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
	AL11953688	A. BUILDING: _____ B. WING _____	08/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM BREEZE ALF	1045 PALM AVENUE HIALEAH, FL 33010

(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 biennial relicensure and a resident wellness monitoring survey was conducted at Palm Breeze ALF on . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure three of 22 sampled residents were treated with respect that upheld their dignity and privacy (Residents #14, 15 and 22). Findings include: 1) Observation on at 6:12 AM revealed	A 030		

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A 030	Continued From page 6 Resident #14's door was left wide open while Staff F (Caregiver) changed the bedspread. Resident #14 was shirtless and wearing only briefs. Staff F continued changing the bedspread and did not close the door. During an interview on at 11:21 AM the Owner stated the staff should have kept the door open momentarily when assisting residents in wheelchairs but should not have kept it open while residents changed their clothes. 2) Observation on at 6:58 AM revealed four beds in # . Further observation an empty hung on Resident #15's bed. Observation on at 6:59 AM revealed an empty hung on Resident #22's bed . Further observation revealed that there were no privacy curtains between the beds. Observation on at 11:25 AM revealed privacy curtains had been installed around Residents #15 and 22's beds. During an interview on at 6:58 AM the Owner stated, "We're in the process of installing privacy curtains. [Residents #15 and 22] ambulate so I'm pretty sure they use it in the bathroom." Class III	A 030		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES.	A 036		

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A 036	Continued From page 7 Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure an implemented hygiene program before and after the provision of personal services. (Resident #20 and Resident #21) Findings include: 1) Observation on at 8:04 AM revealed Staff J (Caregiver) had placed a red pill in her gloved and then placed the pill in a medication cup for Resident #20.	A 036		

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A 036	Continued From page 8 A review of Resident #20's Medication Record Observation (MOR) revealed the medication was , 500 milligram used to treat , . A review of Staff J's employee file revealed Staff J received control training on . 2) Observations on from 11:23 AM to 11:26 AM revealed that Staff D (Caregiver) completed multiple tasks without replacing her gloves: 11:23 AM: Staff D came from the activities room and closed the door while wearing gloves, then applied sanitizer to the gloves. 11:24 AM: Staff D touched Resident #21's soda with gloves to open it, then touched Resident #21's and wheeled Resident #21 to an outside table. Staff D then pushed the table using the same gloves. 11:25 AM: Staff D had picked up paper from the floor and thrown it in the trash can. 11:26 AM: Staff D had applied more sanitizer to the same gloves. A review of the procedures for employee and resident control policy revealed "all employees who are providing direct resident care will use the following in compliance with standard precautions procedures change gloves and wash between residents." A review of the Control Policy revealed no procedure for , shared shower chairs in the residents' rooms.	A 036		

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A 036	Continued From page 9 During an interview on at 9:45 AM the Administrator stated the facility would improve the policy by including information about the shared shower chairs after each resident used them. Class III	A 036		
A 152 SS=D	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 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	A 152		

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A 152	Continued From page 10 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 observation and interview, the facility failed to provide residents a safe living environment and be free of hazards. (Resident #8 and Resident #10) Findings included: 1) Observation on at 6:22 AM revealed Resident #8's bathroom door had peeled paint. During an interview on at 11:19 AM the Owner stated he had been in the process of painting. 2) During an interview on at 6:30 AM Resident #10, stated "this is my bed." Observation on at 6:30 AM revealed a brown insect resembling a cockroach underneath Resident #10's bed. A review of pest control records revealed the facility had a provider that came routinely to address the issues, however pests being treated	A 152		

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A 152	Continued From page 11 were not identified on the invoice. Observation on at 6:29 AM revealed Resident #10 had a lamp and nightstand but no dresser. Observation on at 6:30 AM revealed Resident #10's bed had a comforter that had a hole resembling a cigarette . Further observation revealed the Owner replaced Resident #10's comforter. Observation on at 6:30 AM revealed in the bathroom in Resident #10's room, dark stains resembling mold or mildew between the tiles. Further observation revealed the Owner cleaning the shower grout. 2) Observation on at 6:59 AM in # revealed a dark green and black substance resembling mold on the floor, the air conditioning unit and the door. Observation at Observation on at 6:31 AM in # revealed a dark green and black substance on the floor and thickly caked dust on the air conditioning unit door inside the room. Observation on at 11:17 am revealed that the two floor areas and the air conditioning unit door had been cleaned. 3) Observation on at 6:21 AM revealed Resident #8 and Resident #22's bathroom, a gab	A 152		

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A 152	Continued From page 12 bar in the bathroom shower was broken and shower floor had black spots appeared mold like. Observation on at 6:33 AM revealed in Residents #2, #7, and #11's room had black spots resembling mold or mildew in the bathroom shower. During an interview on at 6:40 AM the Owner stated, "I don't know what that is it, looks like it can be cleaned up. I can't identify what that is." Observation on at 6:44 AM revealed Resident #12 and Resident #13 shower had grout. During an interview on at 6:45 AM the Owner stated, "I have to scrape it, it might be a little mold or mildew I'm not sure." During an interview on at 7:01 AM, the Owner stated, "It needs to be cleaned, I guess with bleach." Observation on at approximately 11:20 am revealed that several of the spots been cleaned. 4) Observation on at 6:59 AM revealed the window next to Resident #15's bed had broken blinds. During an interview on 6:59 AM the Owner stated, "We're consistently changes the blinds." Observation at 11:30 AM revealed the blinds had been replaced.	A 152		

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A 152	Continued From page 13 5) Observation on at 8:10 AM revealed unlocked closed door in the dining area, next to the tables where residents were seated eating lunch, had prescribed lancets and syringes belonging to multiple residents. During an interview at 9:03 AM the Administrator stated, "I know what you're talking about the nurse probably left the door unlocked." Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described	A 162		

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A 162	Continued From page 14 in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953688	A. BUILDING: _____ B. WING _____	08/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 15 the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be	A 162		

Agency for Health Care Administration

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A 162	Continued From page 16	A 162		

retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.
(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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, record review, and interviews, the facility failed to have accurate health assessment and failed to maintain documentation of the of a power of attorney for one out of twenty-two sampled residents (Resident # 4).

Findings included:

During an observation on at 7:37 A.M., Resident # 4 in a wheelchair was spoon fed by Staff F (caregiver). Further observation revealed that the resident was unable to use her , which were .

During an interview on at 7:44 A.M., Staff F stated that she spoon-fed Resident #4 to help her eat. Staff F stated she had been assisting the resident like this for about three months.

A review of Resident #4's record showed that the resident was admitted to the facility on . Health Assessment (form 1823) dated showed a past medical history of , and organic

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A 162	Continued From page 17 . The resident needed supervision with ambulation and assistance with bathing/ eating/ self-care(grooming) toileting and transferring. Her special diet instructions were: No Added Salt/ Low fast/ Low / Others: Puree to assist with eating if requested by resident. The health assessment did not show that Resident #4 need total assistant with eating. Further review of the Resident #4's record showed an updated Assisted Living Facility Resident Contract for Care dated was not signed by the resident because the resident was unable to sign. The contract was signed by the resident's sister. Additional review of the record revealed that there was no documentation of the power of attorney or any other legal document authorizing the sister to sign on behalf of Resident #4. During an interview on at 9:25 A.M., the Administrator stated that he would contact the family to obtain the power of attorney. He stated, "I don't have it here." Class III	A 162		
A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication	A 182		

Agency for Health Care Administration

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A 182	Continued From page 18 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all staff were trained in their duties and able to implement the emergency management plan. Findings included: 1) Observation on at 7:47 AM revealed Staff F (Caregiver) could not locate the monoxide detector. During an interview on at 7:48 AM Staff F stated she did not know where the monoxide detectors were. Observation on at 7:18 AM revealed Staff G (Caregiver) could not locate the monoxide detector. During an interview on at 7:18 AM Staff G stated she did not know where the monoxide detectors were. 2) During an interview on at 7:18 AM Staff G stated she didn't remember the names or addresses of the emergency evacuation locations. Staff G further stated that, in the event of a fire, she would call the Administrator and the Owner. Further interview revealed that Staff G was unable to state whether or how the facility would be evacuated. Class III	A 182		