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
	AL11969188	A. BUILDING: _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ALF INC	2821 NE 18 ST POMPANO BEACH, FL 33062

(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 Complaint (#2026013421) survey was conducted at the Angel Care ALF Inc on - . The facility had deficiencies at the time of the survey.	A 000		
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 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.	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 052	Continued From page 1 (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 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.	A 052		

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A 052	Continued From page 2 (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 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	A 052		

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A 052	Continued From page 3 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 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and resident interviews, it was determined that the facility failed to provide appropriate assistance with self-administration of medications for 2 of 4 sampled residents (Resident #1 and Resident #2), who self-administer their medications as ordered by their physicians.	A 052		

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A 052	Continued From page 4 The findings are as follows: On , at 9:23 a.m., Staff B, identified as a Home Health Aide, was observed assisting residents with their medications. Staff B did not reference the Medication Observation Record (MOR) during the process. She removed multiple packs containing Resident #1 ' s medications from the medication cabinet and dispensed the pills into a plastic cup. Then, Staff B signed the MOR before administering the medications. She then proceeded to Resident #1 ' s bedroom and handed him the medications without informing him of the pills being provided. At approximately 9:34 a.m. on , Staff B retrieved Resident #2 ' s medications from the medication cabinet and placed them in a small plastic cup. Staff B signed the MOR. Then, she walked over to Resident #2 ' s bedroom with the pills and a glass of water, handed the pills to the resident, and again did not inform him of what medications he was receiving. During an interview conducted with Resident #2 on , at 9:26 a.m., the resident stated he had no concerns about not being informed of his medications. However, when asked whether he knew all the medications he was taking, he responded, "I guess it would be nice to know the medications." A review of Resident #1 ' s sheet revealed that he was admitted to the facility on , . A health assessment dated , documented diagnoses including , , and , . The record indicated that Resident #1 required assistance with taking his medications.	A 052		

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A 052	Continued From page 5 Shortly thereafter, Staff B again retrieved Resident #2 ' s medications, signed the MOR, dispensed the pills into a plastic cup, and delivered them to Resident #2 along with a cup of iced water. She once more did not inform the resident of the medications being administered. Review of Resident #'2 MOR dated , revealed diagnoses of , ; , , . Resident #2 is identified to be alert and oriented to person, time, and place. The MOR documented Resident #2 required assistance with self-administration of medications. In a subsequent interview on , at 9:50 a.m., Resident #2 stated that he would prefer to be informed about the pills he is given. He reported residing in the facility since and was unaware that he had signed any waiver regarding medication information. A follow-up interview with the Administrator on revealed that the facility maintains that residents sign a waiver in the admission packet agreeing not to be informed about their medications. However, the Administrator coiuld not provide documentation of such a waiver upon request and instead supplied a document outlining resident rights. No additional information was provided during the exit meeting. Class III	A 052		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	A 054		

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A 054	Continued From page 6 managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on a review of the Medication Observation Records (MOR) and staff interviews, it was determined that the facility failed to ensure that MOR entries were accurately and consistently documented while assisting two of four sampled residents (Residents #2 and #3). The findings included:	A 054		

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A 054	Continued From page 7 A review of the MOR conducted on , , at 9:00 a.m. and again at 12:00 p.m. revealed multiple unsigned entries for medications scheduled for administration at 7:00 a.m. and 8:00 a.m. on the same date. The following deficiencies were noted: Resident #2 A review of Resident #2 ' s health assessment (AHCA Form 1823) dated documented diagnoses of , , and , . Resident #2 was noted to be alert and oriented to person, time, and place and required assistance with self-administration of medications. Several of Resident #2 ' s scheduled medications lacked documentation on the MOR, including: · 18 mg tablet - 1 tablet by twice daily · 500 mg tablet - 1 tablet by twice daily · 10 mg tablet - 1 tablet by twice daily · 25 mg tablet - 1 tablet by twice daily · , 5 mg tablet - 1 tablet by twice daily The MOR contained no entries indicating administration of these medications. Resident #3 According to the Admission, Transfer, and Discharge Log, Resident #3 was admitted on . Her health assessment dated documented a diagnosis of and indicated she required assistance with self-administration of medications. The following medications were not signed for on	A 054		

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A 054	Continued From page 8 the MOR: · , 100 mg - 1 tablet by twice daily · , 5 mg - half a tablet by twice daily · , 25 mg - 1 tablet by twice daily During an interview with Staff B on at 10:15 a.m., she stated that Resident #3 received her medications early in the morning at approximately 7:00 a.m. Staff B further acknowledged that she failed to sign the MOR when she was observed administering Resident #3 ' s medication at 9:23 a.m. These findings were reviewed with the Owner during the exit meeting. The Owner acknowledged the deficiencies. Class III	A 054		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.	A 077		

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A 077	Continued From page 9 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least , ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in	A 077		

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A 077	Continued From page 10 this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education	A 077		

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A 077	Continued From page 11 requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observations and staff interviews, it was determined that, the facility did not have an officially designated Administrator or Manager in charge of the facility. The lack of formal managerial delegation had the potential to affect the care of four of four sample residents (Residents #1, 2, 3, & 4). The findings include: On at 8:30 AM, upon entry at the facility, Staff A, who identified herself as a Care Provider was asked to inform the Administrator of the survey. Staff A immediately remarked that there was no Administrator. Staff A stated it has been almost six months since the Administrator has not not come to the facility, Staff A was asked to	A 077		

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A 077	Continued From page 12	A 077		

notify the person in charge. Shortly after, Staff A reported to the Surveyor she notified the facility's Owner. Upon further inquiry Staff A stated she had not been officially designated as the manager in charge, despite assuming that responsibility. When asked whether she was CORE-trained, Staff A replied "No."

At 8:50 AM the same day, the Administrator of record was contacted by telephone and she confirmed that although she is still listed as the Administrator of record, she has not been at the facility for nearly six months. She added "I no longer work for the facility". The Administrator reported that the last time she was at the facility was in .

Review of the Admission Transfer and Discharge log revealed the facitliy had five residents listed. However, only four were present at the facility during the survey. Resident #1, 2, 3, and 4 were observed in their rooms on .

Resident #1 was admitted to the facility on . The health assessment record (AHCA form 1823) dated revealed Resident #1 is diagnosed with , and .

On at 9:26 a.m., Resident #1 was observed in his room in bed. Resident #1 said when asked that he was doing fine. Resident #1 reported no concern about his care.

Resident #2 was admitted to the facility on with diagnoses of ; ; Cbronic ; Fibrilation; ; ; ; ; Enthesopathy.

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A 077	Continued From page 13 Resident #2 requires assistance for all acitvities of daily, and he was non- ambulatory. Resident #2 was bedbound . The Admission Transfer Discharge log documented Resident #3 was admitted to the facility on . Her diagnoses include: Cerebro- with co- of ; ; with left side hemiplagia. The AHCA form 1823 documented Resident #3 is always . Resident #3 was observed in bed and could not respond to any question. Resident #4 was admitted to the facility on . His medical records revealed diagnoses of: Adult , Left Cerebellar Infarct; Mild , . Resident #4 was observed ambulating at the facility, eating independently, and requiring minimal assistance. During an interview with the facility's Owner on at 9:40 am. he confirmed that the Administrator of record was no longer active. The Owner said he was in the process of recruiting a new Administrator for the facility. At the Exit meeting, the Owner presented no evidence of having an active Administrator for the facility. The Owner also stated that he did not complete the Core training. Class III	A 077		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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(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 152	Continued From page 14 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 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 interviews and observations, it was determined that the facility failed to ensure that the water heater was functioning properly to	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969188	A. BUILDING: _____ B. WING _____	08/06/2026

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A 152	Continued From page 15 provide comfortable water temperatures for 2 of 4 sampled residents (Resident #3 and Resident #4) during bathing. The findings included: On , at 9:31 a.m., Staff A was interviewed regarding the water temperature, which remained after five minutes of testing. Staff A stated that the water had not been running hot for an extended period. She explained that the Owner intended to replace the water heater; however, the replacement had not been completed. When asked how residents were bathed, Staff A reported that she manually warmed water to achieve a comfortable temperature for bathing Resident #3 and Resident #4. At 9:47 a.m., the Owner was interviewed and stated that the water heater was functioning properly. He added that he planned to replace the tank system with a tankless water heater. At approximately 9:50 a.m. the same day, after confirming that the water heater was not heating water to an acceptable level, the Owner stated that he would replace the water heater. During the exit meeting, the Owner reported that the water heater had been replaced. Class III.	A 152		
A 180	59A-36.019(1) FAC Emergency Management (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan using "Minimum	A 180		

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A 180	Continued From page 16 Emergency Management Planning Criteria for Assisted Living Facilities," AHCA Form 3180-5006, , incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-15964. The form is also available at: https://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml. The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with 's or related , and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the county emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the county emergency management agency the number of residents	A 180		

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A 180	Continued From page 17 who have been relocated, and the place of relocation; and, (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to obtain an approved Comprehensive Emergency Management Plan (CEMP), as required to ensure the safety of all four sampled residents (Residents #1, #2, #3 and #4). The Findings included: On , four residents were observed at the facility. Residents #1, #2, #3, and #4 are dependent on the facility for their safety, and two of the four Residents are receiving hospice services. At approximately 9:00 a.m. on , the Administrator was asked to provide evidence of the facility ' s approved CEMP. The Administrator stated that the plan had been submitted late and had not yet been approved. Review of the facility ' s previously approved CEMP showed it expired on , . The updated plan was required to be resubmitted 60 days prior to expiration. However, documentation indicated the county did not receive the renewal submission as of , During the exit meeting, the Administrator did not provide any additional information. Unclassified	A 180		

Agency for Health Care Administration

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