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
	AL11966205	A. BUILDING: _____ B. WING _____	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE INC.	11412 NW 1ST PLACE CORAL SPRINGS, FL 33071

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A 000	Initial Comments An unannounced Relicensure and Generator Monitoring survey was conducted at , Care Inc on . Deficiences related to the Relicensure were identified at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) 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: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility 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; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, it was determined that, the facility failed to ensure the Health Assessment was accurate and reflective of resident's care needs and services to be provided in 2 out of 2 records reviewed (Resident #1 and #2.). It was also determined that the facility failed to ensure that when a resident no longer met the criteria for continued residency, hospice services were engaged, coordinated and documented or the resident was discharged. The findings included: Review of Resident Records revealed the following: 1. Resident #1 a. Health Assessment completed listed: Medical history and diagnoses: Physical/Sensory Limitations: Bedbound. OOB to w/c. (out of bed to wheelchair) or behavioral Needs: Left blank Nursing/Treatment/ Services: Left blank Bedridden? Yes Require 24 hour nursing/psych care? Yes Resident was rated as requiring total care for bathing, toileting and grooming and requiring assistance for ambulation, eating and transfer. Special Diet: Other: Mechanical soft diet Type of assistance needed for meds: Needs assistance with Self-Administration There is no indication of hospice services on the	A 010		

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A 010	Continued From page 5 Health Assessment for Resident #1. b. No Interdisciplinary Plan of Care ( ) or other documentation showing coordination of care between hospice and the facility are included in Resident #1's record. c. A review of the hospice chart for Resident #2 included multiple interdisciplinary plans of care: Plan of care review dated specified: regular diet, 3 meals per date, fed, 1 hour to complete meal. Bedbound, OOB to wheelchair, half rails. Plan of care review dated specified: puree diet and crush pills. Bedbound, rails in place 2. Resident #2 a. Health Assessment completed listed: Medical history and diagnoses: ( ) ( ), , and , . Resident was rated as Independent for Ambulation, Eating and Transferring, requiring assistance for Bathing and , and the ratings for Self-Care (grooming) and Toileting assistance were left blank. b. Last Interdisciplinary Plan of Care ( ) included in chart is dated and there is no other documentation showing coordination of care between hospice and the facility included in Resident #2's record. c. A review of the hospice chart for Resident #2 included multiple interdisciplinary plans of care:	A 010		

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A 010	Continued From page 6 Plan of care review dated identified Primary Diagnosis: 's and specified: ambulate with a walker, high risk for , f/s assist. Plan of care review dated identified Primary Diagnosis: 's and specified: of , adult brief in use. In an interview at approximately 11:30 am with the visiting Hospice Nurse, the nurse reported Resident #1 is to be on mechanical soft diet. Nurse stated that Resident #1 should be provided total care assistance for eating and requires thickener in water and juice. Nurse stated Resident #1 was on crushed medications and not able to swallow pills. Nurse also stated Resident #1 would not be able to participate in the self-administration of medication as she is unable to hold medication in or in a medication cup. In an interview at approximately 11:30 am, in an interview with Staff B (Caregiver & Food Designee) Surveyor inquired if any residents are being fed special diets. Staff B answered there were no residents on special diets and all residents are given the same meal. Surveyor asked specifically about Resident #1. Staff B confirmed Resident #1 was not on a special diet and would be being given the same meal as everyone else - stewed meat, mashed potatoes and salad. On at approximately 12:00 pm, Surveyor observed Resident #1's private duty aide feeding Resident #1. Surveyor observed meal being fed to Resident #1 was identical to meals prepared for other residents. At approximately 12:30 pm,	A 010		

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A 010	Continued From page 7 Resident #1 was observed to be coughing heavily upon leaving dining table. On at approximately 3:40 pm, Surveyor observed Staff B & Staff C take Resident #1 and Resident #5 to toilet them and change their care items. Staff B stated to Surveyor the residents should have been assisted with this process awhile ago. On at approximately 4:10 pm, Surveyor noted Resident #1 and Resident #5 had not returned to main living area and all staff were assisting with new admission. Surveyor observed Resident #5 in her bed, rails engaged, and Resident #1 unsupervised on the toilet with the door cracked. Surveyor noted a strong smell of . On at approximately 4:20 pm, in an interview with Staff A (Administrator) regarding the facility's Supervision Policy, it was identified the expectation is for facility staff to check in with residents and keep , on them. Staff A reported that the facility does not have a set policy. Surveyor inquired which current residents required the most care and supervision. Staff A identified Resident #1 and Resident #5 required the highest level of care. Staff A stated a Resident should never be left alone for more than 4 minutes in the main area. Surveyor asked if they are to be left alone in their bedrooms or the bathroom. Staff A stated Residents are never to be left alone in the bathroom. Surveyor advised Staff A that Resident #1 and Resident #5 have both been alone, unsupervised - Resident #1 left on the toilet for 45 minutes and Resident #5 on her bed. Staff A went to check on residents, confirmed this Surveyor's report and pulled Staff C to assist Resident #1 at 4:45pm. Resident #1	A 010		

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A 010	Continued From page 8 was left unsupervised on the toilet for over 1 hour. On at approximately 4:40 pm, in an interview, Staff B (Caregiver and Food Designee) again stated there are no residents on special diets. Staff B reported obtaining this information from the residents directly and from Staff A who reviews resident records for the information. Surveyor pointed out the discrepancy in the special diet orders for Resident #1. Staff B stated a lack of awareness of any such orders. Staff B confirmed that all Resident #1's medications are crushed and stated that for morning medication pass, Resident #1's private duty aid administers her medication. Resident #1 was inappropriate for assisted living residency based on the Health Assessment as Resident was listed as bedridden and requiring 24 hour nursing care and the assessment did not reflect hospice services being engaged. There was a lack of coordination between the Health Assessment and the Interdisciplinary Care Plan ( ) that did not allow for a clear understanding of the care needs for Resident #1. Additionally, the Health Assessment reflected a need for , precautions, for total care with toileting and ordered a mechanical soft diet. None of these care needs were provided by the facility. The and interviews with facility and hospice staff revealed need for medication administration that also could not be met by facility staff. Resident #2's record also revealed a lack of coordination between the Health Assessment and the Interdisciplinary Care Plan. Resident #2's primary diagnosis on his Interdisciplinary Care Plan ( ), 's , was not identified anywhere on his Health Assessment.	A 010		

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A 010	Continued From page 9 His Health Assessment rated him as independent for ambulation, but his revealed him to be at high risk for and requiring assistance. A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the resident receives services from hospice. However, the facility must coordinate and ensure the provision of any additional care and services that the resident may need based on a care plan that is developed and implemented with services provided by hospice and the facility clearly specified. Documentation of the additional services must be maintained in the resident's file. There was no or out of date documentation on the plan of care and no records to show its implementation. The facility provided no additional information for review at the time of the survey. Class III	A 010		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident	A 026		

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A 026	Continued From page 10 council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure a minimum of 12 hours of activities weekly were provided to all residents, ensuring an ongoing activities program based on residents' needs, abilities and interests was available with demonstration of participation and a schedule of activities posted in common areas. This affected 5 out of 5 residents (Residents #1-#5). The findings included: On at 1:40 PM, Resident #4 stated during interview there were no activities provided at the facility. Resident's Family Member present at the	A 026		

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A 026	Continued From page 11 time of the interview confirmed Resident's report and stated more could be done to engage the residents. On at 5:45 PM, Resident #2 stated during interview there were no activities provided at the facility. It was reported that residents spend their days and evenings watching television. Review of the activities calendar showed the facility's scheduled activities for this date (Tuesday) included: a. 10:00 - 11:00AM Ball Tossing b. 2:00 - 3:00PM Music Observations made from 9:30 AM through 6:15 PM revealed no activities taking place with the 5 current residents. On at 3:30 PM, in an interview with Staff A (Administrator), it was reported that the Activity Schedule is on a whiteboard and left outside on the patio. No schedule of activities is displayed inside the facility for residents to see. Additionally, she reported they have not been following the schedule. Class III	A 026		
A 052	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,	A 052		

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A 052	Continued From page 12 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 medication or breaking a scored tablet or	A 052		

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A 052	Continued From page 13 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 must be available to assist residents with	A 052		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 052	Continued From page 14 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 this fact noted in the resident's medication record,	A 052		

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	AL11966205	A. BUILDING: _____ B. WING _____	05/19/2026

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A 052	Continued From page 15 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 and interview, it was determined that, the facility failed to ensure that only licensed care staff administered medication in 3 of 3 observed medication passes (Resident #3, #5 and #6.) The findings included: On at approximately 12:10 pm, Staff B (Caregiver) was observed performing medication pass for Resident #5. Staff B was seen to remove Resident #5's medications out of their pack and into a small plastic cup. Staff B then showed Resident #5 the written Medication Observation Record (MOR) to advise of the medication being passed. The medications were not announced orally. Staff B then took the container with Resident #5's medication, placed it to Resident #5's and poured the pill in before encouraging Resident #5 to drink in order to swallow the medication.	A 052		

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A 052	Continued From page 16 On at approximately 12:12 pm, Staff B was observed performing medication pass for Resident #6. Staff B was seen to remove Resident #6's medications out of their pack and into a small plastic cup. Staff B then showed Resident #6 the written MOR and also announced medication being passed. Staff B then took the container with Resident #5's medication, placed it to Resident #5's and poured the pill in before encouraging Resident #5 to drink in order to swallow the medication. In an interview on at approximately 12:10 pm, Staff B reported a preference for showing Residents the written names of their medications rather than announcing them. Staff B stated this was usual practice for their medication pass. On at approximately 5:30 pm Staff C (Caregiver) was observed performing medication pass for Resident #3. Staff C was seen to remove Resident #3's medications out of their pack and into a small plastic cup. Staff C then showed Resident #3 the written MOR to advise of the medication being passed. The medications were not announced orally. Staff B then took the container with Resident #3's medication, placed it to Resident #3's and poured the pill in before encouraging Resident #3 to drink in order to swallow the medication. In an interview on at approximately 12:10 pm, Staff B reported she preferred to show Residents the written names of their medications rather than announcing them. Staff B stated this was usual practice for medication pass. On at approximately 6:00 pm, in an exit interview, Staff A (Administrator) reported that for Resident #1 & Resident #5, Staff B & Staff C	A 052		

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A 052	Continued From page 17 pass medication by crushing their pills, mixing them into applesauce and spoon feeding the Residents. Surveyor outlined concerns regarding medication administration by unlicensed caregivers. Staff A reported she was not aware Staff placing medication directly into Resident's mouths was considered medication administration. Class III	A 052		
A 078	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	A 078		

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A 078	Continued From page 18	A 078		

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, 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 interview, it was

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A 078	Continued From page 19 determined that, the facility failed to ensure annual ( ) status was documented in 1 of 3 sample records reviewed (Staff C). The findings included: On , a review of the record for Staff C (Caregiver, Date of hire) revealed status documentation last dated . On at approximately 1:50 pm, in interview with Staff A (Administrator), it was identified that annual status statement was out of date. No additional documentation was provided. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training	A 081		

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A 081	Continued From page 20 requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility.	A 081		

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A 081	Continued From page 21 (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095,	A 081		

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A 081	Continued From page 22 F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure staff completed required in-service trainings in 1 of 3 records reviewed (Staff C). The findings included: A review of the record for Staff C (Caregiver, Date of hire) revealed documentation of the following trainings was missing: Reporting Major Incidents/Reporting Adverse	A 081		

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A 081	Continued From page 23 Incidents/Facility Emergency Procedures/Incident Reporting Resident Rights and Recognizing/Reporting /Neglect On at approximately 1:40 pm, in an exit conference interview with Staff A (Administrator), Surveyor advised that valid proof of in-service training had not been provided for Staff C. No additional documentation was provided. Class	A 081		
A 082	59A-36.011(4) FAC Training - / (4) . . / . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to maintain documentation of . . /Acquired (/) training for 1 out of 3 records reviewed (Staff C.) The findings included:	A 082		

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A 082	Continued From page 24 On a review of Staff C's (Caregiver, Date of hire) record revealed no documentation of / training within 30 days of hire. On at approximately 1:40pm in an interview with Staff A (Administrator), Surveyor advised that valid proof of / training had not been provided for Staff C. No additional documentation was provided. Class	A 082		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be	A 084		

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A 084	Continued From page 25 experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its	A 084		

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A 084	Continued From page 26 previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.	A 084		

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A 084	Continued From page 27 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, it was determined that, the facility failed to ensure all staff had completed the required 6 hour medication training prior to assisting residents with their self- administered medications, for 1 of 3 sampled staff records reviewed (Staff C). The findings included: A review of Staff C's (Caregiver/Medication Tech, Date of hire) record revealed no documentation of the 6 hour Medication Training within 30 days of hire. On at approximately 5:30 pm, Surveyor observed Staff C assist residents with their self-administered medications. On at approximately 6:15 pm, in an exit interview with Staff A (Administrator), Surveyor advised that valid proof of / training had not been provided for Staff C. No additional documentation was provided. Class III	A 084		

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A 090	Continued From page 28	A 090		
A 090	59A-36.011(11) FAC Training -	A 090		

(11)
TRAINING.
(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .
(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.
(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined that, the facility failed to maintain documentation of .
( ) and Policy & Procedures (P&P) training for 2 of 3 records reviewed (Staff B & C).

The findings included:

On , a review of Staff B's (Caregiver, Date of hire) record revealed no documentation of P&P Training.

On , a review of Staff C's (Caregiver, Date of hire) record revealed no documentation of P&P Training.

On at approximately 1:40 pm, in an exit conference interview with Staff A (Administrator), Surveyor advised that proof of P&P training had not been provided for Staff B or Staff

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
	AL11966205	A. BUILDING: _____ B. WING _____	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE INC.	11412 NW 1ST PLACE CORAL SPRINGS, FL 33071

(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 090	Continued From page 29 C. No additional documentation was provided. Class III	A 090		