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
	AL11966923	A. BUILDING: _____ B. WING _____	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
I & G ASSISTED LIVING FACILITY, INC	6560 HARBOUR ROAD NORTH LAUDERDALE, FL 33068

(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 Relicensure, Complaint (#2024011343 and #2025004328) and Generator Monitoring survey was conducted on at I & G Assisted Living Facility Inc. The facility had deficiencies related to the Relicensure, at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (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, 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.	A 152		

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A 152	Continued From page 1 (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 observations and interview, it was determined that, the facility failed to maintain a safe and decent living environment for the residents. The findings included: The following concerns were observed during a facility tour on between 9:20 AM and 12:00 PM. 1. Resident #3's bathroom (master room) a) unfinished wall paint (two shades of colors) b) sink vanity: side panel was cracked, bottom frame of the vanity had rotten wood, bottom shelf was held by a black tape and inside panels (bottom) were cracked (Photo evidence was obtained). 2. Resident #6 room a) electrical outlet, missing cover. b) double door closet: cluttered with items that did not belong to the resident, missing doorknob, left door unable to open (Photo evidence was obtained). 3. Common area: a) Sofa used by the resident's had ripped plastic cover b) bottom electrical outlet near the main entrance	A 152		

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A 152	Continued From page 2 door had a crack on the wall and electrical white cover cracked (Photo evidence was obtained). 4. Appliance / Standing Freezer Overflow standing freezer located in the Administrator's office near the emergency storage revealed inside bottom base of the freezer had visible cracked/damaged on the plastic lining showing insulation components (Photo evidence was obtained). During an interview on at approximately 2:50 PM the surveyor met with Staff E (Assistant Administrator) and Staff C (Owner/Caregiver) were both informed of the items mentioned above. They both acknowledged the findings. Class III	A 152		
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	A 162		

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A 162	Continued From page 3 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 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.	A 162		

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A 162	Continued From page 4 (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 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	A 162		

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A 162	Continued From page 5 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 interview and record review, it was determined that, the facility failed to maintain resident's records that contained orders and discontinued orders for nursing treatment available for review for 3 of 3 sample residents' records reviewed (Resident #2, 5 and 6). The findings included: During an interview on at approximately 9:45 AM with Staff C (owner/caregiver) she was asked if the facility has any resident's receiving third party services at this time, she confirmed Resident #6 was receiving . During an interview on at approximately 11:15 AM Staff E (Assistant Administrator) she was informed to provide resident files for Resident's #2, 5 and 6. 1)Review of Resident's #2 file documented she was admitted on . Further review	A 162		

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A 162	Continued From page 6 revealed a Health Assessment (AHCA 1823) dated documented as follows: Nursing/Treatment/ , , services requirements as Home Health Care (HHC) , , , ( ) and , , , ( ) ordered evaluate and treat. 2) Review of Resident's #5 file documented he was admitted on . Further review revealed a Health Assessment (AHCA 1823) dated documented as follows: Nursing/Treatment/ , , services requirements as Home Health Care (HHC) continue with , , , ( ). 3) Review of Resident's #6 file documented she was admitted on . Further review revealed a Health Assessment (AHCA 1823) dated did not document Nursing/Treatment/ , , services requirements was left blank on the form. During an interview on at approximately 11:50 AM Resident #6 confirmed she is receiving , , , ( ) services. During an interview on at approximately 12:45 PM Staff E was informed to provide orders and/or documentation that reflects Resident # 6 is receiving services. During an interview on at approximately 2:50 PM Staff E confirmed the facility does not have supporting documentation for discontinued / orders for Resident #2 and 5 also confirmed that she is unable to provide documentation for third party services (order) for Resident #6 receiving . No additional	A 162		

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A 162	Continued From page 7 documentation was provided during the survey. Class III	A 162		