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
	AL11969328	A. BUILDING: _____ B. WING _____	R 08/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FABULOUS RESORT ALF LLC	1762 SE CARVALHO ST PORT SAINT LUCIE, FL 34983

(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 revisit to the Abbreviated Relicensure with Limited Mental Health (LMH) and a Generator Monitoring survey was conducted on for Fabulous Resort ALF LLC. The previously cited deficiencies were found uncorrected at the time of the survey.	{A 000}		
{A 054}	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer 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	{A 054}		

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{A 054}	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 2 out of 3 sampled residents (Residents #3 and #4) who required assistance with the self-administration of medication. The findings included: During review of the MOR's on at 8:45 AM, the following omissions and errors were identified: 1) Resident #3 a. , 10 Mg Tablet *Take one tablet by every night at Bedtime. No staff initials to indicate the medication was given on the following dates: , , , , , , , , , and . b. , 30 Mg Tablet * Take one tablet by every night at Bedtime. No staff initials to indicate the medication was given on the following dates: , , , , , , , and . c. , 50 Mg Tablet * Take one tablet by twice daily. (7:00AM & 7:00PM) No staff initials to indicate the medication was given on the following dates: , , , , , , , , , and (AM dose). d. Cozapine 50 Mg Tablet *Take one tablet by twice daily (7:00AM & 7:00PM) No staff	{A 054}		

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{A 054}	Continued From page 2 initials to indicate the medication was given on the following dates: , , , , , , , , , , and (AM dose). e. , 100Mg Tablets *Take one tablet by twice daily (7:00AM & 7:00PM) No staff initials to indicate the medication was given on the following dates: , , , , , , , , , and (AM dose). 2) Resident #4 a. , 25Mg Tablets *Take one tablet by every morning (7:00AM) No staff initials to indicate the medication was given on the followings dates: , , , , , , , , , , and (AM dose). b. 500 Mg Tablets *Take one tablet by twice daily (7:00AM & 7:00PM) No staff initials to indicate the medication was given on the followings dates: , , , , , , , , , , , (PM), (AM), , and (AM dose). c. , Succ Er 50 Mg Tablets * Take one tablet by twice daily (7:00AM & 7:00PM) No staff initials to indicate the medication was given on the following dates: , , , , , , , , , (PM), (AM), , and (AM). d. - 24-26 Mb tablets *Take one tablet by twice daily (7:00AM & 7:00PM) No staff initials to indicate the	{A 054}		

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{A 054}	Continued From page 3 medication was given on the following dates: , , , , , , , , (PM), (AM), , (AM). The Owner was notified of these findings during an interview on at 10:00 AM. He stated the medication errors were his errors. He stated he failed to signed the MOR after each administration of medications. He further stated his plan was to go and initial each date this week. The facility provided no additional information for review at the time of the survey. Class III Corrected	{A 054}		
{A 082}	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 1 of 2 sampled staff (Staff B) had completed training in / within 30 days of employment.	{A 082}		

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{A 082}	Continued From page 4 The findings included: The personnel file for Staff B was reviewed on for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review at the time of the survey. Staff B was hired on . The Owner was notified of this finding at 10:30 AM on . He stated she will completed the training this week. The facility provided no additional documentation for review at this time. Class III Uncorrected	{A 082}		
{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.	{A 083}		

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{A 083}	Continued From page 5 (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 and an interview, the facility failed to ensure a staff member who has completed a course in First Aid in addition to being trained in , was in the facility at all times for 1 of 2 sampled staff (Staff A). The findings included: Review of the personnel file on for Staff A (Caregiver) revealed no current training in First Aid. Staff A was observed in sole charge of 3 current residents on at 8:15AM. The Owner was notified of this finding on at 10:45AM and he stated Staff A completed the First Aid training. He was given and opportunity to locate the documentation . The facility provided no additional information for review at the time of the survey. Class III Uncorrected	{A 083}		