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
	AL11967166	A. BUILDING: _____ B. WING _____	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAEJCA'S CASTLE, LLC	13393 SW 32ND STREET MIRAMAR, FL 33027

(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 on at Saejca's Castle, LLC. The facility had deficiencies related to the Relicensure at the time of 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 observation, record review, and interview, the facility failed to ensure that 2 of 3 sampled residents (Residents #1 and 3) were eligible for continued residency after a significant change in condition. The findings included: During a tour of the facility on from 9:30 AM to 10:00 AM, three residents (Residents number) were observed lying in hospice beds with full bed rails. Residents #1 and 2, both female, shared a semi-private room. Resident # 3 was in the adjacent semi-private room. Upon entering the room of Residents # 1 and 2, Resident # 1 was observed receiving religious services from a hospice chaplain. When asked, the chaplain confirmed they were providing hospice services. During an interview with the Administrator on at 10:28 AM, she stated that three residents (Residents # 1, 2, and 3) were actively receiving hospice services. A request was made for the hospice residents ' files, and the documentation was provided. A review of Resident number 1 ' s file showed an admission date of . Further review revealed an order for hospice services dated and an Interdisciplinary Care Plan revision dated . A Resident Health Assessment (AHCA Form 1823) dated documented diagnoses of ' s , , , and . The assessment documented Resident # 1 as bedbound with memory	A 010		

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A 010	Continued From page 5 , / decline, requiring total assistance with all activities of daily living and precautions. Total care was documented as a nursing/treatment/ , , service requirement. However, the assessment did not indicate hospice services as part of the resident ' s treatment needs. A review of Resident #3 ' s file showed an admission date of . Further review revealed an Initial Plan of Care and an Interdisciplinary Care Plan for hospice services dated . A Resident Health Assessment (AHCA Form 1823) dated documented diagnoses of , , and type 2 . The assessment documented Resident# 3 as bedbound and alert and oriented times zero. Resident number 3 required total assistance with all activities of daily living and precautions. Total care was documented as a nursing/treatment/ , , service requirement. However, the assessment did not indicate hospice services as part of the resident ' s treatment needs. During an interview with the Administrator on at 4:05 PM, she was informed that the Resident Health Assessments for Residents #1 and 3 did not reflect that they were enrolled in hospice services. The Administrator stated she believed that documenting "total care" indicated the residents were hospice. She was informed that the assessments must reflect the residents ' current condition, including enrollment in hospice services, to determine continued eligibility for residency. Class III	A 010		

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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, 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	A 052		

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A 052	Continued From page 7 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 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	A 052		

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A 052	Continued From page 8 (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 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	A 052		

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A 052	Continued From page 9 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 observation, record review, and interview, the facility failed to ensure that 1 of 1 sampled staff (Staff B) assisted with self-administration of medication without using a method of administration that required judgment or discretion. The findings included: During an observation of a medication pass on at 12:20 PM, Staff B (caregiver) was observed assisting Resident number 2 with self-administration of medication. The medication label read:	A 052		

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A 052	Continued From page 10 - 10GM/15ML solution Thirty milliliters orally three times daily as needed. Staff B was observed measuring the liquid medication in a clear plastic cup with no scored lines to indicate measurement. She filled the cup, handed it to Resident #2, and observed the resident drink the medication. A review of Resident number 2 ' s Medication Administration Record (MAR) confirmed the order: - 10GM/15ML solution Thirty milliliters orally three times daily as needed. During an interview with Staff B at 12:23 PM, she was asked how she determined the correct measurement. Staff B stated that "the cups are 15 milliliters each, so when I fill it to the top, that ' s 15 milliliters." She was informed that the resident ' s order required 30 milliliters, not 15. Staff B quickly reviewed the MAR and the medication label, then poured additional medication into the same unscored cup, resulting in a 60-milliliter dose instead of a 30-milliliter dose based on her stated method of measurement. A review of Staff B ' s personnel file showed a hire date of . Training records in the file showed completion of assistance with self-administration of medication courses on (6 hours), (2 hours), and (2 hours). During an interview with the Administrator on at 3:50 PM, she was notified that Staff B was using unscored cups to measure liquid medications. The Administrator stated that the cups were standardized 30-milliliter cups and did not require judgment to use. She was then	A 052		

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A 052	Continued From page 11 informed that Staff B believed the cups were 15 milliliters and had poured the medication twice, resulting in a 60-milliliter dose instead of the ordered 30 milliliters. The Agency explained the importance of using scored or calibrated measuring devices to ensure accurate dosing when unlicensed staff assist with self-administration of medication. Class III	A 052		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care	A 079		

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A 079	Continued From page 12 services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food	A 079		

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A 079	Continued From page 13	A 079		

preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents'

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	AL11967166	A. BUILDING: _____ B. WING _____	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAEJCA'S CASTLE, LLC	13393 SW 32ND STREET MIRAMAR, FL 33027

(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 079	Continued From page 14 contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and	A 079		

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A 079	Continued From page 15 interview, the facility to ensure that it was maintaining the minimum required staff hours per census(4 residents). Additionally, the facility to maintain a written work schedule that reflects a 24-hour staffing pattern for a given time period. The findings included: During a tour of the facility on from 9:30 AM to 10:00 AM, three residents (Residents#) were observed lying in hospice beds with full bed rails. Residents #1 and 2, both female, shared a semi-private room. Resident # 3 was in the adjacent semi-private room. Resident #4 was observed being cared for by Staff B his semi-private room adajacent to Resident #3's room. Staff B was observed as the only staff present on-site at the time of the tour. Upon the arrival of the Administrator at 10:28AM on , a request was made for the facility's staffing schedule, documentation was provided. A review of the handwritten staffing schedule provided by the Administrator at 10:37AM revealed the following: Work Schdeule Staff B - HHA : 5 days 6PM-6AM Staff C - HHA: 5 days 6PM-6AM Administrator The schedule did not identify the staffing pattern for a given period of ime due to lack of dates and clearly assigned daily work schedules. Addtitonally, a of the staffing hours based on the information provided revealed the facility only had 120 staffing hours, despite the requirement being 168 staffing hours. During an interview with the Administrator on	A 079		

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A 079	Continued From page 16 at 10:40AM, she was asked to clarify the staffing schedule. She stated that there is only 1 care staff present every 5 days to support the needs of the resident census (4). She further stated that she has two active staff currently that rotate every 5 fays. The Administrator was notified that the current staffing schedule failed to meet the minimum required staffing hours as written, due to the unclear nature of the shifts. The Administrator stated she could revise the staffing schedule to make it more clear. A revised staffing schedule was presented and it revealed the following: Work Schedule Sunday to Sunday to - Staff B - 6AM-6AM to - Staff C - 6AM-6AM to - Staff B - 6AM-6AM to - Staff C- 6AM-6AM Administrator 6 Hours a day During an interview with Staff B (caregiver) on at 2:18PM, she was asked to clarify her working hours. Staff B stated that she works for 12 hours a day (6AM-6PM) from Monday through Saturday. She further stated she rotated weeks with Staff C (caregiver) and only one of them would be scheduled at time. Additionally, she emphasized that neither she nor Staff C worked after 6PM because the residents were put to bed and she would be sleeping as well. During an interview with the Administrator on at 4:10PM, she was notified that despite multiple revisions the schedules did not reflect the staffing pattern discussed nor did it meet the requirement for a clear 24-hour staffing pattern. The Administrator was notified additional	A 079		

Agency for Health Care Administration

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A 079	Continued From page 17 staff will be needed to cover the discrepancies in the staffing hours. Class III	A 079		