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
	AL11932406	A. BUILDING: _____ B. WING _____	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENLEAF ASSISTED LIVING LLC	509 W. VERONA STREET KISSIMMEE, FL 34741

(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 Two complaint investigations #2023016053 and #2024001246 were conducted on [redacted] at Greenleaf Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		
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 [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] 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	A 152		

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A 152	Continued From page 1 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 that the only elevator was maintained in safe working order. Findings: On at 9:28am during a tour of the facility the elevator was observed. There was no phone in the elevator. There was a button to push that would notify the fire department in an emergency, but it appeared , due to the light not being on. At 9:40am an interview with the administrator was conducted. She said the elevator was broken all of . The elevator company would come and fix it, but it would break again. They are still waiting on parts. The elevator is working now but still needs to be fixed. The whole thing needs to be replaced. The owner is working on the permits. A review of the Bureau of Elevator Safety inspection dated documented: "FAIL - FOLLOW-UP INSPECTION REQUIRED:" Previous inspection cited violations. Violations were not corrected within 90 days. A review of the resident council minutes revealed on the elevator was listed in meeting new business topics. No documentation of a resolution to fix it.	A 152		

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A 152	Continued From page 2 On [redacted] Elevator was listed in meeting new business topics. Addressed by administrator who documented -still working on the elevator. At 3:15pm the administrator said they had been working on the elevator since before she started in [redacted]. Now they are waiting for permits. First, they were waiting on money. Again, the owner is working on that. At 3:27pm two fire department representatives arrived to inspect the emergency equipment in the elevator. They found it was not compliant. The emergency elevator phone was [redacted]. It was unknown if the fireman's operation is operable was documented in the inspection report. They said they will follow up on Friday with repairs. They spoke to the administrator who advised them the work is supposed to start but will likely not be completed by Friday. Class III	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must	A 160		

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A 160	Continued From page 3 include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or	A 160		

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A 160	Continued From page 4	A 160		

related . . . . . , a copy of all such facility advertisements as required by Section 429.177, F.S.
(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.
(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.
(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.
(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(n) The facility's resident elopement response policies and procedures.
(o) The facility's documented resident elopement response drills.
(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;
(q) The facility's prevention policies and procedures;
(r) The facility's medication practices;
(s) The facility's policy on physical . . . . ;
(t) The facility's policy on assistive devices;
(u) The facility's policy on third-party providers;

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A 160	Continued From page 5 (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a satisfactory fire inspection. Findings: On at 9:28am during a tour of the facility the elevator was observed. There was no phone in the elevator. There was a button to push that would notify the fire department in an emergency, but it appeared , due to the light not being on. At 9:40am an interview with the administrator was conducted. She said the elevator was broken all of . The elevator company would come and fix it, but it would break again. They are still waiting on parts. The elevator is working now but still needs to be fixed. On at 3:27pm two fire department representatives arrived to inspect the emergency equipment in the elevator. They found the equipment to be out of compliance. A review of the inspection report revealed the emergency elevator phone was . It was unknown if the fireman's operation is operable was documented in the inspection report. The fire department representatives said they would follow up on Friday regarding repairs. They spoke to the administrator who advised	A 160		

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A 160	Continued From page 6 them the work is supposed to start and will likely not be completed by Friday. On at 3:40pm the Administrator confirmed the finding. Class III	A 160		