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
	AL11969402	A. BUILDING: _____ B. WING _____	09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSING TIME ALF, INC	11461 SW 214 ST MIAMI, FL 33189

(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 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or . damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a	A 165		

AHCA Form 3020-0001

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

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A 165	Continued From page 1 preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report	A 165		

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A 165	Continued From page 2 this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an incident in the Agency's online portal after placing a service call with law enforcement for assistance with one out of seven sampled residents (2). Findings included: A review of Resident 2's progress notes dated showed" Today at 10 AM an ambulance was called again for [Resident 2] in the presence of his sister. He refused again and his sister called the police for assistance" A review of the Adverse Incident Report System (AIRS) showed the incident was not reported. Interviewed on at 10:17 AM the Administrator stated the police were called when Resident 2 refused to go to the hospital, but she was not aware that an incident report needed to be filed. Class III	A 165		

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A 000	Continued From page 3	A 000		
A 000	Initial Comments A complaint investigation survey (Complaint# 2026005435) was conducted at Blessing Time ALF, Inc. on . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 4 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the health care provider for one out of seven sampled residents (2) after the health care provider's orders for a hospital evaluation were not followed. The facility also failed to notify the health care provider and obtain an updated health assessment after the Resident was discharged from the hospital with orders for changes in his medical treatment (2) Findings included: A review of Resident 2's progress notes	A 025		

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A 025	Continued From page 5 (Translated from Spanish) showed: " - The Resident's ⌄ are very red and hard and the doctor recommended a hospital evaluation, and his sister arrived to take him, but he refused. An ambulance was called and five hours later he refused to go to the hospital and his sister decided to try again the next day because he was becoming agitated" - Today at 10 AM an ambulance was called again for [Resident 2] in the presence of his sister. He refused again and his sister called the police for assistance. An officer arrived and he was transferred to [Hospital]. He was subsequently transferred to [Hospital] on because he was very . On he was discharged with some changes in his treatment, and his sister has been aware throughout." A review of Resident 2's most recent health assessment dated showed diagnoses of type 2 , 's, , and . Physical limitations showed unsteady gait. The ⌄ status showed ⌄. The Resident needed assistance with self-administration of medication. Further review of Resident 2's record showed no documentation for notification to the Resident's health care provider regarding his refusal to go to the hospital when ordered or for a physician's evaluation following the Resident's hospital discharge with instructions that included changes in medical treatment. Interviewed on at 10:17 AM the Administrator stated the doctor was not informed that the Resident did not go to the hospital when	A 025		

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A 025	Continued From page 6 ordered. When asked if the doctor was notified of the Resident's hospital discharge instructions or if an updated health assessment was obtained the Administrator stated, "No". Class II	A 025		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of	A 032		

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A 032	Continued From page 7 at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain awareness of the location of one out of seven sampled residents (1) who was at risk for elopement, exhibited behavior and eloped from the facility unnoticed by staff.	A 032		

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A 032	Continued From page 8 Findings included: A review of Resident 1's health assessment dated revealed the Resident was at risk of elopement. Further reviews showed diagnoses of , , , , mental , and Benzodiazepine dependency. Physical and status showed mild and visual . Interviewed on at 7:08 AM Resident 3 stated staff noticed that Resident 1 was missing at around 7:00 AM during medication time. Resident 3 further stated that Resident 1 was always and looking for a door to get out. Interviewed on at 10:00 AM the Administrator stated that on Staff D notified her that she noticed Resident 1 was missing when she called him for breakfast at around 7:00 AM and he was not in his room. The Administrator further stated that she looked for the Resident, notified the police and the Resident's family and at around noon on that day the Resident called her from a bus station. The Administrator further stated that she brought the Resident to the facility that afternoon and the Resident was well, took a shower and had dinner. Asked what measures had been taken to prevent the Resident's elopement the Administrator stated that door chimes and CCTV (Closed circuit television) cameras had been installed. A review of Resident 1' progress notes dated showed (Translated from Spanish)" Today the Resident escaped in the morning at about 5:45 AM the procedure was followed the police were notified and his sister. At around	A 032		

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A 032	Continued From page 9 12:34 PM a call from the Resident was received and the police were notified that he had been found. His sister was notified and I went to pick him up. He is now taking a shower and resting. He was informed that he needs to find another ALF that can meet his requirements for elopement" A review of the facility's "Protocol of Care" showed: 1-"Appropriate staff will monitor resident whereabouts including the monitoring of responses/reactions to events /activities in surroundings at time of ␣ and report unusual behaviors to supervisor immediately. 4- Support and identify need for ␣ and develop individualized activity plan in response which is detailed in the resident plan of care" A review of the facility's "Risk Assessment Elopement- Identification of residents' risk for ␣ or elopement" showed: "[Facility] will use a variety of tools to identify a resident at risk of ␣ or elopement. Questions we asked at our facility in order to assess the resident's risk of elopement is: 2. Is the resident ␣ intact? 3. Does the resident have competent decision-making capability? 4. Does the resident ␣ ? 5. Does the resident have an exit seeking behavior? Answering yes to any of these questions or a combination of them can identify the residents at risk for ␣ and potential elopement." A review of Resident 1's record showed no documentation for an elopement risk assessment. A " ␣ Risk Scale" form was	A 032		

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A 032	Continued From page 10 left blank. Class III	A 032		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a 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. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 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, 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 .	A 160		

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A 160	Continued From page 11 (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). (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 be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (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. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (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. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (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. (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. (l) All sanitation inspection reports issued by the county health department pursuant to Section	A 160		

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A 160	Continued From page 12 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (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. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an accurate, up-to-date admission and discharge log. Findings included: A review of the facility's admission and discharge log showed Resident 7 was admitted on and no discharge date was documented. Interviewed on at 10:00 AM the	A 160		

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A 160	Continued From page 13 Administrator stated, [Resident 7] was discharged two years ago." Class III	A 160		