

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11953535</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/19/2024</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GOOD HOPE MANOR**

**2251 NW 29TH COURT  
OAKLAND PARK, FL 33311**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>An unannounced Relicensure, Complaint (#2022000389, 2022018765, 2023002779) and Generator Monitoring survey was conducted on ..... through ..... at Good Hope Manor. The facility had deficiencies related to the Relicensure at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A 000               |                                                                                                                          |                          |
| A 152                    | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(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:<br>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,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, ..... or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. | A 152               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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|                                                     |                                                                                |                                                                        |                                                        |
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| A 152                    | <p>Continued From page 1</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(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</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to maintain a safe and decent living environment for two of nine rooms sampled and the exterior of the facility.</p> <p>The findings include:</p> <p>During a tour of the facility on _____ and _____, the following was noted.</p> <p>a) Observation on _____ at 10:15 AM found # _____ to have a cracked shower tile. Photographic evidence obtained.</p> <p>b) Observation on _____ at 10:30AM found # _____ to have stained walls in need of painting. Photographic evidence obtained.</p> <p>c) Observation on _____ at 11:00AM found the front of the building to have peeling paint on numerous areas of the building. Photographic evidence obtained.</p> <p>d) Observation on _____ at 11:10AM found the resident outdoor patio area located at the rear of the facility to have a stained and dirty floor. Photographic evidence obtained.</p> <p>e) Observation on _____ at 11:15AM found the grass area surrounding the residents patio to</p> | A 152               |                                                                                                                          |                          |

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| A 152                    | Continued From page 2<br><br>have construction debris piled up and a broken fence. Residents access to this area. Photographic evidence obtained.<br><br>f) Observation on . . . . . at 11:20AM found the fencing located on the grass area adjacent to the residents patio to be broken and in disrepair. Residents have access to this area. Photographic evidence obtained.<br><br>On . . . . . the survey team met with the Administrator to conduct the Exit Conference. She was informed of the findings of the Survey and acknowledged the findings and that they need to be corrected.<br><br>Class III                                                                                                                                                                           | A 152               |                                                                                                                          |                          |
| AL240                    | 429.075; 59A-36.020(1) LMH - Licensing<br><br>429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license.<br><br>59A-36.020 Limited Mental Health.<br>(1) LICENSE APPLICATION.<br>(a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident.<br>(b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or | AL240               |                                                                                                                          |                          |

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| AL240                    | <p>Continued From page 3</p> <p>violations have been corrected.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to apply for/or secure a Limited Mental Health license required for facilities admitting residents with mental health/or requiring mental health services for 29 of 29 residents reviewed (Resident #2, #10, #20, #21, #23, #25, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49 ).</p> <p>The findings include:</p> <p>On a review of Resident #1's facility file and documents was conducted. During the review, observation was made of an record AHCA Form 1823 (Health Assessment) dated which documented she had a diagnosis of and Deblity unspecified.</p> <p>On a review of Resident #1's facility file and documents was conducted. During the review, observation was made of an record AHCA Form 1823 (Health Assessment) dated which documented he had a diagnosis of Memory and</p> <p>In an interview with the Administrator and Assistant Administrator on at 10:09 AM, she stated they do not have a specialty license (Limited Mental Health), just a Standard license. A request was made to her for documentation of related to Residents who may have a mental health/or receiving payments for such. The information was provided to/and reviewed by this surveyor.</p> | AL240               |                                                                                                                          |                          |

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|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| AL240                    | <p>Continued From page 4</p> <p>During review of the facility's files/or documents, it was also revealed that Residents #2, #10, #20, #21, #23, #25, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49 have a mental diagnosis and currently receives ( ) payments.</p> <p>In an interview with the Administrator and Owner on at 2:10 PM this surveyor explained to her that the facility has numerous residents who meet the qualifications of participating in the Limited Mental Health (LMH) Program, and that they are required to obtain LMH licensure. The regulatory statute was discussed with both parties. The following was discussed. Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. They stated they understood.</p> <p>Class III</p> | AL240               |                                                                                                                          |                          |