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
	AL11967074	A. BUILDING: _____ B. WING _____	10/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDALMIS RESIDENCE INC	3530 SW 12 STREET MIAMI, FL 33135

(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 standard survey was conducted at Idalmis Residence Inc. on . The provider had deficiencies at the tome of the survey.	A 000		
A 025 SS=D	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) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 (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 observation, record review and interview, the facility failed to maintain a general awareness of one (Resident #2) out of six sampled residents whereabouts. The facility failed to maintain documentation of Resident #2's whereabouts. Findings included: Observation on at 7:48 AM Resident #2 was not in the facility. Interviewed on at 7:48 AM when asked where Resident #2 was, Staff B (Caregiver) stated that the resident was with family.	A 025		

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A 025	Continued From page 2 Interviewed on at 8:01 AM when asked if Resident #2 was there, the Administrator stated that she (Resident #2) was there. When informed that Resident #2 was not in the facility, the Administrator then stated, "She told me she was going to see her family." When asked for the name of the family member and where, the Administrator did not know. A review of Resident #2's progress notes found no documentation that Resident #2 was out of the facility including the time and date of departure or general whereabouts. Interviewed on at 1:15 PM when asked to contact Resident #2 via telephone, the Administrator stated, "She was not picking up. Hopefully, she would return my call." Interviewed by telephone on at 2:49 PM, Resident #2 stated that she was at the facility and that she returned the day before. Resident #2 stated that she went to a wedding and that she had to go out of town to a birthday party out of state. Resident #2 stated that she informed them (facility staff) where she was going. Interviewed on at 1:27 PM during the exit conference, the Administrator stated, "She (Resident #2) usually goes to [college]. She usually goes to the [city] with family. " However, the Administrator did not know Resident #2's general whereabouts. A review of Resident #2's health assessment dated showed diagnoses of history of orbital , hypertensive , , , II, poly , , , right , , , lower	A 025		

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A 025	Continued From page 3 , , legally . The physical status showed , , , . The status showed awake, alert and oriented times three. The nursing status showed low , low salt, diet. The resident had precautions. The resident had a diet. Class II	A 025		
A 030 SS=D	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,	A 030		

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A 030	Continued From page 4 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. (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	A 030		

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A 030	Continued From page 5 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. 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	A 030		

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A 030	Continued From page 6 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. (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	A 030		

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A 030	Continued From page 7	A 030		

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 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

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A 030	Continued From page 8 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 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, and interview, the facility failed to ensure one (Resident #6) out of six sampled residents lived in a safe and living environment and were treated with consideration and respect for privacy. Findings included:	A 030		

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A 030	Continued From page 9 Observation on at 8:44 AM revealed that a certified nursing assistant from home health services provided a bath for Resident #1 while the roommate, Resident #6, remained in room. However, there was no privacy screen in room while bath was provided. Interviewed on at 1:12 PM when asked about a privacy for screen for Resident #1, the Administrator stated that he (Administrator) did not have one. When asked where Resident #1 was provided a bath, the Administrator stated, "in bed." Class III	A 030		
A 052 SS=E	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (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. (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	A 052		

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A 052	Continued From page 10	A 052		

dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
(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 .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(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 .
(4) Assistance with self-administration of medication does not include:
(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.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(g) Assisting with medications ordered by the physician or health care professional with

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A 052	Continued From page 11 prescriptive authority to be given "as needed," unless the order is written with specific 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. (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. (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. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (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. (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. (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	A 052		

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A 052	Continued From page 12 doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (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. (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: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 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, 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 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (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. (h) All trained staff must adhere to the facility's control policy and procedures when	A 052		

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A 052	Continued From page 13 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure Staff B (Caregiver) orally advised three (#3, #4, #6) out of six sampled residents who needed assistance with self-Administration of medication of the name and dosage of each medication. The facility failed to ensure Staff B offered medications to Resident #6 at the time the health care provider prescribed. Staff B failed to observe the Resident #3, #4, #6) take their medications before initialing the medication observation record (MOR). The facility failed to ensure Residents #3, #4, #6 had medication waivers on file to opt of being orally advised the name and dosage of each medication. Findings included: Observation on at 8:21 AM Staff B offered medications (, , 5 MG, 1 MG, 25 MG, Rosuvastatin 10 MG, 50 Mg, Ammonia 12%) to Resident #4 only naming the medications and not the dosage, initialing the MOR and not observing the resident take the medications. A review of Resident #4's records found no medication waiver listing the resident's medications to opt out of being orally advised of each name and dosage. Observation on at 8:33 AM Staff B offered medications (, 650 MG,, , 81 MG, 3.125 MG, POT 100 MG, , 60 MG, , 5	A 052		

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	AL11967074	A. BUILDING: _____ B. WING _____	10/03/2026

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A 052	Continued From page 14 MG, , ᵕ 75 MG, , 10 Mg, 100 MG, 10 MG, ER 500 MG, , 0.5 MG, , 40 MG, 50 MG, 0.4 Mg, 50 MG) to Resident #3 only naming the medications and not the dosage, initialing the MOR and not observing the resident take the medications. A review of Resident #3's records found no medication waiver listing the resident's medications to opt out of being orally advise of each name and dosage. Observation on at 10:47 AM Staff B offered medications (, 5 MG, , ᵕ 75 MG, , 10 MG, 100 MG, 10 MG, ER 500 MG, , 0.5 MG,) prescribed for 7:00 AM to Resident #6 only naming the medications and not the dosage, initialing the MOR and not observing the resident take the medications. A review of Resident #6's records found no medication waiver listing the resident's medications to opt out of being orally advised of each name and dosage. Interviewed on at 1:27 PM during the exit conference, when asked if any of the residents had a medication waiver, the Administrator stated that the residents did not have a medication waiver. The Administrator stated further that he was told that only the name of the medication needed to be stated. A review of Staff B's personnel records found six hours of assistance with self-administration of medication training dated and annual	A 052		

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A 052	Continued From page 15 training on for two hours. Class III	A 052		
A 054 SS=E	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 physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 16 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the medication observation record (MOR) contained the name of the health care provider and the health care provider's telephone number for two (Residents #4 & #5) out of six sampled residents. Findings included: A review of Resident #4's MOR showed the name of the health care provider. However, there was no telephone number listed. A review of Resident #5's MOR showed the name of the health care provider. However, there was no telephone number listed. Interviewed on at 1:27 PM during the exit conference, the Administrator stated that he had their numbers in the office. Class III	A 054		
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,	A 056		

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A 056	Continued From page 17 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 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	A 056		

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A 056	Continued From page 18 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: 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 record review, and interview, the facility failed to ensure the home health nurse followed the prescribed time for administration ordered by a health care provider for one (#3) out six sampled residents.	A 056		

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A 056	Continued From page 19 Findings included: A review of Resident #3's medication observation record showed Glar YFGN 100 ML Pen injections once daily at 6:30 AM. A review of Resident #3's log for and showed the spaces were left blank and not filled out and unsigned by a nurse. Interviewed on at 10:25 AM the Administrator stated that the nurse comes at any time to give the to Resident #3. A review of Resident #3's health assessment dated showed diagnoses of , non-proliferative , type II with D deficiency, associated with The nursing services showed that management was provided by Resident #3's [program]. Class III	A 056		
A 058 SS=F	429.42( ) FS; 59A-36.023(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in	A 058		

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A 058	Continued From page 20 addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 59A-36.023(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 59A-36.008, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of a class I or class II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the	A 058		

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A 058	Continued From page 21 consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to provide a therapeutic diet for one of six sampled residents who required mechanical soft foods. This resulted in the direct threat of harm. The facility is required to employ the consultant services of a registered or licensed dietician to provide onsite, quarterly location until such time as the inspection team Agency for Health Care Administration determines that this is no longer required. Findings included: Observation on at 9:34 AM Resident #1 served crackers with butter or margarine. However, Resident #1 was prescribed a mechanical soft diet. A review of Resident #1's prescription dated showed a mechanical soft diet.	A 058		

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A 058	Continued From page 22 A review of Resident #1's heath assessment dated showed diagnoses of , and , following affecting the right dominant side, hypertensive with , stage three, , , of the skin, generalized . The nursing status showed hospice care. The resident had , and precautions. The special diet instructions showed mechanical soft. The resident needed supervision with eating. A review of Resident #1's records found no documentation of a refusal to comply with a therapeutic diet or a signed statement from Resident #1's representative or power of attorney. A review of data from the University of Washington Health showed that "a mechanical soft diet is designed for people who have trouble chewing and swallowing. Chopped, ground and pureed foods are included in this diet, as well as foods that break apart without a knife." Class III	A 058		
A 078 SS=H	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without	A 078		

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A 078	Continued From page 23 a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with	A 078		

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A 078	Continued From page 24 this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one out of three sampled employees were capable in describing . ( ) consistent with the level of education, training, preparation, and experience. Residents #2, #3, #4, #5, and #6 wished to be . Findings included: Interviewed on at 12:23 PM when asked what she was trained to check to determine if a resident need , Staff B (Caregiver) stated that if the patient does not have a , and was not responsive. When asked what is done next if a person does not have a , and not responsive, Staff C stated that she would call 911 and she stated that it because he (the resident) . When asked again what would she (Staff B) would do if a person had no , and did not respond, Staff B stated that she would call 911 and they would give her instructions.	A 078		

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A 078	Continued From page 25 A review of Staff B's personnel records showed training on and a hire dated . Interviewed on at 1:27 PM during the exit conference, when informed the Staff B was unable to describe , the Administrator stated, "Okay. When asked how many residents had a order ( ), the Administrator stated, ["Resident #1."] A review of data from the American Association showed, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths." A review of data from Florida Health showed, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of , , or ." Class II	A 078		
A 093 SS=H	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are	A 093		

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A 093	Continued From page 26 incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to	A 093		

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A 093	Continued From page 27 participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .	A 093		

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	AL11967074	A. BUILDING: _____ B. WING _____	10/03/2026

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A 093	Continued From page 28 (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, the facility failed to follow a therapeutic menu for one (Resident #1) out of six sampled residents. The facility failed to follow the posted menu approved by a registered dietitian. The facility failed to encourage residents to participate in the menu planning. Findings included: 1) Observation on at 9:34 AM Resident #1 served crackers with butter or margarine. However, Resident #1 was prescribed a mechanical soft diet. A review of Resident #1's prescription dated showed a mechanical soft diet. A review of Resident #1's heath assessment dated showed diagnoses of , and , following affecting the right dominant side, hypertensive with , , stage three, , ,	A 093		

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A 093	Continued From page 29 ˘ , of the skin, generalized . The nursing status showed hospice care. The resident had , and precautions. The special diet instructions showed mechanical soft. The resident needed supervision with eating. A review of Resident #1's records found no documentation of a refusal to comply with a therapeutic diet or a signed statement from Resident #1's representative or power of attorney. A review of data from the University of Washington Health showed that "a mechanical soft diet is designed for people who have trouble chewing and swallowing. Chopped, ground and pureed foods are included in this diet, as well as foods that break apart without a knife." 2) Observation on at 8:20 AM showed Resident #4 was served cereal, juice, crackers and milk. Observation on at 8:32 AM Resident #3 was served dry cereal, juice and crackers. Observation on at 10:47 AM Resident #6 was served cracker with butter or margarine. A review of the posted menu dated showed juice, cereal, bread and margarine and milk. Interviewed on at 1:27 PM during the exit conference, when informed of a dietary citation about not following the menu and serving Resident #1 on a mechanical soft diet, the Administrator stated Resident #6 does not like	A 093		

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A 093	Continued From page 30 cereal. The Administrator stated, "Sometimes she eats it." When informed that Resident #1 was served crackers instead of bread, and that the resident was on a mechanical soft diet, the Administrator stated, "Okay." However, there were no documentation that Resident #6 does not like bread. 3) Interviewed on at 2:49 PM when asked if the facility meets with the residents to plan the menu, Resident #2 stated that they don't meet with them to help them plan the menu. Resident #2 She stated, "If everything was cooked fresh it would be good." Resident #2 stated that the food was good in the beginning. Resident #2 stated, "We talk to the ladies about the food. When I was at [another facility] we met with the staff about the food." Class II	A 093		
A 152 SS=E	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom	A 152		

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A 152	Continued From page 31 or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a safe and living environment, free of hazards for six out of six sampled residents. Findings included: Observation on at 7:30 AM found around air conditioning ceiling vent in front of # appeared to have or resemble mold like substances. Photographic evidence obtained. Observation on at 7:49 AM found a cluttered and disorganized room (4).	A 152		

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A 152	Continued From page 32 Observation on at 8:01 AM found two one gallon paint containers unsecured. Interviewed on at 1:27 PM when informed around the air conditioning vent in front of # appeared to have black spots around it, the Administrator stated that it was not mold. The Administrator stated that he had to replace the air conditioning right after he purchased the facility. A review of Resident #2's health assessment dated revealed the resident reported mold . Class III	A 152		
A 182 SS=H	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure one (Staff B Caregiver) out of three sampled employees were capable of the implementation of the emergency plan. Staff B failed to start the portable generator.	A 182		

Agency for Health Care Administration

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A 182	Continued From page 33 Findings Included: Observation on at 7:56 AM Staff B was unable to keep the portable gasoline operated generator engine stable and running after several attempts. Interviewed on at 1:27 PM during the exit conference, when informed Staff B was unable to start the generator, the Administrator stated, "We practice all the time." The Administrator stated that the consultant showed her (Staff B) how to start the generator and she was fine. The Administrator stated that when he (Administrator) arrived, he could hear that the employee was having problems starting the generator. A review of Staff B's personnel records showed emergency preparedness and evacuation capability training for one hour. A review of the Florida Disaster database showedHurricane season began on and would end on . Further review showed that Hurricane Season was defined as the time of the year when tropical cyclones, tropical , , tropical storms, and hurricanes develop. Class II	A 182		