

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2023
NAME OF PROVIDER OR SUPPLIER AURORA GARDEN CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6716 CONGRESS ST NEW PORT RICHEY, FL 34653		
(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 (complaint number 2023008907) was conducted at Aurora Garden Care, LLC, on . There were deficiencies identified at the time of the survey.	A 000			
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents	A 026			

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

TITLE

(X6) DATE

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A 026	Continued From page 1 normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to provide an ongoing activities program, with diversified individual and group activities in keeping with each resident's needs, abilities, and interests, for a total census of 34 residents. Findings Included: In an observation conducted on _____ from 9:00am through 2:00pm there were no activities conducted. In an interview with Resident #22 conducted on _____ at 9:33 am they said the only activity they got was bingo on Monday and that the Activity Director was in a different role now so there was no one to do them. In an interview with Resident #8 conducted on _____ at 9:48am they said there was no entertainment at all. In an interview with the receptionist conducted on _____ at 11:44am she reported there was no Activity Director and that she conducted the morning activities, but the direct care staff were responsible for the afternoon activities. Class III	A 026			
A 030 SS=D	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures	A 030			

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A 030	Continued From page 2 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, 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;	A 030			

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A 030	Continued From page 3 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 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	A 030			

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A 030	Continued From page 4 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 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	A 030			

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A 030	Continued From page 5 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 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	A 030			

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A 030	Continued From page 6 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 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	A 030			

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A 030	Continued From page 7 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 _____ under state law, _____ or _____ 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, the facility failed to honor resident right by not providing snacks and having an adequate amount of food available for residents' meals and snacks impacting all 34 residents that reside at the facility. Finding Included: An observation of the food storage room conducted on _____ at 11:13AM with the cook revealed that there was not sufficient food to provide meals for 34 people. In an interview with the cook on _____ at 11:17AM, the cook stated that there have been times where she has run short on food. The cook reported that there have been times when she	A 030			

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A 030	Continued From page 8 has purchased food out of her pocket for residents. In an interview conducted on at 09:27AM with Resident #1, the resident reported that the facility did not provide snacks for the residents. An interview conducted with Resident #6 on at 9:18am, they stated they do not get snacks at the facility. An interview conducted on at 9:33am with Resident #22, they stated there was not enough food available. The facility ran out of food about three or four weeks ago. They stated there were no snacks available at the facility. An interview conducted with Resident # 8 on at 9:48am, they stated they do not receive snacks. An interview conducted on at 10:20am with Resident # 12, they stated there was not enough food available. They stated the a few weeks ago the facility ran out of food and the stove went out. During an interview conducted on beginning at 1:07pm, the Owner stated the facility used to order more food but at the beginning of they started ordering less food because of food waste and staff stealing food.	A 030			
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	A 054			

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A 054	Continued From page 9 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 allergies 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 restraints, 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. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain daily Medication Observation Records (MORs) that were updated accurately when controlled medications were given to one (Resident # 20) of eleven sampled residents.	A 054			

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A 054	Continued From page 10 Findings Included: In an observation conducted on _____ at 11:37am Resident #20 had a pill pack for _____ 1milligram tablets with 26 pills left in the pack. The electronic MOR system reflected that a dose of the medication was given on _____ at 5:10pm. A record review of the _____ log for Resident #20 conducted on _____ reflected 27 pills remained. There was no entry for _____ 1mg for Resident #20 given on _____. The last dose recorded was on _____ at 6:30am. There was a count of 27 pills written on the log that remained on _____. In an interview with Staff A conducted on _____ at 11:37am she reported Staff C had probably forgotten to sign out a dose of Resident #20's _____ 1 milligram tablet on _____ at 5:10pm as it was marked in the electronic system but not on the _____ log. She said it was their policy to document _____ given in the system as well as on the paper _____ log, and to do a count before each shift began. She was unable to say why the discrepancy was not caught at shift change. In an observation conducted on _____ at 11:37am the Administrator told Staff A that they should be doing a _____ count prior to the start of each shift. She initialed the _____ log as an error and wrote a note for Staff C to correct the log count for Resident #20's _____ 1 milligram tablet. In an interview conducted with the Administrator	A 054		

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A 054	Continued From page 11 on ... at 11:37am she said that the log should match the count and should have been signed off as given on by Staff C. Photo Evidence Obtained. Class III	A 054		
A 152 SS=D	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 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	A 152		

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A 152	Continued From page 12 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, interview, and record review the Facility failed to provide a safe living environment that was free of hazards, by ensuring all air conditioning and food refrigeration systems were maintained in good working order for all residents; failed to provide a safe, clean, and decent living environment free from cockroaches; and based on observation and interview the Facility failed to provide a clean and decent living area with clean carpeting for two (Resident #9 and Resident #10) of two sampled residents. Findings Included: In an observation conducted on at 9:27am there was a roach crawling out of a hole in Resident #1's bathroom door. In an interview conducted with Resident #1 on at 9:27am they said they had an issue with roaches in their room.	A 152		

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A 152	Continued From page 13 In an interview with Resident #9 conducted on _____ at 10:01am they said they would like their carpet cleaned as their white socks turned black when they walked on the carpet in their room, and they felt it was an _____ control issue. In an observation conducted on _____ at 10:01am in Resident #9 and #10's room there was dirty, brown, stained carpeting inside the doorway, between the resident beds, and coming out of the bathroom. In an interview with Resident #12 conducted on _____ at 10:20am they said there were air conditioner problems in the 300 and 200 room hallways, and it had been going on for 6 weeks. They also said they were worried about some of the residents dealing with the heat as some rooms would be over 81 degrees Fahrenheit. In an observation conducted on _____ at 10:27am the food storage room was warm and there was a foul-smelling odor in the air. In an interview with the Human Resources Director conducted on _____ at 10:27am she reported that one of the freezers was not working properly. In an interview with Resident #11 conducted on _____ at 10:33am they said their air conditioner was not working and that it would get over 81 degrees Fahrenheit in their room. At 12:39pm they said that 80 degrees was already too hot and that the temperature would rise another 3 to 4 degrees when the fan would shut off.	A 152			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/15/2023
NAME OF PROVIDER OR SUPPLIER AURORA GARDEN CARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6716 CONGRESS ST NEW PORT RICHEY, FL 34653		
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A 152	Continued From page 14 In an observation conducted on at 11:15am Residents were heard yelling in the hallway near the medication cart. Staff A went to find out what was wrong and found a cockroach crawling across the hallway from the dining room toward the medication cart. Staff A scooped up the cockroach into a medication cup and disposed of it outside the side door. In an interview with Staff A conducted on at 11:20am she reported the Air conditioner had been out in the hallway for about a week and that maintenance needed a part that was on backorder. Additionally, they said it was not fair to the residents to be in the heat. In an interview with Resident #7's family member conducted on at 11:56am they said there were roaches all over the floor and it was filthy two weeks prior due to such a turnover in staff, and that someone had their friends come in to clean. Additionally, they said that the air conditioner had been out for five days in Resident #7's room a week and a half ago. In an interview with Resident #12's family member conducted on at 12:10pm they said that Resident #11's room had been hot for over a month and that it was always above 80 degrees in their room, and that the hallway outside the room was also hot. They also said cockroaches could be seen in the halls when it was dark. Additionally, they said they smelled an awful smell coming from the freezer and had	A 152			

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A 152	Continued From page 15 seen filth in the refrigerator. In an observation conducted in Resident #11's room on at 12:39pm it was 80.7 degrees Fahrenheit on hygrometer. The room felt very warm. In an observation conducted in Resident #21's room on at 12:29pm it was 80.2 degrees Fahrenheit on hygrometer with a box floor fan blowing. The room felt very warm. In an interview with Resident #21 conducted on at 12:29pm they said their room air conditioner had been out for six months and that 80.2 degrees registered on hygrometer was already too hot. They said the facility gave them a box floor fan a few weeks prior to "pacify" them. In an observation conducted in Resident #2's room on at 12:35pm it was 80.6 degrees Fahrenheit on hygrometer. The room felt very warm. In an observation conducted on at 12:30pm in the 300 hallway it felt warm and was a noticeably warmer temperature than the rest of the facility. In a record review of the air conditioning company invoices conducted on there were invoices for repairs dated and In an interview with the Owner conducted on at 1:05pm she reported the air conditioning issues started two weeks prior, that	A 152			

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A 152	Continued From page 16 parts were not able to be found, and that the air conditioner company had not fixed the issue. Additionally, at 1:39pm she reported residents in the rooms without air conditioning would need to be moved that day. She also reported they were planning on replacing the carpeting in resident rooms. In a record review of the pest control invoices conducted on _____ treatment for cockroaches had been applied on _____ and _____. In an interview with the Administrator conducted on _____ at 2:11pm she reported that they had a pest control company that sprayed for roaches and bugs. She was not able to say if she was aware there was still an issue. Photo Evidence Obtained. Class III	A 152			
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance _____, 8. Name, address, and telephone number of next	A 162			

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A 162	Continued From page 17 of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of	A 162			

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A 162	Continued From page 18 the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____ (_____), CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive	A 162			

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A 162	Continued From page 19 meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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 updated and completed Agency for Health Care Administration (AHCA) Form 1823 assessment form for 1 of (Resident #5) of 2 sampled residents. Findings Included: A record review for Resident #5 conducted on _____, revealed that the needs can be met by an assisted living facility section on form 1823 for resident #5 was not filled out. (photographic evidence obtained) During an interview conducted On _____ at 02:11PM with the Administrator, she confirmed that in the assessment for if the needs could be met by an assisted living facility section for	A 162			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AURORA GARDEN CARE, LLC

**6716 CONGRESS ST
NEW PORT RICHEY, FL 34653**

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A 162	Continued From page 20 Resident #5's 1823 was not filled out. Class III	A 162		