review conducted of the On-site<br/>Consultant note dated indicated<br/>that Resident #1 was given the four (4) following<br/>/skin diagnoses with treatment orders: 1)<br/>Left Heel inner un-stageable pressure</p> | AE204                                                                                          |                                                                                                                          |

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>AL11968127</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/25/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SARA'S HOUSE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1567 NE 46TH STREET<br/>OAKLAND PARK, FL 33334</b>                           |                          |                                                        |
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| AE204                                                        | <p>Continued From page 8</p> <p>---present upon admission and debrided<br/>, 2) Right , upper/outer un-stageable<br/>---onset , 3) Right<br/>mid-outer ---onset<br/>, and 4) Right Heel ---onset</p> <p>On the Physician's order<br/>documented, "Continue with Jevity 1.5 calories<br/>three (3) cans per day via flush 60 cc<br/>water before and after each feeding to give a total<br/>of 1.5 to 2 liters of fluid per day ...."</p> <p>A telephone interview was conducted on<br/>at 12:15 PM with Staff A a Registered Nurse<br/>(RN), as the "official and primary" ECC<br/>Supervisor Nurse, regarding Resident #1's<br/>care and Skilled Rehabilitation<br/>services, and during this interview she stated that<br/>she could not recall this resident exactly, but she<br/>added that she believed that the resident's<br/>and care services, were being handled by<br/>both Hospice and Home Health care services.<br/>And, Staff A added that therefore, the ECC nurse<br/>would not be warranted.</p> <p>A telephone interview was conducted on<br/>at 12:27 PM with Staff B the RN, Consultant<br/>Nurse, and " -up," for the "official and<br/>primary" ECC nurse, regarding Resident #1's<br/>care and Skilled Rehabilitation<br/>services, in which she stated that she did<br/>"physically" see Resident #1, at one point, during<br/>her facility stay, and she said that it was her<br/>understanding, according to the Administrator,<br/>that both Hospice and the Home Health agency<br/>were to take "full care," of the resident's<br/>needs, care and services, as well as Resident<br/>#1's care and skilled rehabilitation<br/>services. And, Staff B also added that therefore,</p> | AE204                                                                          |                                                                                                                          |                          |                                                        |

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| AE204                                                        | <p>Continued From page 9</p> <p>the " -up," ECC nurse would not be warranted.</p> <p>On at 12:47 PM a telephone interview was conducted with Staff C RN, Home Health Agency (HHA) Case Manager, in which she acknowledged that Resident #1 had a and some . She said that the resident's start of care date with them was . Staff C also acknowledged that the HHA had instructed her and the one (1) other the facility staff, on the care of the , with a one-time instruction. However, no trainings were done with regard to the actual administration of the feedings, Staff C indicated that this was handled by the facility. Staff C went on to say that they do not routinely coordinate care with the ECC nurse, she said that they will follow their own orders. Staff C ended by saying that she was not aware of whether or not the facility had an ECC license.</p> <p>On at 1:30 PM, an interview was conducted with Staff D, "live-in" HHA, in which she acknowledged that she had observed that Resident #1 had a in place and she revealed that the Administrator would give the resident her three times per day. Staff D ended by saying that both she and the Administrator had received a one-time in-service from both the HHA and the Hospice, showing them both how to give the to Resident #1.</p> <p>During a telephone conference call interview conducted on at 1:38 PM with Staff E RN, Hospice Team Manager, and with Staff F RN, Hospice Patient Care Director, regarding the care provided to Resident #1 for her tube, they both acknowledged that Resident #1 had a in place and they indicated that the</p> | AE204                                                                                          |                                                                                                                          |

Agency for Health Care Administration

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| AE204                                                        | <p>Continued From page 10</p> <p>resident's start of care dates were from - for Hospice services. Staff E and Staff F both stated that the Hospice nurses would also be there to assess the resident's area, surrounding skin and other healthcare needs, but not provide any of her nutritional feedings, nor do any care. Staff E and Staff F both added that they were only aware of the order for the nutritional care. Staff E and Staff F both ended by saying that the Hospice agency would only be responsible for providing the "actual" feeding supply formula, itself, only.</p> <p>On at 2 PM an interview was conducted Resident #1's Primary Care Physician (PCP), who was visiting the current residents who were residing in the facility, during this survey, and in which he stated that he had visited the resident twice in the facility on: and on Resident #1's PCP indicated that the resident had been admitted to the facility, under Hospice, for her care, along with the , and he also indicated that Resident #1 had a in place, for nutrition due to .</p> <p>The resident's PCP then said that Resident #1 had already been ordered Jevity bolus 1.5 calories three (3) cans daily via , via gravity, as initiated by the Hospice Doctor, while she was still in the hospital. Next, Resident #1's PCP went on to say that in , he wrote the order to, "continue Jevity 1.5 calories three (3) cans per day via flush 60 cc water before and after each feeding to give a total of 1.5 calories to 2 liters of fluid per day ...." in order to improve the resident's hydration.</p> <p>During an interview conducted on at 4:08 PM, with the Administrator, she indicated that she had informed both Staff A "primary,</p> | AE204                                                                                          |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| AE204                                                        | Continued From page 11<br><br>official" ECC Nurse Supervisor as well as Staff B<br>" -up," ECC Nurse Supervisor about Resident<br>#1's and status. The<br>Administrator said that both of them told her that<br>they would only "observe" for this to make sure<br>both areas are "ok." But, she also said that both<br>Staff A and Staff B had told her that since<br>Resident #1 was under both Hospice and HHA<br>care, that they allow those agencies to handle all<br>of the care for the resident. The Administrator<br>maintained that Resident #1 was not under ECC,<br>she was under Hospice care for the and<br>care; therefore, the ECC Nurse<br>Supervisor was not warranted. Furthermore, she<br>acknowledged that neither of "primary" ECC<br>Nurse Supervisor, nor the " -up," ECC Nurse<br>Supervisor recorded any documentation in the<br>facility record related to Resident #1's care<br>or her nutritional status and care. Both<br>Staff A and Staff B were aware that she was the<br>one who was actually providing the direct<br>nutritional feeding to the resident via her<br>via gravity, according to the Administrator.<br>The Administrator also revealed that neither Staff<br>A nor Staff B, had actually trained, nor observed<br>her providing the to the resident.<br>The one-time "verbal" training, with return<br>demonstration was done by both the Hospice<br>nurse and the HHA nurse; with no formal, written<br>training was provided by them, per the<br>Administrator. And, the Administrator added that<br>both the Hospice and HHA nurses would only<br>check the resident's area and change the<br>around the tube at least three (3) times<br>per week, that's it. During this interview, the<br>Administrator began to explain how she would<br>provide the resident's of Jevity<br>bolus 1.5 calories three (3) cans daily via<br>via gravity. The Administrator, who is also CNA,<br>said that she would directly proceed in the | AE204                                                                                          |                                                                                                                          |                                                        |

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| AE204                                                        | <p>Continued From page 12</p> <p>following manner: she would take the carton of Jevity and pour this in the 60 ml syringe (absent the plunger) and allow it to flow into the resident's via gravity, slowly, flushing water in first and after the feeding, because she said that at first the Hospice nurses only "verbally," told them and then show them only how to give the feedings, but with no "formal/written" training on how to do so for her nor for Staff D; there are no nurses employed in the facility. The Administrator went on to say that these "outside" agencies would not do any other care for the , the changes and other care would be done by the HHA or Hospice; neither of the ECC Nurse Supervisors administered, nor were involved with any of the Jevity , nor with the resident's care. Furthermore, Administrator (non-nurse) revealed to this Surveyor that she had been independently and on her own, administering and providing regular Bolus of Jevity solution via gravity and via the resident's , Tube, three (3) times per day, for months, without the direct oversight, involvement, supervision, assessment and on-going monitoring of a licensed Registered Nurse.</p> <p>A telephone interview with Resident #1's family member on at 2:16 PM, in which she stated, in part, that she actually saw the Administrator several times, giving Resident #1 a , without flushing it first with water, nor afterwards, and that concerned and bothered her.</p> <p>The Administrator subsequently revealed that there was no Resident Service Plan ever generated for this resident by the facility, during her facility stay. And, neither were there any facility progress notes reviewed, nor made</p> | AE204                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SARA'S HOUSE, INC**

**1567 NE 46TH STREET  
OAKLAND PARK, FL 33334**

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| AE204                    | <p>Continued From page 13</p> <p>available, upon request, describing this resident's care and condition or status, during this survey.</p> <p>The Administrator further recognized and acknowledged on at 5:10 PM that Resident #1 was entitled to receive appropriate care and services for her care and skilled rehabilitation needs, at all times, in the confines of the ECC Nurse Supervisor's oversight.</p> <p>Class III</p> | AE204               |                                                                                                                          |                          |