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
	AL11968248	A. BUILDING: _____ B. WING _____	08/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PERFECT PLACE ALF 2 INC	2666 ROAD PORT SAINT LUCIE, FL 34953

(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, Generator Monitoring and Bed Increase survey (from 5 to 6 residents) was conducted on at The Perfect Place ALF 2 Inc. The facility had deficiencies related to the Relicensure at the time of survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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A 010	Continued From page 1 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 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	A 010		

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A 010	Continued From page 2 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, 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	A 010		

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A 010	Continued From page 3 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 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	A 010		

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A 010	Continued From page 4 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, observation, and interviews, the facility failed to ensure that the Health Assessment Agency for Health Care Administration (AHCA) Form 1823, was accurate and reflective of the resident's current care needs and diagnoses for 1 out of 4 sampled residents (Resident #1). The findings included: On at 8:35 AM, Resident #1 was observed sleeping in bed. Staff C (Caregiver) was asked whether Resident #1 was able to perform any Activities of Daily Living (ADLs) independently. Staff C (Caregiver) stated "No," and confirmed that the resident required assistance with all ADLs. During another observation period, hospice staff were observed providing a sponge bath to Resident #1, supporting that the resident required total assistance with bathing, contrary to what was documented on the 1823. Record review showed Resident #1 was admitted on . Review of the Health Assessment (AHCA Form 1823), dated , documented diagnoses including 's and . The 1823 documented ADL needs as: assist with ambulation, bathing, and transferring; supervision with , eating, grooming, and toileting. AHCA form 1823 did not list any assistive device, despite a wheelchair being visibly present and staff confirming that Resident #1 uses a wheelchair.	A 010		

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A 010	Continued From page 5 Record review further revealed that Resident #1 was admitted to hospice care on , indicating a change in condition. Hospice services were not documented on the 1823, and the assessment had not been updated to reflect the resident's current status. On at 1:53 PM, Staff C (Caregiver) was asked to provide the most updated AHCA (Agency For Health Care Administration) Form 1823. Staff C (Caregiver) stated that no updated 1823 was available and confirmed that the facility had not obtained or documented an updated assessment reflecting the resident's current condition. No additional documentation was provided prior to the conclusion of the survey. Class III	A 010		
A 040	429.55(2) F.S. Resident Education- {V (2) VTE CONSUMER INFORMATION.- (a) The Legislature finds that many (PEs) are preventable and that information about the prevalence of the could save lives. (b) The term ", " means a condition in which part of the clot breaks off and travels to the , possibly causing (c) The term " " means , which is a clot located in a deep , usually in the or arm. The term can be used to refer to , , , or both. (d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about ,	A 040		

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A 040	Continued From page 6 including risk factors and how residents can recognize the signs and symptoms of . This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure that required admission documents-specifically the Deep ( ) educational pamphlet-were available and provided to residents for 3 out of 4 sampled residents (Resident #1, Resident #2, and Resident #3). The findings included: 1).Record review of Resident #1, admitted on , revealed the absence of any educational material in her admission file. 2).Record review of Resident #2, admitted on , showed no educational material in his admission file. 3).Record review of Resident #3, admitted on , revealed no pamphlet or related educational documentation in his admission file. During an observation of the facility on , no educational materials were found posted or available within the visitor sign in area, common areas, or anywhere else in the facility. During an interview with the Administrator on at 8:25 AM, this surveyor requested the complete admission packet. The Administrator acknowledged that while the facility maintains an admission packet, he did not provide prospective or current residents with the required educational information related to , ( ) prior to admission. He further stated that current residents, family	A 040		

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A 040	Continued From page 7 members, or resident representatives were not provided with the required educational pamphlet. The Administrator did not produce any documentation demonstrating compliance with this requirement prior to the conclusion of the survey. Class	A 040		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). 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 that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure that direct care staff obtained the required First Aid and	A 083		

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A 083	Continued From page 8 , , ( ) training for 2 of 4 sampled staff (Staff B and Staff C). The facility failed to ensure atleast 1 person present at all times certified in . The findings included: On at 8:15 AM, the Administrator was provided with a list of required documents for survey purposes, including employee personnel files. Review of the facility's staffing schedule showed that the facility operates two 12 hour shifts (7:00 AM-7:00 PM and 7:00 PM-7:00 AM), with one staff member scheduled to work alone per shift. Record review of Staff B (Caregiver), hired on , revealed no documentation of required First Aid or training in the employee's personnel file. At 7:30 AM on , this surveyor observed Staff B working alone in the facility and actively providing resident care without proof of required First Aid or certification. Record review of Staff C (Caregiver), hired on , similarly revealed no documentation of First Aid or certification in her personnel file. During an interview conducted at 3:00 PM on , Staff C acknowledged awareness of the requirement that each shift be staffed with an individual certified in First Aid and . Staff C was unable to provide documentation demonstrating that each shift had coverage by a staff member with current, valid First Aid and certification. No additional documentation was submitted by the facility prior to the conclusion of the survey. Class III	A 083		

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A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label;	A 084		

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A 084	Continued From page 10 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or	A 084		

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A 084	Continued From page 11 manipulation of the site; and, n. Measurement of , , rate, temperature, and , , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure that unlicensed staff who provide assistance with self	A 084		

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A 084	Continued From page 12 administered medications had successfully completed at least six (6) hours of initial training in assistance with self administered medications and safe medication practices for 2 out of 4 sampled staff (Staff B and Staff C). The findings included: a) Record review of Staff B (Caregiver), hired on , revealed no documentation demonstrating completion of the required six (6)-hour training prior to assisting residents with self administration of medication. On at 12:00 PM, this surveyor observed Staff B (Caregiver) assisting a resident with self administered medication, despite lacking the required initial training. Review of the Medication Observation records for all 4 residents, confirmed Staff B provides assistance with meds. b) Record review of Staff C (Caregiver), hired on , revealed no documentation demonstrating completion of the required six hour training prior to assisting residents with self administration of medication. On , Staff C (Caregiver) was observed assisting residents with self administered medications at 11:15 AM and again at 2:00 PM.Review of the Medication Observation records for all 4 residents, confirmed Staff B provides assistance with meds. During an interview on at 1:29 PM, Staff C (caregiver) confirmed that both she and Staff B (Caregiver) routinely assist residents with their medications and acknowledged that neither staff member has completed the required six (6) hour training prior to assisting with self-administration of medication. No other documentation was provided during the survey.	A 084		

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A 084	Continued From page 13 Class III	A 084		

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ZZ841	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	ZZ841		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968248	A. BUILDING: _____ B. WING _____	08/03/2026

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ZZ841	Continued From page 1	ZZ841		

providers may not require an essential caregiver to provide such care.
(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:
1. End-of-life situations.
2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support.
3. The resident, client, or patient is making one or more major medical decisions.
4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently .
5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident, client, or patient who used to talk and interact with others is seldom speaking.
7. For hospitals, childbirth, including labor and delivery.
8. patients.
(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.
(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.
(f) Within 24 hours after establishing the policies and procedures required under this section,

Agency for Health Care Administration

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ZZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a Visitation Policy and Procedure containing all required components was available and accessible for 4 out of 4 sampled residents (Resident #1, Resident #2, Resident #3, and Resident #4). The findings included: On at 3:02 PM, review of facility records revealed that no Visitation Policy and Procedure was available for review. The facility did not maintain a policy that included the required components, such as control and education procedures for visitors; screening protocols; personal protective equipment requirements; visitor control guidelines; permissible length and number of visits; and all additional elements required by regulation. During an interview with Staff C (Caregiver) on at 3:25 PM, She searched for the facility's visitation policy but could not locate it. When asked if the facility had a website where such information might be posted, She stated that no website existed. Staff C (Caregiver) confirmed that a Visitation Policy and Procedure could not be provided. No documentation or updated policy was submitted at any time during the survey. Class	ZZ841		