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
	AL11912091	A. BUILDING: _____ B. WING _____	R 06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMIAMI LAKES MONTBLANC ALF	2040 SOUTHWEST 127TH AVENUE MIAMI, FL 33175

(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 A third revisit survey was conducted at Tamiami Lake Montblanc ALF on . Deficiencies were identified at the time of the survey.	{A 000}		
A 004 SS=E	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership	A 004		

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A 004	Continued From page 1 separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have documentation of compliance with applicable safety and sanitation inspections. The facility was inspected by the local fire safety authority and had nine (9) uncorrected violations as of . Findings included: A review of the local fire safety authority report dated showed nine (9) uncorrected violations as on . (photographic evidence obtained).	A 004		

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A 004	Continued From page 2 During an interview on at 11:11 AM Staff B (owner) stated that she is still waiting for the fire department to come by to correct the violations. A review of the local fire safety authority's scheduled inspections showed no scheduled inspections of the facility. Class III	A 004		
A 010 SS=G	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	A 010		

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A 010	Continued From page 3 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, 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	A 010		

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A 010	Continued From page 4 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. (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,	A 010		

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A 010	Continued From page 5 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, 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	A 010		

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A 010	Continued From page 6 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 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to determine the appropriateness of continued residency for one out of six sampled residents (#5). Resident #5 had a surgical or since , and the facility did not have a documented plan of care. Findings included: Observation on at 10:18 AM showed that there were 6 pillows in Resident # 5 closet. During an interview on at 10:18 AM Staff B (owner) stated that Resident # 5 was at a doctor's that day. Staff B stated that Resident # 5 likes to sleep with a lot of pillows to find comfort. A review of resident # 5's health assessment dated showed that he was diagnosed with a and required skilled nursing for care daily. Resident # 5 was independent with ambulation, bathing, eating, self-care, toileting, and transferring. He was diagnosed with D deficiency, hyperlipemia, , , and . A review of the resident records showed an order for skilled nursing dated and a nursing report dated and log for the	A 010		

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A 010	Continued From page 7 days nursing services were rendered with the last day dated . However, there was no written care plan at the facility. During an interview on at 10:20 AM Staff B stated that Resident # 5 had the for a while and that a nurse comes every day to check it. When asked if the had healed Staff B did not know and stated she spoke to the physician and believed it was healing but was uncertain and stated she would call the nurse who knew better and was more familiar with the . Staff B could not find the nurse's number. During an interview on at 11:18 AM Resident # 5's primary care provider (PCP) stated that she saw the resident the day before. The PCP stated that the had opened again and she was referring to him for a surgical intervention evaluation on . The PCP further stated that the was a result of surgery to remove a , in and was not from a , , however the PCP stated that because of its location healing was a challenge due to the pressure of the and body moisture. The PCP stated that the facility can help the process of healing by ensuring that Resident # 5 would use the pillow that was ordered for him. According to the Mayo Clinic, inappropriate treatment of results in significant cost and . Class II	A 010		
A 055 SS=F	59A-36.008(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 8 (6) MEDICATION STORAGE AND DISPOSAL. (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. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 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; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 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 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. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and	A 055		

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A 055	Continued From page 9	A 055		

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;
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,
4. Kept separately from the medications of other residents and properly closed or sealed.
(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.
(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).
(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 resident's record. The medication may be taken

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A 055	Continued From page 10 to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (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. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to centrally store medications in a secure area. Four out of six sampled residents (#1, 2, 3, and 4) had access to areas where medications were stored. Findings included: During an interview on at 10:13 AM Staff B (owner) stated that there were six (6) residents at the facility and that Resident # 6 took . (photographic evidence obtained). Observation on at 10:14 AM showed that in the refrigerator there was a lockbox with a 4- combination. The combination on the lockbox was set on "1111." The box was opened without altering the combination. Further observation showed that the box contained Resident # 6's [100 unit]. Staff B closed the box and rolled the combination out of the "1111." During an interview on at 10:14 AM Staff B stated that a nurse come to give her the medications and did not answer when asked why it was open. Observation on at 10:25 AM showed Resident #1, 2, 3, and 4 walking around the facility. Further, observation showed that in the	A 055		

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A 055	Continued From page 11 kitchen the medication cabinet had a key inserted in the lock and staff B left the cabinet unattended. During an interview on at 10:30 AM Staff B denied leaving the key on the lock. A review of resident # 1's health assessment dated showed that she was diagnosed with , and , and needed assistance with the self-administration of medications. A review of resident # 2's health assessment dated showed that he was diagnosed with , and needed assistance with the self-administration of medications. A review of resident # 3's health assessment dated showed that he was diagnosed with major , and needed assistance with the self-administration of medications. A review of resident # 4's health assessment dated showed that he was diagnosed with , , , , and , and needed assistance with the self-administration of medications. Class III	A 055		
{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (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,	{A 058}		

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{A 058}	Continued From page 12 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. (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. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 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. 2. After developing and implementing a corrective 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	{A 058}		

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{A 058}	Continued From page 13 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. 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. This Statute or Rule is not met as evidenced by: Based on observations, interview, and record review, the facility failed to correct a Class III deficiency for medication storage on . . . . . . The facility received a class III deficiency on medication storage on and then received another class III deficiency on medication storage on . The facility failed left unlocked and the keys on the medication cabinet unsupervised, which would require the facility to employ the consultant services of a licensed pharmacist or licensed registered nurse. Findings Included: Observation on at 9:30AM showed that a bottle of was found in the drawer of resident #3's room. Observation on at 10:07AM showed	{A 058}		

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	AL11912091	A. BUILDING: _____ B. WING _____	R 06/24/2026

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{A 058}	Continued From page 14 supplement was found in the drawer of resident #3's room. Observation on at 10:14 AM showed that in the refrigerator there was a lockbox with a 4- ˬ combination. The combination on the lockbox was set on "1111." The box was opened without altering the combination. Further observation showed that the box contained Resident # 6's [100 unit]. Staff B closed the box and rolled the combination out of the "1111." Observation on at 10:25 AM showed Resident #1, 2 3, and 4 walking around the facility. Further, observation showed that in the kitchen the medication cabinet had a key inserted in the lock, and staff B left the cabinet unattended. (photographic evidence obtained). A review of resident # 1's health assessment dated showed that she was diagnosed with , and , , and needed assistance with the self-administration of medications. A review of resident # 2's health assessment dated showed that he was diagnosed with , and needed assistance with the self-administration of medications. A review of resident # 3's health assessment dated showed that he was diagnosed with major , and needed assistance with the self-administration of medications. A review of resident # 4's health assessment dated showed that he was diagnosed with , , , , and , and	{A 058}		

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{A 058}	Continued From page 15 needed assistance with the self-administration of medications. A review of the nurse consultant's report dated showed that the consultant emphasized the importance of ensuring the medication closet was always locked and the key always carried by staff and not left unattended. During an interview on at 10:30 AM Staff B denied leaving the key on the lock. Class III	{A 058}		
{A 152} SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (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: 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, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for	{A 152}		

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{A 152}	Continued From page 16 storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (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 . This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to provide a safe living environment for four out of six sample residents (1, 2, 3, and 4). There was rusted closet door in resident room, unknown chemical and cleaning solution in used water bottle under the bathroom sink, bottle of , medications with glue, and a rusted junk fire hydrant in the backyard of the property. Findings included: Observation on at 10:17 AM showed that in Resident #1 and 6's room, the closet door was stained with brown rust like stains. (photographic evidence obtained). Observation on at 10:19 AM showed under the sink of the resident's bathroom there was a used water bottle with an unknown pink substance. Observation on at 10:23 AM showed	{A 152}		

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{A 152}	Continued From page 17 a junk rusted fire hydrant and a shopping cart in the backyard of the facility. Observation on at 10:25 AM showed the door of the kitchen cabinets were falling off the hinges. Observation on at 10:25 AM showed Resident #1, 2, 3, and 4 walking around the facility. Observation on at 10:27 AM showed the air-conditioning thermostat was hanging off the wall by its wire. During an interview a at 10:50 AM Staff B (owner) was upset when asked about the physical plant, and questioned the rust on the door, got upset with Resident # 1 because the pink liquid she claimed was soap, and was upset that she had to pay someone to remove the junk fire hydrant in the backyard. Class III	{A 152}		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.	A 160		

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A 160	Continued From page 18 (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special	A 160		

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A 160	Continued From page 19 care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices;	A 160		

Agency for Health Care Administration

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A 160	Continued From page 20 (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain available for review all sanitation inspection reports issued by the county health department. Findings included: A review of the health department inspection posted showed that it was dated . . . During an interview on at 11:13 AM Staff B (owner) did not know where the most recent inspection was. Staff B stated that they came recently. Class III	A 160		