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
	AL11953536	A. BUILDING: _____ B. WING _____	08/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER LIFE ALF	5750 NW 192 STREET MIAMI, FL 33015

(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 survey and a generator monitoring was conducted at Better Life Corp on . Deficiencies were identified at the time of the survey.	A 000		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the	A 056		

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A 056	Continued From page 1	A 056		

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

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A 056	Continued From page 2 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and review of records, the facility failed to assist six out of six sampled residents with medications at the time prescribed by the health care provider (Residents #1, #2, #3, #4, #5 and # 6). Finding included: Observation on at 7:00 am showed that there were six residents at the facility. During an interview on at 7:00 am, Staff B stated that the medication pass had already occurred. A review of Resident #1's Medication Observation Record (MOR) showed that the prescribed time for medications was "8:00 am." The 8:00 am medications given were identified as , 500mg, 2%. A review of Resident #2's MOR showed that the prescribed time for medications was "8:00 am." The 8:00 am medication given were identified as 40 mg tablet (tab), Faotidine 40 mg	A 056		

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A 056	Continued From page 3 tab, Irbesar 150-125 tab, 137mcg tablet, and 5mg tab. A review of Resident #3's MOR showed that the prescribed time for medications was 8:00am. The 8:00am medications given were identified as HC 28 mg Extended Release Capsule, 1000mg Tab, 0.05% drops, 25 mg, 650mg tab, 10mg tab, 50mg tab and 1.5 mg tablet. A review of Resident #4's MOR showed that the prescribed time for medications was 8:00am. The 8:00am medication given were identified as SOD DR 40 mg tab, 50 mg tab, 10mg tab, and 100 mg tab. A review of Resident #5's MOR showed that the prescribed time for medications was 8:00am. The 8:00am medications given were identified as 0.5mg tab and 100mg tab. A review of Resident #6's MOR showed that the prescribed time for medications was 8:00am. The 8:00am medications given were identified as Low Dose Chewable 81mg, 3.125 mg tab, 1mg Tab, Shampoo 2%, Levetiraceta 750mg tab, 75mg tab, 1000mcg tab and D3 50 mcg tab. A review of resident #1, #2, #3, #4, #5 and # 6's health assessments showed that each resident needed assistance with self-administration of medications.	A 056		

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A 056	Continued From page 4 During an interview on at 11:38 am, The Administrator stated medication had been given when the residents woke up, ate breakfast, and asked for it. Class III	A 056		
A 163 SS=D	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on observation, interview, record review the facility modified facility records and used white-out for two out of three sampled staff. (Staff A& B) Findings include: A review of the Administrator employee file showed a certificate for HIPAA in service training. Further observation revealed that the facility's name , address, and the instructor's license number had been altered using white-out . (Photographic evidence obtained) A review of Staff B employee file showed a certificate for 1-hour training in Resident's Rights & Reporting Neglect & , and	A 163		

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A 163	Continued From page 5 the 3- hour training for Resident's Behavior & Needs and Activities of Daily Living dated . Further observation revealed that the Staff member's name, date of training, and the instructor's signature had been altered using white-out. During an interview on at 11:35 am, the Administrator stated "Okay," and acknowledged the findings. Class III	A 163		