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 |
|---|---|---|---|
| | AL11970609 | A. BUILDING: _____ B. WING _____ | R 06/09/2026 |

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| SUNRISE OF CORAL GABLES | 1000 PONCE DE LEON BLVD CORAL GABLES, FL 33134 |

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| {A 000} | Initial Comments<br><br>A revisit and complaints investigations (2026004546 and 2026004556) was conducted at Sunrise of Coral Gables on . Deficiencies were identified at the time of survey. | {A 000} | | |
| {A 025} SS=H | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule | {A 025} | | |

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| {A 025} | Continued From page 1<br><br>59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview, and record review the facility failed to provide adequate supervision to ensure awareness of the general health, safety, physical and emotional well-being for one out of 51 sampled residents (Resident # 23) who sustained three from to . Resident # 23 sustained a in her room in and broke her right , had a in with no injuries and had another in breaking her left .<br><br>Findings included:<br><br>A review of the AHCA Incident Reporting System showed that Resident # 23 had sustained a | {A 025} | | |

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| {A 025} | Continued From page 2<br><br>on and suffered a left .<br><br>A review of facility's records showed Resident # 23 was listed on the list.<br><br>A review of Resident # 23's care plan showed that the goal was for the residents to remain free from injuries from<br><br>A review of Resident # 23's record showed that the health assessment completed on had the resident diagnosed with , lymphedema, right , surgery , post- stress , , , smoker and left , , , . The resident needed a walker for ambulation and was at risk. Required supervision with eating and grooming and assistance with ambulation, bathing, , tolleting and transferring. A review of the progress notes showed that on during round the resident reported an unwitnessed the day before , reported discomfort to right , and had surgery on . Further review showed that on , she had another with no injuries and on had another and broke her left , , requiring surgery.<br><br>On at 12:01 PM the Administrator stated, "We have talked to Resident # 23. She had a of the right , in and the left , in , she and does not report the until one or two days later." Stated what he was supposed to do with the .<br><br>Class II | {A 025} | | |
| {A 030} SS=F | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures | {A 030} | | |

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| {A 030} | Continued From page 3<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.<br>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:<br>1. Resident responsibilities; | {A 030} | | |

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2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and
. ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .

(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.

(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

429.28 Resident bill of rights.-

(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a

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| {A 030} | Continued From page 5<br><br>facility shall have the right to:<br>(a) Live in a safe and decent living environment, free from and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.<br>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including | {A 030} | | |

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the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff

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| {A 030} | Continued From page 7<br><br>of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.<br><br>429.27 Property and personal affairs of | {A 030} | | |

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| {A 030} | Continued From page 8<br><br>residents.-<br>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , , or , under state law, managing his or her own affairs.<br>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, interviews, and record reviews, the facility failed to ensure that two out of 51 sampled residents (#31 and #32) lived in a safe and decent living environment. Resident #31 and #32's room had bed bugs, was dirty and unkept and the facility would only clean the room once per week.<br><br>Findings included:<br><br>Observations on at 7:42 AM showed that in Resident #31 and #32 room there were many paintings of various sizes lying flat on the floor all over the apartment. None of the paintings were on the wall. In the bathroom the sink was stained black, the bathroom mirror was smudged and in the resident bedroom in addition to more painting the beds were unkept and not | {A 030} | | |

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| {A 030} | Continued From page 9<br>made.<br><br>During an interview on at 7:45 AM the Adminstrator stated that they spent over $5000 on Resident # 31 and #32 room.<br><br>The Adminstrator stated that the residents had a bed bug infestation and said that the resident had brought the bugs from their previous residence some time in . The Adminstrator further stated that Resident #31 and #32 room received a deep cleaning every week on Wednesday. He stated that the facility provided them with new furniture and mattresses.<br><br>A review of the facility cleaning schedule showed that rooms on the 3rd floor were cleaned on Wednesday only.<br><br>A review of the admission and discharge log showed that Resident # 32 was admitted on and Resident # 31 was admitted on<br><br>A review of Resident # 32's health assessment dated showed that the resident was diagnosed with a , injury, , , and , .<br><br>A review of Resident # 31's health assessment dated showed that the resident was diagnosed with , , , Metellus, , , and , , , .<br><br>A review of the fumigation records showed that on , and Resident # 31 and #32 rooms were fumigated and inspected for bed bugs.<br><br>During an interview on at 8:30 AM | {A 030} | | |

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| {A 030} | Continued From page 10<br><br>Staff P (Maintenance Director) stated that he threw out all the bedding and moved the residents to the 4th floor while they fumigated the resident's room. Staff P stated that the room had not been inspected for the month of . The Maintained Director also stated that they responded as soon as they found out about the bed bugs.<br><br>During an interview on at 1:20 AM Staff B (Caregiver/ Team lead) stated that Resident # 32 did not like staff touching her paintings and made it difficult for staff to clean and assist them. Staff B stated that Resident # 31 and #32's rooms were cleaned once per week. Staff B stated that the residents were very reclusive and only went out for meals. Staff B stated that the cleaning schedule had always been the same.<br><br>During an interview on at 1:44 PM Staff O (housekeeper) stated that it was difficult to clean Resident # 31 and #32 rooms because resident # 32 was very , about her paintings. Staff O stated that when the residents leave for meals, she and another housekeeper would need to clean the room when the residents were not present. She stated that it would take both housekeepers an hour and a half to clean the room because they had to move all the paintings. She stated that she discovered the bugs under the paintings on but could not recall when. She stated that she had been working at the facility since it opened and stated that the paintings had always been in Resident # 31 and #32's apartment.<br><br>During an interview on at 1:44 PM the representative from the facility fumigation company stated that the facility first called about | {A 030} | | |

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| {A 030} | Continued From page 11<br><br>the bed bugs on and that they rendered services on .<br><br>During an interview on at1:50 PM the Adminstrator stated that Resident # 31 and #32 lived in the way that they lived at home and asked what he was to do about the cleaning without violating the rights of the residents.<br><br>Class III | {A 030} | | |
| {A 032} SS=D | 59A-36.007(7) FAC Resident Care - Elopement Standards<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), | {A 032} | | |

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| {A 032} | Continued From page 12<br><br>F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.<br>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,<br>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure that three out of 51 sampled residents (Resident # 3, 27 | {A 032} | | |

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| | AL11970609 | A. BUILDING: _____ B. WING _____ | R 06/09/2026 |

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| SUNRISE OF CORAL GABLES | 1000 PONCE DE LEON BLVD CORAL GABLES, FL 33134 |

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| {A 032} | Continued From page 13<br><br>and 33), that had elopement risk, had an identification that included the name, address and telephone number.<br><br>Findings as follow:<br><br>A review of the facility elopement policies showed it was the facility's policy to provide a safe resident environment to reduce the incidence of missing resident and elopement events and to promote resident safety.<br><br>A review of facility's records showed that there were 11 residents with elopement risk.<br><br>A review of resident's records showed that all the 11 residents listed had elopement risk in their health assessments.<br><br>On at 9:32 AM observed Resident # 3, at 9:33 AM, observed Resident # 27 and 33 at 9:35 AM, all three residents were on the elopement risk list and had no identification (ID ).<br><br>On at 9:33 AM Staff N stated that Residents # 3 and 27 hide their ID and Resident # 33 leaves the ID in his room.<br><br>On at 1:55 PM the Administrator stated that they had implemented the ID due to being cited for elopement in a previous survey. When asked if they did daily checks for the ID he did not answer.<br><br>Class III | {A 032} | | |
| {A 055} SS=D | 59A-36.008(6) FAC Medication - Storage and Disposal | {A 055} | | |

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| {A 055} | Continued From page 14<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; | {A 055} | | |

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| {A 055} | Continued From page 15<br><br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).<br>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the | {A 055} | | |

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| {A 055} | Continued From page 16<br><br>resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.<br>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to assure the medications were locked.<br><br>Findings as follow:<br><br>On at 7:10 AM Staff R stated that they could wait for the nurse at the nurse's station.<br><br>On at 7:10 AM observed the door of the Nurse Station wide open, inside there were 4 large file cabinets that were unlocked, inside of the cabinets observed a plethora of medications, including medications for residents no longer at the facility.<br><br>On at 7:19 AM Staff M (Registered Nurse) stated, "We always close the door, I got nervous because you guys were here."<br><br>On at 7:20 AM Staff E (Licensed Practical Nurse) stated, "Those medications were of residents that already left and they had to be returned to the pharmacy."<br><br>Class III | {A 055} | | |
| A 058 SS=D | 429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies | A 058 | | |

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| A 058 | Continued From page 17<br><br>429.42 Pharmacy and dietary services.-<br>(1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.<br>(2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.<br><br>58A-5.033(3)<br>(3) EMPLOYMENT OF A CONSULTANT.<br>(a) Medication Deficiencies.<br>1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.<br>2. After developing and implementing a corrective | A 058 | | |

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| A 058 | Continued From page 18<br><br>action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.<br>3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to correct a Class III deficiency regarding medications storage and disposal and is required to retain the services of a registered nurse or a licensed pharmacist to conduct no less than quarterly consultations until the Agency determines such services are no longer needed.<br><br>Findings included:<br><br>A review of the facility's survey history revealed that on the facility was cited A-0055-Medication-Storage and Disposal.<br><br>On at 7:10 AM Staff R stated that they | A 058 | | |

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| A 058 | Continued From page 19<br>could wait for the nurse at the nurse's station.<br><br>On at 7:10 AM observed the door of the Nurse Station was wide open, inside there were 4 large file cabinets that were unlocked, inside of the cabinets observed a plethora of medications, including medications for residents that were no longer at the facility.<br><br>On at 2:03 PM the Administrator stated that they had a contract with a pharmaceutical company that could come as consultants.<br><br>Class III | A 058 | | |
| {A 152} SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes, | {A 152} | | |

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| {A 152} | Continued From page 20<br><br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide a safe living environment, and it failed to maintain all existing architectural, mechanical, electrical and structural systems in good repair.<br><br>Findings:<br><br>On at 7:00 AM, observed in the unlocked exam room a medical cart left unlocked that contained solution and , solutions.<br><br>On at 7:36 AM # observed a mattress inside the resident's closet.<br><br>On at 7:36 AM Staff D stated that the resident's wife had brought it to switch out the other mattress.<br><br>On at 7:38 in # observed water damage to the dresser in the bathroom. | {A 152} | | |

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| {A 152} | Continued From page 21<br><br>On at 7:38 AM Staff D stated that the resident had private aid from 10 PM to 9 AM.<br><br>On at 7:44 AM in # observed rolls of painting on the floor of the apartment, the beds of both residents seemed unmade and unkept and the bathroom sink was dirty with black substances in the sink.<br><br>On at 7:47 AM the Administrator stated that they spend about $5000 on # already and they were difficult and messy.<br><br>Class III | {A 152} | | |
| {A 165} SS=D | 429.23( & ) FS Risk Mgmt & QA<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.<br>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:<br>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:<br>1. ;<br>2. or , damage; | {A 165} | | |

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| {A 165} | Continued From page 22<br><br>3. Permanent ; <br>4. or of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.<br>(6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall | {A 165} | | |

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| {A 165} | Continued From page 23<br><br>determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.<br>(10) The agency may adopt rules necessary to administer this section.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that adverse incidents were reported for one out of 51 sampled residents (#13). Resident # 13's adverse incident was not presented after being previously cited.<br><br>Findings included:<br><br>A review of the state Adverse Incident Reporting | {A 165} | | |

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| {A 165} | Continued From page 24<br><br>System (AIRS) on revealed the facility did not file an incident report for Resident # 13's on or .<br><br>During an interview on at 9:10 AM The Administrator stated that he did not file the for Resident #13 on AIRS but stated that he was reporting the new incidents. The Administrator further stated he was uncertain what would qualify as an adverse incident.<br><br>Class III | {A 165} | | |