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
	AL11969121	A. BUILDING: _____ B. WING _____	03/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEYOND OUR DREAMS ALF CORP	13434 SW 257 TERR MAIMI, FL 33032

(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 complaint investigation (number 2020016081) was conducted at Beyond Our Dreams ALF Corp on . Deficiencies were identified at the time 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 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	A 025		

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A 025	Continued From page 1 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 and observation, the facility failed to maintain written records of any significant changes resulting in medical attention for one out of six (Resident #1) sampled residents. Findings included: Medication Observation Record (MOR) review showed Resident #1 was hospitalized from to ; from to ; and from to . Resident record review for Resident #1 showed the resident was admitted on . The	A 025		

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A 025	Continued From page 2 health assessment (AHCA form 1823) completed on indicated that she had medical history and diagnoses of ( ), (CKD3), type 2, ( ), Gait disturbance, and (OA). The physician indicated the resident needed supervisor with eating and assistance with the rest of the activities of daily living. Facility and resident record review showed the facility did not maintain documentation of Resident's #1 hospitalization. Interviewed on at 11:59 AM, the Administrator stated Resident #1 woke up at night and disturbed the other residents. The Administrator said she spoke with resident's physician and he recommended to transfer Resident #1 to the hospital on , on and on . The Administrator said she told Resident's #1 family members that the resident could return to the facility if she was not ', but her family members decided to transfer her to another facility. The Administrator acknowledged that the notes were not written in the resident's file. Class III	A 025		

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