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 |
|---|---|---|---|
| | AL11969592 | A. BUILDING: _____ B. WING _____ | 08/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| VIDA HOLISTICA ALF CORP | 8721 SW 56TH ST MIAMI, FL 33165 |

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| A 000 | Initial Comments<br><br>A Standard with limited mental health component and a generator monitoring was conducted at Vida Holistica ALF Corp on . Deficiencies were identified at time of the survey. | A 000 | | |
| A 036 SS=D | 59A-36.007(10) CONTROL PROCEDURES<br><br>(10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of .<br>(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.<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to reduce the risk of the transmission of for one out of | A 036 | | |

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| A 036 | Continued From page 1<br>five (Resident #3) sampled residents.<br><br>Findings included:<br><br>On at 6:23 AM observed Staff C assisting Resident #3 with medications. The medication tablets were punched directly into staff's gloved. Then placed it in a cup and handed it to Resident #3.<br><br>On at 11:15 AM the Administrator stated, "I will retrain them on the medications."<br><br>Class III | A 036 | | |
| A 052 SS=D | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(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.<br>(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 | A 052 | | |

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| A 052 | Continued From page 2<br>names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.<br>(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 .<br>(d) Applying , medications.<br>(e) Returning the medication container to proper storage.<br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(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 .<br>(4) Assistance with self-administration of medication does not include:<br>(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.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications by way of a tube inserted in a of the body.<br>(d) Administration of , preparations.<br>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.<br>(f) Assisting with , , or preparations.<br>(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 | A 052 | | |

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| A 052 | Continued From page 3<br>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.<br>(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.<br>(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.<br><br>59A-36.008<br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(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.<br>(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.<br>(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 | A 052 | | |

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| A 052 | Continued From page 4<br>not be returned to the container.<br>(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.<br>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:<br>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,<br>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,<br>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<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.<br>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.<br>(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.<br>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. | A 052 | | |

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| A 052 | Continued From page 5<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure Staff C follow the guidelines when assisting with self-administration of medications to five of six sampled residents (Resident #2, 3, 4, 5, and 6).<br><br>Findings included:<br><br>On at 6:23 AM observed Staff C put on gloves, unlocked med cabinet, did not review medication sheet, medication cards placed to where Resident #3 was sitting. The medications 20 mg, , 10 mg, Rosuvastatin , , 25 mg, and , 5 mg were punched from the card and placed them on her , then put them inside a small cup that was handed to the resident. #3 The resident took the medication. Resident #3's medication sheet was not initialed until 6:37 AM.<br><br>On at 7:18 AM observed Staff C put on gloves, unlocked med cabinet, did not review medication book and medication cards to were placed near Resident #4 was sitting. The medications 10 mg, , , 50 mg, Plus 8. mg, 100 mg, , 325 mg, 25 mg, , 25 mg, 50 mg, and . . . . FUM 50 mg were punched from the card and placed them on her , then put them inside a small cup that was handed to the Resident #4. The resident took the medication.<br><br>On at 11:20 AM the Administrator acknowledge Staff C did not follow the | A 052 | | |

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| A 052 | Continued From page 6<br><br>appropriate guidelines for assisting with medications.<br><br>Review of Resident 3's medication record showed the medications were scheduled for 8:00 AM and were given outside of timeframe allotted.<br><br>Residents #2, 3, 4, 5, and 6 medications book were not reviewed prior to medication being given.<br><br>Class III | A 052 | | |
| A 054 SS=D | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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:<br>1. The name of the resident and any known [illegible] the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and, | A 054 | | |

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| A 054 | Continued From page 7<br><br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to keep an accurate medication observation record for four out of five (Resident #3, 4, 5, and 6) sampled residents.<br><br>Findings included:<br><br>On at 6:23 AM observed Staff C assist Resident #3's with medication assistance. The medication sheet was not initialed until 6:37 AM by Staff C.<br><br>On at 7:18 AM Resident #4 received her medication. On at 7:25 AM Resident #5 received her medications. On at 7:45 AM Resident #6 received her medications and Staff C was observed to initialize the medication sheet for Resident #4, 5, and 6 at 7:51 AM for them.<br><br>On at 11:20 AM the Administrator stated she would review and have the staff retrained.<br><br>Class III | A 054 | | |
| A 160 SS=D | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a | A 160 | | |

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| A 160 | Continued From page 8<br>manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and,<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .<br>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).<br>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must | A 160 | | |

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| A 160 | Continued From page 9<br><br>be readily available by facility staff.<br>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.<br>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.<br>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.<br>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.<br>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.<br>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(n) The facility's resident elopement response | A 160 | | |

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| A 160 | Continued From page 10<br><br>policies and procedures.<br>(o) The facility's documented resident elopement response drills.<br>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;<br>(q) The facility's prevention policies and procedures;<br>(r) The facility's medication practices;<br>(s) The facility's policy on physical ;<br>(t) The facility's policy on assistive devices;<br>(u) The facility's policy on third-party providers;<br>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;<br>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to update the admissions and discharge logs listing the facility addresses to which the resident was discharged.<br><br>Findings included:<br><br>A review of the facility's admission and discharge log revealed that residents who were discharged from the facility had no addresses listed.<br><br>On at 11:25 AM the Administrator stated she was not aware she had to do that.<br><br>Class III | A 160 | | |
| AL243 SS=D | 429.075(1) FS; 59A-36.011(9) FAC LMH - Training | AL243 | | |

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| AL243 | Continued From page 11<br><br>429.075<br>(1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families.<br><br>59A-36.011<br>(9) LIMITED MENTAL HEALTH TRAINING.<br>(a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:<br>1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.<br>a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.<br>b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., | AL243 | | |

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| AL243 | Continued From page 12<br><br>and subsection (1) of this rule.<br>2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:<br>a. Mental health diagnoses; and,<br>b. Mental health treatment such as:<br>(I) Mental health needs, services, behaviors and appropriate interventions;<br>(II) Resident progress in achieving treatment goals;<br>(III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,<br>( ) Crisis services and the procedures.<br>3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule.<br>4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.<br>(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.<br><br>This Statute or Rule is not met as evidenced by: | AL243 | | |

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 |
|---|---|---|---|
| | AL11969592 | A. BUILDING: _____ B. WING _____ | 08/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VIDA HOLISTICA ALF CORP | 8721 SW 56TH ST MIAMI, FL 33165 |

| (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 |
|---|---|---|---|---|
| AL243 | Continued From page 13<br><br>Based on interview and record review, the facility failed to ensure staff received the minimum of 3 hours of continuing education of limited mental health (LMH) biennially for two out of three (Staff B and C) sampled staff.<br><br>Findings included:<br><br>A review of the Florida Health Care database showed that the facility has a limited health component of license.<br><br>A review of the Staff B and C's personnel records showed no documentation of the 3 hours of continuing education of limited mental health (LMH). Staff B was hired on and Staff C was hired on .<br><br>On at 11:29 AM, the Administrator stated, "I will remove that part of the license when I renew it."<br><br>Class III | AL243 | | |