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 _____	08/10/2026

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 Complaint (#2026013672) survey was conducted on at Micasa Senior Living. The facility had deficiencies at the time of the survey.	A 000		
A 030	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, record review, and interview, it was determined that the facility failed to honor resident's rights by not maintaining a safe living environment. The facility did not ensure that residents were treated with respect, consideration, and individualized dignity while residing in the facility's Memory Care Unit. This deficient practice resulted in residents spending prolonged periods in restrictive assistive devices, limiting their freedom of movement and choice, and negatively impacting their dignity for 22 of 22	A 030		

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A 030	Continued From page 6 sample residents (Resident#1 - 22). Cross reference A0033 for additional information. The findings included: A review of the facility's policy titled Resident's Bill of Rights and dated documented as follows: Residents of assisted living facilities shall not be deprived of any rights You, as a resident have the right to the following: Be treated with respect. Participate in community activities and have reasonable opportunity to go outdoors. Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. Move about in and out of doors freely. During facility tour on from approximately 9:30 AM to 4:45 PM, team of surveyors observed Resident's #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 and 22. Six residents were observed seated in their wheelchairs wearing a fitted wheelchair seat belt and sixteen residents were observed in Geri chairs with a , tray (medical recliners used for elderly individuals). Record review of Resident's #1 through 22 revealed that each resident had been diagnosed with or a related form of . These residents reside in the Memory Care Unit and are fully dependent on direct care staff for assistance with mobility, transfers, walking (as applicable), exercises (as applicable), participation in activities that require moving from their devices, monitoring the amount of time they	A 030		

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A 030	Continued From page 7 remain seated, and following repositioning schedules according to their care plans. Further observation revealed that Residents #1 through #22 were not able to independently remove the , tray from the Geri chair or release the fitted seat belt on their wheelchairs. During staff interviews (Staff C, D, E, F, G, H, and I) conducted on between 11:00 AM and 3:45 PM, staff confirmed that residents are transferred to their assistive devices in the morning and remain in them until bedtime. Staff added that residents are pushed around in these devices to the dining area for meals, to the bathroom, and to the activity room. Staff also confirmed that residents eat, asleep in their chairs, and participate in activities from their chairs. During an interview conducted on at approximately 4:45 PM, the Administrator was informed of the findings. Class III	A 030		
A 033	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is	A 033		

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A 033	Continued From page 8 to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. 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 ensure that residents residing in the secure Memory Care Unit had written care plans the use of (Geri chairs with , trays and wheelchairs with seatbelts). This failure has the potential to negatively impact residents comfort, physical well being, and participation in facility activities (according to their needs) for 22 of 22 sampled residents (Resident#1 - 22). Cross reference A0030 for additional information. The findings included: A review of the facility's undated policy titled Physical Policy documented as follows: Residents for whom a physician has prescribed a physical restrain must have a written care plan for the use of the physical restrain. The care plan	A 033		

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A 033	Continued From page 9 must be developed within 14 days of the device being prescribed and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use. 2. The maximum amount of time the resident is to have the restrain applied each day. 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs, and symptoms of , , or decline in mobility or function related to the use of the prescribed restrain. (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical restrain annually and documentation of this review must be maintained in the resident record. The following concerns were identified during observations conducted in the secure Memory Care Unit (MCU) on from approximately 9:30 AM to 4:45 PM. During facility tour on from approximately 9:30 AM to 4:45 PM, Residents #17, 18, 19, 20, 21 and 22 were observed seated in their wheelchairs wearing a fitted wheelchair seat belt around their waist. Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 and 17 were observed seated in Geri chairs with a , tray (medical recliners used for elderly individuals). Further observations revealed Residents remained in these devices from morning until evening, as confirmed through staff interviews and confidential interviews with family members	A 033		

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A 033	Continued From page 10 and Third Party providers (see interviews below). During an interview on at approximately 10:20 AM, the Administrator was informed of concerns regarding approximately 22 residents using . These included Geri chairs with , trays, which limited residents ability to move freely while seated, and wheelchairs equipped with seat belts that also restricted residents movement. At that time, the Administrator was informed to provide resident's complete file for review on a written care plan for the use of the physical Record review for Resident's #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 22 revealed no documentation of a care plan that included the maximum daily time of use, staff monitoring schedules, written documentation and/or coordination of care with the healthcare provider regarding any decline in mobility or function, or documentation of reporting to the physician within 14 days of the being prescribed. No additional documentation was provided at the time of the survey. Further observations on from 11:00 AM to 4:45 PM showed residents remained in Geri chairs and wheelchairs without timely repositioning or movement. Residents ate lunch, slept, and were observed sliding down in their chairs while still in these devices. Residents were only moved during toileting. Residents were not offered opportunities to leave their devices for naps. The facility did not follow practices demonstrating	A 033		

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A 033	Continued From page 11 compliance with regulatory requirements to ensure residents receive proper positioning, adequate mobility assistance, and opportunities to engage in activities consistent with their physical capabilities. During staff interviews (Staff C, D, E, F, G, H and I) conducted on between 11:00 AM and 3:45 PM, staff reported that residents remained in Geri chairs with , trays and wheelchairs with fitted seat belts from the start of their shift until residents were transferred to bed at bedtime. Staff stated they had been instructed by facility management to use these devices and had not been provided care plan information for residents using them. When asked about training on recognizing and reporting significant changes in residents conditions or following schedules to ensure residents were moved, repositioned, and offered opportunities to leave their devices, staff reported they had not received such training. Staff stated they were not aware of any care plan requirements or health care provider instructions related to mobility schedules, or identifying and reporting changes associated with the use of a prescribed . During confidential interviews with a family members and Third Party providers conducted on , it was reported that residents were observed sitting all day without being moved from their devices from morning until bedtime. During an interview conducted on at approximately 5:00 PM, the Administrator acknowledged that the facility had a Policy and Procedure for physical and it was not follow. The Administrator was reminded that the	A 033		

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A 033	Continued From page 12 facility is responsible for ensuring that the use of devices complies with regulatory requirements. Class III	A 033		