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
	AL11965366	A. BUILDING: _____ B. WING _____	R 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLOAN HOME OF CENTRAL FL INC	307 S HIAWASSEE RD ORLANDO, FL 32835

(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
{CZ815}	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	{CZ815}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ815}	Continued From page 1	{CZ815}		

qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently

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{CZ815}	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	{CZ815}		

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{CZ815}	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	{CZ815}		

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{CZ815}	Continued From page 4 relating to retaining [redacted] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	{CZ815}		

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{CZ815}	Continued From page 5	{CZ815}		

exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,

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{CZ815}	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observations, facility's record review, and interviews the administrator who is responsible for the day-to-day operations failed to conduct a level 2 background screening for 1 of 1 person who had access to services directly to clients, personal property or living areas. Findings: On . . . . . at 9:00am observations upon arrival at the facility revealed the gray pickup truck and white bus remained in the backyard. On . . . . . at 9:15am the entrance conference was conducted with the owner and inquired about the bus and truck. On . . . . . at 9:17am the Owner stated, "he can't find a place to relocate the bus and truck, but he's been looking." On . . . . . at 10:55am Unlicensed Caregiver A stated, "yes, the owner of the bus still comes here, but he doesn't come inside. He said he doesn't want any trouble with anyone." On at 2:00pm the Owner stated, "we	{CZ815}		

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{CZ815}	Continued From page 7 started the process in , and he went on the 4th of to do the background check and to be , . For the background screening we do not have it. I can show you the emails that the Administrator sent to start the process. The document provided dated at 10:00 am states screening in process. The Administrator and owner of the facility continues to allow the owner of the bus to have access to their personal property without supervision and background screening. Unclassified	{CZ815}		
{A 000}	Initial Comments A revisit to complaint #2023001101 was conducted at Sloan Home of Central Florida Inc on . The facility had uncorrected deficiencies at the time of the visit.	{A 000}		
{A 025} SS=G	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	{A 025}		

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{A 025}	Continued From page 8 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 Resident Care Standards. 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 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.	{A 025}		

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{A 025}	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to provide adequate supervision to 1 of 1 sampled resident who eloped from the facility and to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for and injuries. (#1) Findings: On at 9:19am during a tour of the facility observation revealed Resident #1 was not in the facility and his side of the room was cleared out. On at 9:20am the Owner was asked the whereabouts of Resident #1 and she stated he's not here. A review of the incident Report stated Timeline: On the patient was last seen at 9:00PM and walked out the front door between 9:00PM-9:30PM, Owner noted his absence at 9:30PM. The elopement protocol was implemented at 9:31PM. Orlando Regional Medical Center stated the ambulance brought him in after he walking around 10:00PM. He was admitted to ORMC at 10:23PM. On at 5:30AM he was discharged to the facility with discharge papers from ORMC. The discharge papers include treatment for a minor and negative computed scan (CT) scan for any to , or ,	{A 025}		

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{A 025}	Continued From page 10 On . . . . . at 10:55am Unlicensed Caregiver A stated, "yes, Resident #1 got out on , but I was not here. The day before I noticed his health had changed. He grabbed his and asked me where I. am. He had tried to leave before, but we put the chime on the door. After he left, he returned the next day from the hospital and was here a few days or so. After that, he started breathing funny and grabbing his . . ., so I called 911 to come assess him. I didn't want anything to happen to him on my watch. They said because his pressure was high, they were going to take him, and he has not been . . . since." On at 11:05am Resident #2 stated, "I was unaware Resident #1 left in the middle of the night." On at 11:07am Resident #3 who shared a room with Resident #1 stated, "I don't know what happened, when he left, or where he is." On . . . . . at 11:11am Resident #4 was observed sitting in her room visible from the doorway. Upon entering, Resident #4 stated everything was fine and did not answer any additional questions regarding Resident #1. A review of Resident #1's record revealed a facility admission date on . The initial review revealed a . . . . . 1823 Health Assessment Form indicating a medical history of . . . . . , gait instability, uses walker, wheelchair, and a risk. The resident was not identified as an elopement risk. A facility note on at 9am read, "The	{A 025}		

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{A 025}	Continued From page 11 patient was last seen and assisted with his nightly routine into bed. At 9:30pm the staff noted that Resident #1 was not in bed. At 9:30pm the Owner implemented the elopement policy. Orlando Regional Medical Center at 10:47pm indicated that the patient was admitted at the emergency room via ambulance at 10:23pm on . . . . due to a and was being evaluated after the daughter call to let her know." A facility note on . . . . . at 8pm read, "The patient Resident #1 started to show signs of discomfort. He appeared restless, screaming, and uncomfortable. She called the ambulance they came and took him to the hospital for further evaluation." A Hospital Summary stated Resident #1 was admitted on . . . . . and seen in the emergency department for . A Hospital Summary stated Resident #1 was discharged on . . . . . . On . . . . . at 1:35pm the Owner stated, yes, I put him to bed and gave him his medicine. I went to the bathroom at 9:30pm and put my in there as I saw the door was open and he was outside. He was quick, He was right there on the walkway outside. I looked in the house first. The neighbor told me that he was right outside the walkway after they saw me looking for him. No, he showed no prior signs of exit seeking but he was getting slow, like going down. He was not usual self. After he returned from the hospital, we put in place an alarm on the door to make a sound to let us know when somebody is coming in or going out. The Owner stated, yes, a new 1823 should be in Resident #1's chart.	{A 025}		

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{A 025}	Continued From page 12 Further review of Resident #1's record did not reveal a new 1823 identifying him as an elopement risk. On . . . . . at 2:00pm the Owner stated, "Resident #1 returned to the hospital due to his health declining which is why he's not here. No, he did not try to leave after he returned on . . . . . ." On . . . . . at approximately 3:08 pm after the exit, the Owner contacted me via phone stating there was a new 1823 for Resident #1 in another folder. On at 3:15pm a review of the folder revealed a Health Assessment Form for Resident #1 identifying the resident as an elopement risk. Class II	{A 025}		
{A 077} SS=D	429.176 FS; 429.52( ),59A-36.01(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 meets educational requirements and 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.	{A 077}		

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{A 077}	Continued From page 13 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the 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. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (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 chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], 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.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in	{A 077}		

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{A 077}	Continued From page 14 this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, 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 subparagraph (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 59A-36.011, 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	{A 077}		

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{A 077}	Continued From page 15 requirements as an administrator pursuant to 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-09393. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and the facility's record review, the administrator failed to provide adequate supervision and the provision of appropriate care to 1 of 4 sampled residents. Findings: On at 9:00am observations during throughout the survey revealed the administrator did not make an appearance. On at 9:19am during a tour of the facility observation revealed Resident #1 was not in the facility and his side of the room was cleared out.	{A 077}		

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{A 077}	Continued From page 16 A review of the Adverse Incident Report #626489 completed by the Administrator stated Timeline: On [redacted] the patient was last seen at 9:00PM and walked out the front door between 9:00PM-9:30PM, Owner noted his absence at 9:30PM. The elopement protocol was implemented at 9:31PM. Orlando Regional Medical Center stated the ambulance brought him in after he [redacted] walking around 10:00PM. He was admitted to ORMC at 10:23PM. On [redacted] at 5:30AM he was discharged [redacted] to the facility with discharge papers from ORMC. The discharge papers include treatment for a minor [redacted] and negative computed [redacted] scan (CT) scan for any [redacted] to [redacted], or [redacted]. On [redacted] at 10:55am Unlicensed Caregiver A stated, "yes, Resident #1 got out on [redacted], but I was not here. The day before I noticed his health had changed. He grabbed his [redacted] and asked me where am I. He had tried to leave before, but we put the chime on the door. After he left, he returned the next day from the hospital and was here a few days or so. After that, he started breathing funny and grabbing his [redacted], so I called 911 to come assess him. I didn't want anything to happen to him on my watch. They said because his pressure was high, they were going to take him, and he has not been since." On [redacted] at 11:05am Resident #2 stated, "I was unaware Resident #1 left in the middle of the night." On [redacted] at 11:07am Resident #3 who shared a room with Resident #1 stated, "I don't know what happened, when he left, or where he is."	{A 077}		

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{A 077}	Continued From page 17 A review of Resident #1's record revealed a facility admission date on . . . . . A Health Assessment Form indicated a medical history of . . . . . repeated , gait instability, uses walker and wheelchair, and was identified as an elopement risk. A facility note on at 9am read, "The patient was last seen and assisted with his nightly routine into bed. At 9:30pm the staff noted that Resident #1 was not in bed. At 9:30pm the Owner implemented the elopement. Orlando Regional Medical Center at 10:47pm indicated that the patient was admitted at the emergency room via ambulance at 10:23pm on . . . . due to a and was being evaluated after the daughter call to let her know." A facility note on . . . . . at 8pm read, "The patient Resident #1 started to show signs of discomfort. He appeared restless, screaming, and uncomfortable. Staff called the ambulance they came and took him to the hospital for further evaluation." A Hospital Summary stated Resident #1 was admitted on . . . . . and seen in the emergency department for . A Hospital Summary stated Resident #1 was discharged on . . . . . . On . . . . . at 1:35pm the Owner stated, yes, I put him to bed and give him his medicine. I went to the bathroom at 9:30pm and put my . . . . in there as I saw the door was open and he was outside. He was quick, He was right there on the walkway outside. I looked in the house first. The	{A 077}		

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{A 077}	Continued From page 18 neighbor told me that he was right outside the walkway after they saw me looking for him. No, he showed no prior signs of exit seeking but he was getting slow, like going down. He was not usual self. After he returned from the hospital, we put in place an alarm on the door to make a sound to let us know when somebody is coming in or going out. On at 2:00pm the Owner stated, "Resident #1 returned to the hospital due to his health declining which is why he's not here. No, he did not try to leave after he returned on . Class III	{A 077}		
{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,	{A 152}		

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{A 152}	Continued From page 19 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 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 and interviews the facility failed to provide a clean, safe living environment and maintain an environment free of hazards. Findings: On . . . . . at 9:00am arrival to the facility observations revealed the gray pickup truck and white bus remained in the backyard. On . . . . . at 9:17am the Owner stated, "he can't find a place to relocate the bus and truck, but he's been looking." On . . . . . at 9:19am a tour of the facility's backyard property revealed the gray pickup truck, the large white vehicle which has been identified as a school bus, and the portable generator which has been relocated to the far right of the property behind a bush. The gray pickup truck	{A 152}		

Agency for Health Care Administration

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{A 152}	Continued From page 20 was observed with the driver side window down along with piles of what appeared to be wood and/or boards on the bed of truck covered with a large black unidentified object. The large white school bus revealed what appeared to be a window and/or vent on top of the bus opened, a ladder leaning up against the bus near the . . . tire, and visible wood and/or boards observed from the . . . exit door. On . . . . . at 10:55am Unlicensed Caregiver A stated, "yes, the owner of the bus still comes here, but he doesn't come inside. He said he doesn't want any trouble with anyone." On at 2:00pm the Owner stated, "no one ever told me that I needed to have the bus moved. This is my personal property, and he should be able to use the space." (Photographic evidence obtained) Class III	{A 152}		