

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/07/2019
NAME OF PROVIDER OR SUPPLIER ELDERLY R US LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2980 NW 84 TERR MIAMI, FL 33147			
(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)	
{A 000}	Initial Comments A revisit to a facility status monitoring survey was conducted at Elderly R US on 11/07/2019. Previous deficiencies were identified as uncorrected because it was unable to have access to facility.		{A 000}		
{A 004} SS=D	58A-5.016 FAC Licensure - Requirements (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 58A-5.0161, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 58A-5.0161, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property"		{A 004}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 004}	Continued From page 1 means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Part II, Chapter 408, F.S., Section 429.14, F.S., and Rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of a current annual sanitation inspection. Findings included: Observation on 11/07/2019 at 9:00 am the facility's bulletin board showed the health inspection report posted. Record review revealed that the facility had a health inspection issued on 11/07/2019.	{A 004}		

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{A 004}	Continued From page 2 On _____ at 9:30 am Staff C stated, "We paid for the inspection, and we are waiting on them." On _____ at 10:40 am during an attempt to reinspect the facility, the Owner stated the facility had never had residents because they wanted to fix the physical plant problems. She stated they were waiting for the City inspector., and that the garage was closed and a window was installed. She stated that she'd have a plan review with the city on _____ and she hoped to have everything completed for that date. She asked if the reinspection could occur after that date to have all remodeling and city inspections completed. Uncorrected Class III	{A 004}			
{A 077} SS=D	429.176 FS; 429.52(), 58A-5.019(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52(), FS (4) A new facility administrator must complete the required training and education, including the	{A 077}			

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{A 077}	Continued From page 3 competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____; 2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before _____ are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to _____ are not required to take the competency test unless specified elsewhere in this rule.	{A 077}			

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{A 077}	Continued From page 4 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to	{A 077}			

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{A 077}	Continued From page 5 paragraph (1)(a) of this rule. Managers who attended the core training program prior to _____, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not _____, serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, _____, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04002. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of the administrator's core training and certification. Findings included: A review of the facility's roster showed Staff A (hired on _____) as the administrator. On _____ at 9:00 am Staff C stated, "I will tell her to add that information on her file." On _____ at 10:40 am during an attempt to reinspect the facility, the Owner stated the facility had never had residents because they wanted to fix the physical plant problems. She stated they	{A 077}	

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{A 077}	Continued From page 6 were waiting for the City inspector., and that the garage was closed and a window was installed. She stated that she'd have a plan review with the city on _____ and she hoped to have everything completed for that date. She asked if the reinspection could occur after that date to have all remodeling and city inspections completed. Uncorrected Class III	{A 077}			
{A 127} SS=D	429.275 (3) FS; 58A-5.021(4); 624.605(1) Fiscal - Liability Insurance 429.275 (3) The administrator or owner of a facility shall maintain liability insurance coverage that is in force at all times. 58A-5.021 (4) LIABILITY INSURANCE. Pursuant to Section 429.275, F.S., facilities must maintain liability insurance coverage, as defined in Section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage. 624.605 (b) Liability insurance.-Insurance against legal liability for the _____, injury, or _____, of any human being, or for damage to property, with	{A 127}			

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{A 127}	Continued From page 7 provision for medical, hospital, and surgical benefits to the injured persons, irrespective of the legal liability of the insured, when issued as a part of a liability insurance contract. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide documentation of updated liability insurance. Findings included: Record review revealed that the facility had a liability insurance certificate dated from On at 9:00 am Staff C stated, "It is paid already, but I have not receive it." On at 10:40 am during an attempt to reinspect the facility, the Owner stated the facility had never had residents because they wanted to fix the physical plant problems. She stated they were waiting for the City inspector., and that the garage was closed and a window was installed. She stated that she'd have a plan review with the city on and she hoped to have everything completed for that date. She asked if the reinspection could occur after that date to have all remodeling and city inspections completed. Uncorrected Class III	{A 127}			
{A 152} SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS.	{A 152}			

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{A 152}	Continued From page 8 (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 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 height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest of drawers, 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 soiled. This Statute or Rule is not met as evidenced by: Based on observation, record review and	{A 152}			

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{A 152}	Continued From page 9 interview the facility failed to maintain a safe living environment and in good working order. Findings included: Observation on at 8:30 am showed the facility had five rooms including a covered garage. Two of the rooms had no closet, and the facility had two bathrooms. Therefore, the facility did not match with its schematic description, which showed four bedrooms, one bathroom, a living room, a dining room and a garage in additio to the kitchen and laundry room Record review revealed that the facility had a physical plan with four bedrooms, one bathroom, living, dining, kitchen, laundry and a garage. Further observation at 8:30 am revealed that the facility had to throw away a dry tree and a car with garbage inside. On at 9:00 am Staff C stated, "First, I have to fix the garage, and wait until the city approved it. In addition, I will send to clean and fix the Patio." On at 10:40 am during an attempt to reinspect the facility, the Owner stated the facility had never had residents because they wanted to fix the physical plant problems. She stated they were waiting for the City inspector., and that the garage was closed and a window was installed. She stated that she'd have a plan review with the city on and she hoped to have everything completed for that date. She asked if the reinspection could occur after that date to have all remodeling and city inspections completed. Uncorrected	{A 152}			

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{A 152}	Continued From page 10 Class III	{A 152}			
{A 160} SS=D	58A-5.024(1) FAC Records - Facility 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 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of _____. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph	{A 160}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELDERLY R US LLC

**2980 NW 84 TERR
MIAMI, FL 33147**

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{A 160}	Continued From page 11 (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, 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 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, 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 429.41, 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 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	{A 160}		

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{A 160}	Continued From page 12 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) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an updated fire inspection, staffing pattern and activity calendar. Findings including: Record review revealed that the facility had a fire inspection dated posted on the board. Record review revealed that the facility had a staffing pattern dated posted on the board. Record review revealed that the facility had an activity calendar dated posted on the board. On at 9:00 am, Staff C confirmed that the fire inspection, activity calendar and the staffing pattern needed to be updated. On at 10:40 am during an attempt to reinspect the facility, the Owner stated the facility	{A 160}			

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{A 160}	Continued From page 13 had never had residents because they wanted to fix the physical plant problems. She stated they were waiting for the City inspector., and that the garage was closed and a window was installed. She stated that she'd have a plan review with the city on _____ and she hoped to have everything completed for that date. She asked if the reinspection could occur after that date to have all remodeling and city inspections completed. Uncorrected Class III		{A 160}		
{A 181} SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff		{A 181}		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/07/2019
NAME OF PROVIDER OR SUPPLIER ELDERLY R US LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2980 NW 84 TERR MIAMI, FL 33147			
(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 181}	Continued From page 14 must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have the emergency management plan (CEMP) reviewed. Findings included: Observation on _____ at 9:00 am revealed that the facility had an emergency management plan posted. Record review revealed that the facility had an expired CEMP dated on _____. On _____ at 9:30 am, Staff C stated, "I am waiting on the approval, we already submitted it." Uncorrected Class III	{A 181}			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/07/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELDERLY R US LLC

**2980 NW 84 TERR
MIAMI, FL 33147**

(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
{CZ814} SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an updated roster in the background screening clearinghouse. One of one (A) sampled staff was not listed.	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/07/2019
NAME OF PROVIDER OR SUPPLIER ELDERLY R US LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2980 NW 84 TERR MIAMI, FL 33147			
(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
{CZ814}	Continued From page 1 Findings included: A review of the facility's roster in the background screening database reflected Staff A's clearance status as an eligible (hired/4/18), but she was not listed on the facility's roster as an employee. On at 9:10 am Staff C stated, "I will tell Staff A to add her name to the facility roster." On at 10:40 am, the Owner stated the facility had never had residents because they wanted to fix the physical plant problems. She stated they were waiting for the City inspector., and that the garage was closed and a window was installed. She stated that she'd have a plan review with the city on and she hoped to have everything completed for that date. She asked if the reinspection could occur after that date to have all remodeling and city inspections completed. Unclassified	{CZ814}			