

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>AL11966123</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/29/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GRACE CARE FAMILY HOME, CORP**

**4221 WEST 5 LANE  
HIALEAH, FL 33012**

| (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>A revisit to a re-licensure survey, with a limited mental health component, and a generator monitoring were conducted at Grace Care Family Home, Corp on . . . . . The provider had deficiencies identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {A 000}             |                                                                                                                          |                          |
| A 160<br>SS=D            | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>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.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>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,<br>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, | A 160               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRACE CARE FAMILY HOME, CORP</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4221 WEST 5 LANE</b><br><b>HIALEAH, FL 33012</b>                             |  |                                                                    |
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| A 160                                                                   | <p>Continued From page 1</p> <p>F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of</p> <p>(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).</p> <p>(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.</p> <p>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.</p> <p>(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.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by Section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.</p> <p>(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.</p> <p>(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.</p> | A 160                                                                          |                                                                                                                          |  |                                                                    |

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| A 160                                                                   | <p>Continued From page 2</p> <p>(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.</p> <p>(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.</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;</p> <p>(q) The facility's prevention policies and procedures;</p> <p>(r) The facility's medication practices;</p> <p>(s) The facility's policy on physical _____;</p> <p>(t) The facility's policy on assistive devices;</p> <p>(u) The facility's policy on third-party providers;</p> <p>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on interview and record review, the facility failed to maintain an up-to-date admission/discharge log.</p> <p>Findings included:</p> <p>On _____ at 10:21 AM, Staff C (administrative staff) stated that Resident #1 was admitted on _____.</p> | A 160                                                                          |                                                                                                                          |  |                                                                    |

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| A 160                                                                   | Continued From page 3<br><br>A review of the admission/discharge log showed Resident #1 was not listed.<br><br>On _____ at 10:21 AM, when asked why Resident #1 was not listed, Staff C stated that it was because the consultant came at the beginning of month, prior to the resident's admission.<br><br>On _____ at 10:48 AM, the Owner stated that he was going to fix the admission/discharge log right away.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                | A 160                                                                                        |                                                                                                                          |                                                                    |
| A 162<br>SS=D                                                           | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. _____,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable.<br>(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. | A 162                                                                                        |                                                                                                                          |                                                                    |

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| A 162                                                                   | Continued From page 4<br><br>(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.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(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.<br>(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.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.<br>(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.<br>(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. | A 162                                                                          |                                                                                                                          |  |                                                                    |

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| A 162                                                                   | Continued From page 5<br><br>(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.<br>(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:<br><a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a> . 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.<br>(m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.<br>(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.<br>(o) The resident's _____, DH Form 1896, if applicable.<br>(p) For independent living residents who receive 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.<br>(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 | A 162                                                                                        |                                                                                                                          |                                                                    |

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| A 162                                                                   | <p>Continued From page 6</p> <p>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.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure all required demographic data was included in the records of one out of six sampled residents (Resident #1).</p> <p>Findings included:</p> <p>A review of Resident #1's record showed the demographic sheet was missing the name, address, and telephone number of the resident's health care provider.</p> <p>On _____ at 10:48 AM, the Owner stated that he was going to complete the demographics right away.</p> <p>Class III</p> | A 162                                                                                        |                                                                                                                          |                          |                                                                    |
| A 167<br>SS=D                                                           | <p>59A-36.018 FAC; 429.24 FS Resident Contracts</p> <p>59A-36.018 Resident Contracts.</p> <p>(1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions:</p> <p>(a) A list of the specific services, supplies and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 167                                                                                        |                                                                                                                          |                          |                                                                    |

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| (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 |                                                                    |
| A 167                                                                   | Continued From page 7<br><br>accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;<br>(b) The daily, weekly, or monthly rate;<br>(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;<br>(d) A provision stating that at least 30 days written notice will be given before any rate increase;<br>(e) Any rights, duties, or responsibilities of residents, other than those specified in section 429.28, F.S.;<br>(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;<br>(g) A refund policy that must conform to section 429.24(3), F.S.;<br>(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or _____ facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;<br>(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;<br>(j) A provision that, upon determination by the | A 167                                                                          |                                                                                                                          |                          |                                                                    |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRACE CARE FAMILY HOME, CORP</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4221 WEST 5 LANE<br/>HIALEAH, FL 33012</b> |                                                                                                                          |  |                                                                    |
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| A 167                                                                   | <p>Continued From page 8</p> <p>administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;</p> <p>(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;</p> <p>(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,</p> <p>(m) The facility's policies and procedures related to a properly executed DH Form 1896,</p> <p>.....</p> <p>(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.</p> <p>(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges</p> | A 167                                                                                  |                                                                                                                          |  |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRACE CARE FAMILY HOME, CORP</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4221 WEST 5 LANE</b><br><b>HIALEAH, FL 33012</b>                             |                          |                                                                    |
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| A 167                                                                   | <p>Continued From page 9</p> <p>for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.</p> <p>429.24 FS</p> <p>(1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration.</p> <p>(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and _____ of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period:</p> <p>(a) Such funds shall be deposited in a banking</p> | A 167                                                                          |                                                                                                                          |                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GRACE CARE FAMILY HOME, CORP</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4221 WEST 5 LANE</b><br><b>HIALEAH, FL 33012</b>                             |  |                                                                    |
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| A 167                                                                   | <p>Continued From page 10</p> <p>institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.</p> <p>(b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits.</p> <p>(3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . . .</p> <p>(b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee.</p> <p>(c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.</p> <p>(4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.</p> | A 167                                                                          |                                                                                                                          |  |                                                                    |

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>AL11966123</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/29/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GRACE CARE FAMILY HOME, CORP**

**4221 WEST 5 LANE  
HIALEAH, FL 33012**

| (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 167                    | <p>Continued From page 11</p> <p>(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or ... imposed upon it by this part or rules adopted under this part.</p> <p>(6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055.</p> <p>(7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's ... or relocation due to ... hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a contract offered for execution by the resident or the resident's legal representative before or at the time of admission contain the daily, weekly or monthly rate for one out of six sampled residents (Resident #1).</p> <p>Findings included:</p> | A 167               |                                                                                                                          |                          |

Agency for Health Care Administration

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|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 167                    | <p>Continued From page 12</p> <p>On . . . . . at 10:21 AM, Staff C<br/>(administrative staff) stated that Resident #1 was<br/>admitted on . . . . .</p> <p>A review of Resident #1's record showed the<br/>resident signed the agreement on . . . . .<br/>However, further review showed that the rate/fee<br/>schedule section was left blank.</p> <p>On . . . . . at 10:32 AM, Staff C stated that<br/>she prepared Resident #1's record but did not put<br/>the rate because normally the consult would fill up<br/>those details.</p> <p>On . . . . . at 10:48 AM, the Owner stated<br/>that he was going to complete the contract right<br/>away.</p> <p>Class III</p> | A 167               |                                                                                                                          |                          |