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
	AL11966696	A. BUILDING: _____ B. WING _____	R 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEORAY ALF, INC	101 THOMAS ROAD HOLLYWOOD, FL 33023

(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 An unannounced revisit to the Licensure Complaint survey, complaint #2023014550, was conducted on at Leoray ALF, Inc. The facility had an uncorrected deficiency related to the licensure complaint (A 0123) and additional deficiencies (A 0152 & A 0162) identified at the time of visit.	{A 000}		
{A 123}	429.27( ) FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds 429.27 (3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of $500 and funds of the resident not in excess of $500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of $500. (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually	{A 123}		

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{A 123}	Continued From page 1 and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident. (5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies. 59A-36.013 (2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting	{A 123}		

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{A 123}	Continued From page 2 procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to provide a complete statement of all funds that reflects an accurate record that itemized income and expense records of resident's funds for 5 out of 5 sample resident (Resident #1-#5). It was also determined that the facility failed to maintain separate financial accounts for the residents' funds and the facility funds, and not comingle the funds. The findings include: During a survey conducted on between 10:00 AM and 1:30 PM a request was made to the Administrator to provide the last 6 months (-) bank statements of the Facility's bank account, Resident #1-#5's bank account and evidence of the separation of accounts/funds(resident and facility funds). The Administrator stated she was not able to provide documents on paper or electronic documentation related to Resident #1-#5's bank account and facility bank account information due to, that she keeps all the financial related documentation at her house and does not have a computer at the facility. During an interview on at approximately 10:50 AM, the Administrator acknowledged the above-mentioned documentation is to be maintained on the facility premises and readily available for the surveyor's review at the time of the survey.	{A 123}		

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{A 123}	Continued From page 3 The Administrator was informed to provide a written itemized statement of income and expenses related to Resident #1-#5. The Administrator stated it is all in the bank statements and she acknowledges that at this time she is not able to provide any documentation to support the mentioned items above during the survey on . No additional documentation was provided During an interview on at approximately 1:00 PM. The Administrator acknowledged the facility does not keep any paper documentation or electronic information on the facility premises and she also stated she is not able to provide written accounting record keeping, or written statement to support classification of an itemized income and expense fund records for Resident#1-#5. No additional documentation was provided. Therefore, the facility has made no attempts to correct this outstanding citation. Class III Uncorrected	{A 123}		
A 152	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.	A 152		

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A 152	Continued From page 4 (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor 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 interview, the facility failed to provide a safe, clean, and decent living environment free of safety hazards for all residents that reside at the facility. The findings include: During a tour conducted on between 10:00 AM and 1:30 PM, this surveyor observed the following physical plant concerns.	A 152		

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A 152	Continued From page 5 a) Multiple ceiling holes located in # -#3 (resident rooms), b) Multiple brownish colored stains and holes located throughout the kitchen and common areas. Ceiling plaster also peeling and mold-like substance noted also in various spots c) Uneven ceiling surfaces throughout facility (evidence of prior incomplete ceiling repairs, water damage) , two different textures noted (smooth and popcorn style) d) Hallway ceiling bulging (large in size) in the center, approximately 2ft (near # .) e) black moldlike substances (kitchen and common area) Photographic evidence was obtained. During an interview on at approximately 11:35 AM the Administrator stated she is aware of the ceiling issues. She stated the facility roof has been having some roof issues. At this time, the Administrator was asked to explain what kind of roof issues. The Administrator stated there are water leaks in some sections of the facility. She stated there is a local Insurance Adjuster working on a claim. She was informed to provide all documentation related to the roof claim with the Insurance Adjuster. During an interview on at approximately 1:00 PM. The Administrator acknowledged the findings. She stated she is not able to provide paper or electronic documentation from the Insurance Adjuster, because she keeps all related documentation mentioned above at her house and does not have a computer at the facility. No additional documentation was provided. Class III	A 152		

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A 162	Continued From page 6	A 162		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ␣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ␣ recorded	A 162		

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A 162	Continued From page 7 semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ˘ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has	A 162		

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A 162	Continued From page 8 made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to maintain resident records on premises that include a copy of the resident's contract with the facility for 5 out	A 162		

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A 162	Continued From page 9 of 5 sampled resident (Resident #1-#5). The findings include: During a record review of Resident #1 file on with date of admission of revealed no documentation of resident contract with the facility in his file. Further review of the resident file revealed the Administrator is the designated individual with full power and authority to act on Resident#1 behalf in any lawful way with respect to the powers enumerated in Article II as documented on the Durable Power of Attorney (DPOA) copy obtained. Review of correspondence from the facility's bank, revealed a rejection notice regarding the POA for Resident #1. The notice documents the following reasons for rejection. 1) POA fails to identify or name the you as the Agent (Administrator/Owner) 2) Resident #1 lacked the mental capacity or otherwise not competent to execute the POA During an interview on at approximately 11:30 AM the Administrator was given an opportunity to provide Resident #1 contract with the facility including any addendums to the contract (if applicable). In addition, a request was made to review the contracts for Resident #2-#5. At this time, the Administrator stated, she didn't have the contracts. She stated, everything is on her computer at home. However, the Administrator made no attempts to obtain the information for review by the surveyor. No additional information provided for review. During an interview on at	A 162		

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A 162	Continued From page 10 approximately 1:00 PM. The Administrator acknowledged the findings. No additional documentation was provided. Class	A 162		