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
	AL11932406	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENLEAF ASSISTED LIVING LLC	509 W. VERONA STREET KISSIMMEE, FL 34741

(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 There were two (2) Complaint Investigations #2025007272 & #2025009339, and a generator monitoring were conducted at Greenleaf Assisted Living, LLC. Facility with Limited Mental Health (LMH) on & . The facility had deficiencies at the time of the survey visit.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 3	A 030		

facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030		

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify 15 of 20 sampled residents (#2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16) about their , . . ( ) monthly payment increase to $160.00 effective as required. Findings:	A 030		

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A 030	Continued From page 6 1. On at 10:22am in an interview with resident #2 who has an admission date of . Resident #2 has a diagnosis of , . Resident #2 was asked if he gets , he stated yes, and he said he gets $54.00 a month from the administrator. Resident #2 was asked if he was made aware of the increase in the amount of money given. Resident #2 stated that no one has made him aware of any changes. 2. On at 10:31am in an interview with resident #3 who has a date of admission . Resident #3 with a health assessment form 1823 dated with a diagnosis of , Aphasic, . Resident #3 was asked how much money the facility gives to her regarding her . Resident #3 stated the administrator gives her $54.00 every month. Resident #3 was asked if she was aware that had given them an increase in their monthly stipend. Resident #3 asked how much it was increased to; she was told $160 monthly. 3. On at 10:37am in an interview with resident 4 who has a date of admission of . Resident #4 has a health assessment form 1823 dated with a diagnosis of . Resident #4 was asked if he gets a monthly allowance and if he does how much. Resident #4 stated that the administrator gives him only $54.00 a month, for his allowance. The resident was asked if he has been notified of the increase in his monthly stipend. Resident #4 stated no, he was not aware of that.	A 030		

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A 030	Continued From page 7 4. On at 10:41am in an interview with resident #5 who has a date of admission . Resident #5 has a health assessment form 1823 dated with a diagnosis of , D deficiencies, , , , and high triglycerides. Resident #5 was asked if he gets a monthly allowance. Resident #5 stated that he gets 54.00 a month. Resident #5 was asked if he was made aware of the increase in his monthly stipend. Resident #5 stated no he did not know that there was an increase. 5. On at 10:52am in an interview with resident #6 who has a date of admission /1/3. Resident #6 has a health assessment form 1823 dated . The resident has diagnoses of Acute Hyponatremia, , , HLD, , , , , and , , , , . Resident #6 was asked if she gets a monthly allowance. Resident #6 stated yes, she gets $54.00 a month, however she was told by a friend that the amount was $160.00. Resident #6 stated that she once asked about it and was told by the administrator that she has not heard of the increase. Resident #6 stated that she has not inquired about the money ever again. 6. On at 11:01am in an interview with resident #7 who has a date of admission . resident #7 has a health assessment form 1823 dated with a diagnosis of , , , , type 2 , , , , , , , and , . Resident #7 was asked if she gets a monthly allowance and if so, how much. Resident 7 stated that she only gets $54.00. Resident #7 stated that she was not aware of any increase in the monthly allowance.	A 030		

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A 030	Continued From page 8 7. On at 11:07am in an interview with resident #8 who has a date of admission . resident #8 has a health assessment form 1823 dated with a diagnosis of , and . Resident #8 was asked if she gets a monthly allowance and if so, how much does she get. Resident 8 stated that she only gets $54.00 a month. Resident 8 was asked if she was notified of an increase in her monthly stipend. She stated no she was not told by anyone in the facility, and they will not tell any residents about any increases. 8. On at 11:12am in an interview with resident #9 who has a date of admission . The resident has a health assessment form 1823 dated with a diagnosis of and . Resident #9 stated that she has not gotten an increase in her monthly allowance. Resident #9 was asked how much she gets every month she stated that she gets 54.00. Resident #9 was asked if she knew or was made aware of an increase in the amount which she is supposed to get. Resident 9 stated no she was not aware of the increase in the amount of money she should be receiving. 9. On at 11:13am in an interview with resident #10 who has a date of admission . The resident has a health assessment form 1823 dated with a diagnosis of and . Resident #10 stated that he only gets 54.00 a month for his allowance. Resident was asked if he was aware of the increase in the monthly	A 030		

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A 030	Continued From page 9	A 030		

allowance amount, he should be getting. Resident #10 stated no he was not aware of his increase.

10. On /2/5 at 11:18am in an interview with resident 11 who has a date of admission . The resident a health assessment form 1823 dated with a diagnosis of: and tobacco use. Resident #11 was asked if he gets a monthly allowance. Resident #11 stated yes, he gets $54.00 a month. The resident was asked if he was aware that there was an increase in his monthly stipend. Resident 11 stated no he did not get that information from anyone in the facility nor did he get a letter.

11. On at 11:25am in an interview with resident #12 who has a date of admission . The resident has a health assessment form 1823 dated with a diagnosis of , and , lack of coordination and . Resident #12 was asked if he got a monthly allowance. Resident 12 stated yes, he is given $54.00 a month. Resident 12 was asked if he knew about an increase in his monthly allowance, he stated no he was not aware.

12. On at 11:33am in an interview with resident #13 who has a date of admission . The resident has a health assessment form 1823 dated with a diagnosis of 's , AKI and . Resident #13 was asked if he gets a monthly allowance and he stated yes. Resident 13 was asked how much he receives; he stated that the

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A 030	Continued From page 10 administrator gives her $54.00 monthly. Resident #13 was asked if he is aware of the increase in his monthly stipend. Resident #13 said no he was not told about an increase, nor would the administrator tell him. 13. On at 11:45am in an interview with resident #14 who has a date of admission who has a health assessment form 1823 dated with a diagnosis of , , , and . Resident #14 was asked if he was aware of an increase in his monthly allowance. Resident 14 stated that he was not told by anyone in the facility about an increase in his monthly stipend. Resident 14 was asked how much he gets from the administrator for his allowance resident 14 stated he get $54.00. 14. On at 11:47am in an interview with resident #15 who has a date of admission . The resident has a health assessment form 1823 dated with a diagnosis of , , , , , and . Resident #15 was asked if she heard about the increase in her monthly stipend. Resident #15 stated that not the administrator nor the resident care coordinator made her aware of the increase. Resident #15 was asked how much she receives for her monthly allowance she stated $54.00. 15. On at 11:55am in an interview with resident #16 who has a date of admission . The resident has a health assessment form 1823 dated with a diagnosis of , and . Resident #16 was asked if he receives his monthly allowance, he stated yes, he gets $54.00 a month from the administrator. Resident #16 was asked if anyone	A 030		

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A 030	Continued From page 11 told him that the monthly allowance has increased, he stated no. On at 12:30pm in an interview with the administrator she was asked if she was aware that there had been a change in the stipend for the residents, she stated no she was not made aware of the changes, nor had she been told by any of the social workers. The administrator stated that the owners of the facility were not aware of the changes to the resident's stipend. The administrator was also informed about the refund which is owed to the residents. The administrator stated that she will have to discuss it with the owners, and she will do what she can but for now each resident will still get their allotted amount of $54.00. On at 11:40am the administrator confirmed that she and the owners began making a spread sheet for the residents that are receiving . The administrator stated that the owners are putting money into an account so they can use it as they please, she stated that they have not figured out a way to make it happen just yet. At 12:15pm the administrator was asked if she and the owners of the facility had sent out a letter notifying the residents of change in the amount of their stipend from $54.00 to $160.00. The administrator was also asked if she and the owners had put together another letter notifying each resident of a refund to which they are owed. The administrator was made aware of the date the change of the stipend went into effect, and she was made aware of the dollar amount that is due to each of the 15 residents ($1272). Class III	A 030		

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A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. 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. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 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, 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, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (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). (d) The facility's emergency management plan,	A 160		

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A 160	Continued From page 13	A 160		

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.
(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.
(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.
(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.
(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.
(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.
(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.
(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.
(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.
(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932406	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENLEAF ASSISTED LIVING LLC	509 W. VERONA STREET KISSIMMEE, FL 34741

(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 160	Continued From page 14 and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (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. This Statute or Rule is not met as evidenced by: Based on review of the facility's admission and discharge log and interview, the facility failed to maintain an up-to-date admission/discharge log documenting 2 of 20 sampled residents (#1, #18) the date of being discharged from the facility as required. Findings: On at 11:20 AM, a review of the facility's admission/discharge log revealed the log was not up to date for the following residents below: 1. Resident #1 was not listed on the admission/ discharge log at all of the admission date into the facility, and the date he was discharged date from the facility.	A 160		

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A 160	Continued From page 15 2. Resident #18 was documented as having an admission date /201. There was no documentation of the date the resident was discharged from the facility. The Administrator explained that resident #18 did not really discharge because he went to the sister assisted living facility that the company owned. On at 1:10 PM, an interview with the Administrator confirmed the findings. (Photographic Evidence Obtained) Class III	A 160		
A 162 SS=D	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	A 162		

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A 162	Continued From page 16 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. (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	A 162		

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A 162	Continued From page 17 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 names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be	A 162		

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A 162	Continued From page 18 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 review of the facility's documentation and interview, the facility failed to obtain the approved , , , , ( ), CF-ES 1006 Forms for 7 of 20 sampled residents (#2, #5, #7, #8, #13, #14, #16) completed by the Department of Children and Families (DCF); and the facility failed to provide 15 of 20 sampled residents (#2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16) a quarterly written statement of the funds disbursed from a separate trust fund account as required. Findings: A review of the facility's , , , ( ) logbook where the required Forms, 1006 CF-ES are located and only found the following residents completed forms for #3, #6, #9, #10, #11, #12, #15. The facility was missing seven (7) completed Forms, 1006 CF-ES for residents (#2, #5, #7, #8, #13, #14, #16) and could not provide any documented evidence. A review of the facility's separate trust bank account statement with Wells Fargo documenting that the facility has the fifteen (15) residents (#2,	A 162		

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A	Continued From page 19 #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16) as representative payee for the monthly payments of $160.00 beginning . In further review, the separate trust bank account statement documented that beginning (a year later) the disbursed the amount of $160.00 from $54.00 monthly was given to the fifteen (15) residents and concluding that the facility owes all fifteen (15) residents an outstanding amount of $1272.00 each from . There was no documented evidence that a quarterly written statement was given to the fifteen (15) residents of their balance. On at 1:45 PM, an interview with the Administrator confirmed all the findings. (Photographic Evidence Obtained) Class III	A 162		