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
	AL11969720	A. BUILDING: _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICASA SENIOR LIVING	6021 DUVAL ST HOLLYWOOD, FL 33024

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

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

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

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A _____, ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, it was determined that the facility failed to provide an updated Health Assessment to reflect residents Activities of Daily Living (ADLs) for 2 of 2 sampled residents (Resident #1 and #5). The findings included: 1.) An observation during the survey on at approximately 9:40 AM in the Memory Care Unit (MCU), a locked unit within the Assisted Living (AL), revealed Resident #1 sitting in a Geri chair (medical recliners used as seating solutions for elderly individuals or those with limited mobility) in the common area/dining room and being fed by Staff J (Caregiver). During an interview on at approximately 9:45 AM, Staff J was asked why she was feeding Resident #1, and she stated that the resident is total care and under hospice care. She further stated that the resident is a two person transfer. During an interview on at approximately 2:10 PM, the Administrator was asked to provide an updated Health Assessment for Resident #1. Record review of Resident #1's revealed AHCA Form 1823 Health Assessment dated and signed by a Medical Doctor (MD) and documented as follows: a) Medical diagnoses as: of left , presence of left , , , generalized , abnormalities of gait and	A 010		

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A 010	Continued From page 5 mobility and . b) Physical limitations as: geri chair c) ADLs as: needs assistance (staff provide physical assistance with the resident participation) In review of the AHCA Form 1823 Health Assessment, the following concerns were identified: Resident #1's AHCA Form 1823 does not reflect ADLs as total care and does not document that the resident requires a two person transfer. 2.) An observation during the survey on at approximately 12:10 PM in the Memory Care Unit revealed Resident #5 sitting outside on the patio in a Geri chair in the common area and being fed by a family member (wife). During an interview on at approximately 12:15 PM, this surveyor asked Resident #5's wife what ADL services the facility provides to her husband. She stated that he is total care and under hospice care. She further stated that the resident is a two person transfer. During an interview on at approximately 2:10 PM, the Administrator was asked to provide an updated Health Assessment for Resident #5. Record review of Resident #5's AHCA Form 1823 Health Assessment dated , signed by a Medical Doctor (MD), documented the following: a) Medical diagnoses: 's, , , , , and spasms. b) Physical limitations: Geri chair. c) ADLs: Needs assistance (staff provide physical assistance with resident participation). In review of the AHCA Form 1823 Health	A 010		

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A 010	Continued From page 6 Assessment, the following concerns were identified: Resident #5's AHCA Form 1823 does not reflect ADLs as total care and does not document that the resident requires a two person transfer. During an interview on at approximately 4:50 PM, this surveyor met with the Administrator and informed her of the concerns identified regarding Resident #1's and Resident #5's AHCA Form 1823. At that time, the Administrator stated she was not aware that the AHCA Form 1823 did not reflect the residents' ADLs. No additional documentation was provided. Class III	A 010		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, it was determined that the facility failed to maintain enough direct care staff to assist and/or supervision with Activities of Daily Living (ADLs) as needed for Residents #1, 2, 5, 8, 10, 11, 13, 15, 16, 17, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 30, 32, 36, 38, 39, 40, 42 and 43 that reside on the second and third floor in the Memory Care Unit (MCU), a locked unit within the Assisted Living Facility (ALF).	A 028		

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A 028	Continued From page 7 The findings included: Observations on through during breakfast revealed that approximately 29 residents were being fed after the scheduled mealtimes (8:00 AM to 9:00 AM). On at 9:28 AM, Residents #1, #8, #11, #21, #28, #36, #38, #39, #40, and #42 were observed waiting in the dining room to be fed by direct care staff. On at 9:41 AM, this surveyor observed Staff J (Caregiver) multitasking by feeding Residents #36, #38, and #40 , . During an interview on at 9:42 AM, Staff J stated that it was easier to sit in front of the residents and provide one bite at a time to each. She explained that while one resident was working on chewing and swallowing, she could feed the next resident. On at 9:43 AM, this surveyor observed Staff C (Caregiver) joining the staff in the dining room. During an interview on at approximately 9:45 AM, Staff I (Caregiver) was asked where she had been, and she stated that one of them (staff) had to make sure food was brought to the third floor and that Resident #2 (total care) was fed, as well as ensuring food was brought to Resident #27. On at 9:51 AM, this surveyor observed Staff I (Caregiver) multitasking by feeding Residents #13, 15, and 21. During an interview, Staff I was asked how many staff members were supposed to be on the floor assisting with feeding the total care residents, and she stated that the facility had only a total of	A 028		

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A 028	Continued From page 8 four direct care staff scheduled for every shift. On at 10:13 AM, this surveyor observed Staff G (Caregiver) feeding Resident #16. At that time, Staff G was asked if she had any more residents to feed and she stated that Resident #16 should be the last resident. On at 9:57 AM, during an interview with the Administrator, she acknowledged that facility staff were running behind on mealtimes because there were delays in bathing, , toileting, and transfers for residents who required total care. At that time, she was asked to provide a list of residents receiving hospice care. Record review of the facility's records revealed the following residents on hospice care who required total care (ambulation, bathing, , eating, grooming, toileting, and transfers): Residents #1, 2, 5, 10, 15, 16, 17, 19, 21, 36, 38, and 42. During confidential staff interviews on through revealed that the following residents need two or three staff members to assist with ADL care (transfer, bathing, , toileting) 2 person assist: Resident#1, 8, 10, 11, 15, 18, 19, 20, 23, 25, 28, 29, 30, 32, 36, 38, 42 and 43 3 person assist: Resident#2, 5, 16, 17, 21, 24, and 26 During an interview conducted on at approximately 4:50 PM, this surveyor met with the Administrator and the facility owner, and both were informed that the facility lacked sufficient staff to meet the needs of the residents and to provide adequate assistance with ADLs in a	A 028		

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A 028	Continued From page 9 timely manner that would be consistent with established ADL routines and mealtimes. The Administrator acknowledged the findings. Class III	A 028		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition	A 031		

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A 031	Continued From page 10 and response to treatment or services ordered by the physician which rnay impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to maintain documented communication from Third	A 031		

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A 031	Continued From page 11 Party services that were ordered by the physician for treatment and/or services for 1 of 1 sampled resident (Resident #42). The findings included: Review of the Facility's Policy and Procedures titled Third (3rd) Party Providers Services Rendered, documented as follows: It is the Policy of MiCasa Living to adhere to the following procedures when allowing 3rd party provider services at this facility: C. The 3rd Party provider will provide the facility with a written progress report on each resident being seen. D. The 3rd Party provider will be oriented by the supervisor on duty regarding the medical condition of the residents who they will be providing services for. During a medication audit on between 7:30 AM and 9:00 AM, this surveyor asked Staff B (Medication Technician) to provide a copy of the Medication Observation Record (MOR) for Resident #42. Record review of Resident #42's Medication Observation Record dated documented the following medication: adult , ( ), once a week, hospice will apply. During an interview on at approximately 2:10 PM, the Administrator was asked to provide Resident #42's documented communication from third party services	A 031		

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A 031	Continued From page 12 (hospice) regarding the weekly service being provided (, adult , , ,). At that time, she stated that she needed to contact hospice to determine whether documentation was available for review at the facility. During an interview on at approximately 4:50 PM, this surveyor met with the Administrator and informed her of the concerns noted above. At that time, she stated she was not aware that the facility does not maintain written documentation from Third Party services. She acknowledged the findings, and no additional information was provided. Class III	A 031		
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	A 052		

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A 052	Continued From page 13 dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or 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	A 052		

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	AL11969720	A. BUILDING: _____ B. WING _____	06/16/2026

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MICASA SENIOR LIVING	6021 DUVAL ST HOLLYWOOD, FL 33024

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A 052	Continued From page 14 prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with 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	A 052		

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A 052	Continued From page 15 doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 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	A 052		

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A 052	Continued From page 16 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that the unlicensed Medication Technician (Med Tech) assisted residents with the self administration of medication by retrieving the medication previously dispensed to each resident from where it is stored for 2 of 5 sampled residents (Residents #17 and #34). The facility also failed to follow proper medication assistance procedures, as evidenced by the prepouring/prefilling of medications into cups prior to assisting a resident with medication. The findings included: During the Medication Pass (Med Pass) observation on between 7:30 AM and 9:00 AM, this surveyor observed Staff B (Medication Technician) conducting the Med Pass in the medication room located on the first floor. This surveyor observed Staff B open the top drawer of the medication cart, which revealed two medication cups containing medications already prepared for distribution, labeled (handwritten with a black marker) with Resident #17 and Resident #34's names. During an interview on at approximately 12:15 PM, Staff B was asked why Residents #17 and #34 had their medications prepared in medication cups. Staff B stated that it is easier for her to have the medications ready. At that time, this surveyor asked Staff B to confirm, using the open Medication Observation Record (MOR), the medications that had already	A 052		

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A 052	Continued From page 17 been dispensed into the residents' medication cups. 1.) Resident #17, a review of the Medication Observation Record (MOR) dated documented the following medications that had been previously placed in the medication cup, as stated by Staff B: a) , 7.5 mg tablet, 8:00 AM. b) , 40 mg tablet, 8:00 AM. c) Cranberry concentrate 500 mg capsule, 8:00 AM. d) 20 mg tablet, 8:00 AM. e) 5 mg tablet, 8:00 AM. f) 500 mg tablet, 8:00 AM. g) , 50 mg tablet, 8:00 AM. h) , 25 mg tablet, 8:00 AM. i) 100 mg capsule, 8:00 AM. j) , 25 mg tablet, 8:00 AM. 2.) Resident #34, a review of the Medication Observation Record (MOR) dated documented the following medications that had been previously placed in the medication cup, as stated by Staff B: a) , 325 mg tablet, 8:00 AM b) 100 mg capsule, 8:00 AM. c) 10 mg tablet, 8:00 AM. d) , 10 mg tablet, 8:00 AM. e) , 2.5 mg tablet, 8:00 AM. f) 325 mg tablet, 8:00 AM. g) 20 mg capsule, 8:00 AM. h) , 100 mg capsule, 8:00 AM. i) 1,000 mcg tablet, 8:00 AM. j) C 500 mg tablet, 8:00 AM. During an interview on at approximately 4:50 PM, this surveyor met with the Administrator and informed her of the findings. At	A 052		

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A 052	Continued From page 18 that time, the surveyor explained the importance of following the medication assistance guidelines for unlicensed staff. Class III	A 052		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 19 who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a	A 056		

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A 056	Continued From page 20 label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that Staff assisting residents with Self-Administered Medications, follow the physician orders as shown on the medication label for 2 of 5 sampled resident (Resident #17 and 25). The findings included: A Medication Observation Record (MOR) must include the name of the resident, name of each medication prescribed, the strength and direction of use. 1). During an interview on at approximately 2:00 PM Staff B (Medication Technician) was asked to provide Medication Observation Record (MOR) for Resident #25. Record review of the MOR dated through , revealed medication , 25 mg tablet, give one tablet by	A 056		

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A 056	Continued From page 21 every 8 hours. Further review of the MOR documented start date of , and given as follows: 6:00 AM, medication was given on , and 14th. 7:00 AM, medication was given on . 8:00 AM, medication was given on through . 2:00 PM, medication was given on , and 13th. 3:00 PM, medication was given on . 4:00 PM, medication was given on through . 10:00 PM, medication was given on through and through . 11:00 PM, medication was given on . Furthermore, review revealed the direction of use was not followed as noted above on the MOR. During an interview on at approximately 2:10 PM the Administrator was asked to provide Resident #25's physicians order for , 25 mg tablet. Record review of the electronic prescription (electronically signed by the provider) revealed as follows: Drug: , 25 mg oral tablet. Directions: 1 tablet oral every 8 hours (q8hr). During an interview on at approximately 2:20 PM, this surveyor asked Staff B why the parameters (directions for use) were not being followed. She stated that she was not aware of the directions for use. 2). During an interview on at approximately 2:00 PM Staff B was asked to provide Medication Observation Record	A 056		

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A 056	Continued From page 22 (MOR) for Resident #17. Record review of the MOR dated through , revealed medication Thick It Powder, mix liquids to honey consistency with each meal. On at approximately 12:50 PM during lunch, this surveyor observed Staff J (Caregiver) carrying a cup of cranberry juice and giving it to Staff B. At that time, this surveyor observed Staff B using Thick It powder for Resident #17. Staff B used a small measuring cup located inside the container to pour powder into the juice (cranberry)cup and also used both the small and large spouts as measurement guides. During an interview on at approximately 1:00 PM Staff B was asked how she knew how much powder to mix with the juice. Staff B stated that she just knows to use the spoon on both sides (small and big) once and mix it with the juice provided by the staff. During the medication audit, it was revealed that the medication bottle instructions for the directions for use and dosage was documented as follows: Beverage type: cranberry juice; Honey (4 to 5 teaspoons); Usage chart per 4 fluid ounces (4 fl oz). During an interview on at approximately 2:20 PM, this surveyor asked Staff B why the medication bottle instructions were not being followed. She stated that she was not aware that the label provided step by step directions on how to mix the powder and how to use the measuring spoon.	A 056		

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A 056	Continued From page 23 During an interview on at approximately 4:50 PM, this surveyor met with the Administrator and informed her of the concerns regarding the medication label and Medication Observation Record not matching the directions for use and dosage. Additional concerns were also addressed regarding unlicensed staff (Medication Technician) not following appropriate procedures. Class III	A 056		
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 0-5 168 212 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,	A 079		

Agency for Health Care Administration

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A 079	Continued From page 24 limited nursing, or extended congregate care 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	A 079		

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A 079	Continued From page 25 grounds maintenance, clerical, or food 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	A 079		

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A 079	Continued From page 26 facility is failing to meet the terms of residents' 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:	A 079		

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A 079	Continued From page 27 Based on observations, interviews, and record review, it was determined that the facility failed to ensure adequate staffing to provide appropriate supervision, care, and services for the 44 residents residing in the Memory Care Unit (MCU), a locked unit within the Assisted Living Facility (ALF). This failure directly threatened the physical and emotional health, as well as the safety, of all residents at the ALF. Cross-reference A0028 for additional information. The findings included: The facility has three floors, of which two floors (the second and third) house all the residents who reside at the facility. During the survey conducted from through , between 7:30 AM and 4:00 PM, this surveyor conducted staff interviews and toured the facility. Based on observations and interviews, the following concerns were identified, demonstrating that the facility does not have enough staff scheduled during each shift (first and second shifts). Confidential staff interviews conducted during the survey revealed that additional staff were needed on each shift (first, second and third shift) to assist with resident care needs on each of the facility's three floors. Staff further reported that when third-party service providers (e.g., hospice) did not arrive as scheduled ( ) to assist with resident care and services, the facility's morning care routine was delayed because the facility relied on these providers to assist with activities of daily living (ADLs), including bathing, , toileting, eating, and transfers. Interviews further revealed that the facility Administrator and management were aware that	A 079		

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	AL11969720	A. BUILDING: _____ B. WING _____	06/16/2026

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A 079	Continued From page 28 staffing levels were insufficient to meet the care needs of the 44 residents residing in the facility. 1) Observations Third Floor Observations at approximately 7:40 AM this surveyor noted residents in the third floor hallway who were waiting to be brought down to the first floor for assistance with ADLs such as eating, transfers, ambulation, supervision, and/or total care. Residents observed included: Resident #s 5, 13, 15, 16, 18, 19, 21, 24, 25, and 26 seated in Geri chairs. Further observations revealed that the following residents required 2- to 3-person assistance with transfers (chair-bound / limited mobility): Residents #1, 8, 10, 11, 15, 16, 17, 18, 19, 21, 23, 24, 25, 26, 28, 29, 30, 32, 36, 38, 42, and 43. Second Floor During observations conducted on at approximately 7:50 AM, this surveyor noted residents in the second floor hallway who were waiting to be brought down to the first floor for assistance with Activities of Daily Living (ADLs), such as eating, transfers, ambulation, supervision, and/or total care. Residents observed included: Resident #s 1, 8, 10, 36, 38, 40, and 42 seated in Geri chairs (medical recliners used as seating solutions for elderly individuals or those with limited mobility). Resident #s 11, 28, 29, and 39 seated in wheelchairs. Approximately six residents using rolling walkers and approximately five residents were waiting in the common area seated on the sofa, waiting for ambulation assistance.	A 079		

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A 079	Continued From page 29 Furthermore, this surveyor observed Staff C (Caregiver) and Staff G (Caregiver) coordinating which groups of residents could use the elevator to the first floor. Subsequent observations revealed Staff I (Caregiver) receiving the residents on the first floor and escorting them to the dining room, where they were received by Staff J so they could be served food and eventually fed. During the survey conducted from through , it was observed that the second and third floors each had only two direct care staff members. The facility's inability to proactively address ongoing staffing concerns resulted in insufficient staffing becoming more extensive, creating a direct threat to the safety and well being of the 44 residents residing in the facility. Observation on by this surveyor revealed that the facility had one elevator located near the Administration office. Further observation revealed that the elevator could accommodate only one Geri chair at a time. During the breakfast service, which was a peak activity period, the elevator was observed to have wait times of approximately 2 to 4 minutes, resulting in delays in transporting residents between floors. First floor Observations on between 8:50 AM and 9:20 AM revealed that Staff I (Caregiver) was assisting one resident at a time as they exited the elevator and escorting each resident to the dining room. Further observations revealed that Staff J (Caregiver) was in the dining room receiving the	A 079		

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A 079	Continued From page 30 residents and accommodating approximately 18 residents in Geri chairs lined against the wall, followed by residents in wheelchairs and rolling walkers who were waiting to be served. This process required all 4 staff (Staff C, G, I, and J) present on the dining floor to first serve food and then begin feeding the residents who were unable to feed themselves (approximately 22 residents), in addition to supervising those who required assistance. Observations on at 9:28 AM revealed that, on the first floor, approximately 21 total care residents were either being fed or waiting to be fed, and approximately 8 residents were waiting to be supervised and / or assisted with their meals. 2) Interviews On at approximately 8:40 AM, during an interview with Staff B (Medication Technician), she was asked why residents were lined up waiting to be brought to the first floor for breakfast. Staff B stated that hospice staff had not arrived to provide scheduled care and services, and that when this occurred, it created delays on both the second and third floors because facility staff had to perform residents' Activities of Daily Living (ADLs). Staff B confirmed that the facility had two caregivers assigned to each floor. She further confirmed that the facility relied on hospice staff to assist with all 13 residents who were enrolled in hospice care. During an interview conducted on at approximately 9:10 AM, Staff J was asked whether serving residents during breakfast was	A 079		

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A 079	Continued From page 31 also part of the morning routine. Staff J confirmed that it was. Staff J was then asked whether the kitchen had servers or additional staff to assist with serving meals to all 44 residents. Staff J stated that the facility employed only two kitchen staff members and had no servers or additional staff to assist with serving meals, clearing tables, or collecting dishes after meals. Staff J stated that there are approximately two residents who require their meals to be brought to their rooms. She further stated that Resident #2 required assistance with feeding and had to wait until staff were available to feed him. Staff J was then asked why she walked to the nurses' station carrying two juice cups. Staff J stated that Resident #2 and Resident #17 required their prescribed liquid thickener to be mixed into their juice. She further stated that it was part of the meal service routine to bring the residents' cups to Staff B (Medication Technician) so that the prescribed liquid thickener could be prepared. Staff J reported that there were sometimes delays because the facility had only one Medication Technician available to prepare the thickened liquids. When asked how many residents required prescribed liquid thickener with their meals, she stated that approximately six residents required thickened liquids. During an interview conducted on at approximately 9:50 AM, Staff B was asked whether she was the only Medication Technician assigned to assist the 44 residents residing in the Memory Care Unit (MCU). Staff B confirmed that she was. Staff B was then asked what time she arrived at the facility (day of the survey). She stated that she typically arrived at approximately 5:30 AM because some residents had prescribed medications with administration parameters (direction of use) requiring them to be	A 079		

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A 079	Continued From page 32 administered by 6:00 AM, Staff B further stated that she was working a double shift until approximately 9:00 PM because the second shift Medication Technician was on vacation. During confidential interviews condcuted between and with direct care staff, it was revealed that the facility needed additional staff members. Staff interviews revealed that the third floor had the highest number of residents requiring total care. Furthermore, staff expressed concerns that there were insufficient personnel to perform assigned job duties, including laundry, housekeeping, providing activities of daily living (ADL) care, conducting resident activities, assisting residents with feeding during meals, serving meals in the dining room, assisting the Medication Technician with the preparation of prescribed thickened liquids by bringing residents' juice cups to the nurses' station during meals, assisting kitchen staff with clearing tables, and collecting dishes after meals. During an interview conducted on at approximately 9:50 AM, the Administrator was asked what time breakfast begins, and she stated that it starts at 8:00 AM. At that time, she was reminded that staff were still in the dining room feeding residents. The Administrator stated that she had received a call from Staff B informing her that hospice did not arrive at the facility to perform ADL care. The Administrator was then asked how many direct care staff were assigned per shift, and she confirmed that there were two direct care staff per floor. She was requested to provide staffing Schule for the month of . Record review of the facility ' s master staffing schedule titled revealed that staffing was scheduled across three shifts, Monday	A 079		

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A 079	Continued From page 33 through Sunday, and documented as follows: First Shift 6:00 AM to 2:00 PM 2 caregivers assigned to second floor 2 caregivers assigned to third floor 1 medication technician Second Shift 2:00 PM to 10:00 PM 2 caregivers assigned to second floor 2 caregivers assigned to third floor 1 medication technician Further review of the staffing schedule revealed that Staff B was working a double shift because Staff K (Medication Technician, second shift) was on vacation. Third Shift 10:00 PM to 6:00 AM 2 caregivers assigned to second floor 2 caregivers assigned to third floor No assigned medication technician for the third shift. During an interview conducted on at approximately 4:50 PM, this surveyor met with the Administrator and the facility owner, and both were informed that there was insufficient staff to meet the care and needs of the 44 residents residing in the facility. The Administrator was reminded that it is the facility's responsibility to ensure sufficient staff are available during each shift to meet residents' care needs and not to rely on third party services such as hospice to provide required care and services. The Administrator confirmed that the facility needs additional staff and acknowledged the findings. Class II	A 079		

Agency for Health Care Administration

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