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
	AL11965850	A. BUILDING: _____ B. WING _____	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS ASSISTED LIVING FACILITY	1845 GARFIELD STREET HOLLYWOOD, FL 33020

(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
ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

AHCA Form 3020-0001

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

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure its Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division. The findings included: During an interview with the Administrator on between 9:30 AM and 1:00 PM a request was made for the facility's current CEMP approval letter and / or all communications and submissions regarding the CEMP. A review of the CEMP last approval letter revealed it was dated . Further review of the letter documented as follows: This Plan is approved through Please complete your annual update and submit your facility emergency plan no later than The facility did not have a copy of the most current CEMP approval letter in file. No subsequent submissions of the CEMP to the County were provided during the survey. During an interview on at approximately 3:50 PM the Administrator acknowledged the facility did not have a CEMP approval letter at the time. She stated she was hired in , and she is currently working with the Local County Emergency Management Division.	ZZ830		

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ZZ830	Continued From page 3 Class III	ZZ830		

Agency for Health Care Administration

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A 000	Initial Comments An unannounced Complaint (#2025004739, #2024008764 and #2024011458) and Generator Monitoring survey was conducted on at Sunny Days Assisted Living Facility. The facility had deficiencies identified related to the Complaint (#2025004739 and #2024011458) at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours	A 026		

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A 026	Continued From page 1 towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide an ongoing activities program to encourage residents in the facility to participate in social, recreational, educational and leisure activities for 29 residents that reside at the facility. The findings included: During observations on between 8:00 AM and 5:00 PM it was noted that no activities were conducted in the facility. Further observation revealed an activity calendar that was posted in the common area. During an interview on at approximately 2:45 PM with the Administrator, the facility activity calendar was requested. The Administrator stated the facility is not conducting activities at this time. She stated she is in the process of hiring an Activity Director to create an activities program. During interview conducted with residents on between 8:00 AM and 5:00 PM. 8 of 12 Residents (5, 6, 7, 8, 9, 10, 11, 12) revealed they were not aware of any activities, activity coordinator or a calendar of activities at the facility.	A 026		

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A 026	Continued From page 2 During an interview on at approximately 5:30 PM with the Administrator, she acknowledged the findings. No additional information was provided at this time. Class III	A 026		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing	A 054		

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A 054	Continued From page 3 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined that the facility failed to ensure the Medication Observation Record (MOR) was accurate and free of errrors. The facility failed to ensure the Medication Pass was documented accordingly (one day at the time) as required for 3 out of 9 sample residents (Residents #2, 3 and 13) who required assistance with self-administration of medication. The findings included: During review of the Medication Observation Record (MOR) on revealed MOR was dated , , the following errors were identified: MOR documented medication was signed and dated by Medication Technicians (Med Tech) on (day of medication pass) and (Photo evidence was obtained). 1) Resident #2 a. , 650 MG tablet: 8:00 AM, 12:00 PM, 8:00 PM medication was initialed by Med Tech as given daily from through . b. , 5 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . c. , 81 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . d. , 5 MG tablet: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . e. , 5 MG tablet: 8:00 AM medication	A 054		

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A 054	Continued From page 4 was initialed by Med Tech as given daily from through . f. 100 MCG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . g. 400 MG tablet: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . h. Softener - tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . i. Tab-A-Vite tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . The medication mentioned above was to be given until only. 2) Resident #3 a. 75 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . b. 360 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . c. 10 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . d. 300 MG Capsule: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . e. 120 MG tablet: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . f. 50 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . g. 20 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through .	A 054		

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A 054	Continued From page 5 h. 500 MG tablet: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from . . through . i. , 0.5 MG tablet: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . j. . . . 0.4 MG capsule: 8:00 AM medication was initialed by Med Tech as given daily from through . . . k. D3 2000 tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . The medication mentioned above was to be given until . only. 3) Resident #13 a. , 81 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . b. 80 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . c. . . . . , 5 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from . . . through . d. . 5 MG tablet: 8:00 AM, 1:00 PM and 5:00 PM medication was initialed by Med Tech as given daily from through . e. 100 MG tablet: 8:00 AM and 5:00 PM medication was initialed by Med Tech as given daily from . through . f. 0.05 : 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . g. Cranberry Concentrate 500 MG Capsule: 8:00 AM medication was initialed by Med Tech as given daily from through . h. 100 MG tablet: 8:00 AM	A 054		

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A 054	Continued From page 6 medication was initialed by Med Tech as given daily from through . i. Tear Sol Moderate 1 drop into , : 8:00 AM, 12:00PM and 8:00 PM medication was initialed by Med Tech as given daily from through . j. 300 MG tablet: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . k. JOBST Opaque 15-20 MMMHGK use once daily and off at bedtime for comfort: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . l. Hipp 1 MG tablet: 8:00 AM and 5:00 PM medication was initialed by Med Tech as given daily from through . m. , 25 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . n. Mirabegron 50 MG tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . o. , 2% : 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . p. Nystop 100,000 unit/GM Powder: 8:00 AM, 1:00 PM and 5:00 PM medication was initialed by Med Tech as given daily from through q. Relief close stocking use daily and off at bedtime: 8:00 AM and 8:00 PM medication was initialed by Med Tech as given daily from through . r. Telfa Pads 3x4 apply , left : 8:00 AM medication was initialed by Med Tech as given daily from through . s. 0.1% : 8:00 AM and 5:00 PM medication was initialed by Med Tech as given daily from through . t. 37.5 MG tablet: 8:00 AM	A 054		

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A 054	Continued From page 7 medication was initialed by Med Tech as given daily from through . u. D3 2000 tablet: 8:00 AM medication was initialed by Med Tech as given daily from through . The medication mentioned above was to be given until only. During an interview on at approximately 4:10 PM surveyor met with the Administrator, and she was informed of the concerns regarding unlicensed personnel (Medication Technician) not following medication procedures during medication pass. She acknowledged the findings. Class III	A 054		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer	A 056		

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A 056	Continued From page 8 medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of	A 056		

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A 056	Continued From page 9 medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that Staff assisting residents with self-administered medications, followed the physician orders as shown on the medication label, 1 out of 9 sample residents (Resident# 2). The findings included: A medication Observation Record (MOR) must include the name of the resident, the name of	A 056		

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(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 056	Continued From page 10 each medication prescribed, the strength and direction of use. An observation on at approximately 8:05 AM during medication pass, Staff B (Medication Technician / Supervisor) was observed assisting Resident #2 with assistance with self-administration of medication for the , . Further review of the medication label on the medication revealed the following parameters and directions: , 100 microgram (MCG) tablet, take one tablet by in the morning on empty , 8:00 AM. During an interview on at 8:07 AM surveyor asked Resident #2 if she had breakfast. At this time resident stated yes. During an interview on at approximately 8:10 AM Staff B was asked why she was not following medication parameters (direction of use) Staff stated she was not aware of the direction of use at the time of medication pass. During an interview on at approximately 9:10 AM surveyor met with the Administrator, and she was informed of the concerns regarding unlicensed personnel (Medication Technician) not following medication direction of use at the time of medication pass. She acknowledged the findings. Class III	A 056		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965850	A. BUILDING: _____ B. WING _____	09/22/2025

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A 152	Continued From page 11 (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. (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:	A 152		

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A 152	Continued From page 12 Based on observations and interviews, the facility failed to provide a safe, clean and decent living environment free of safety hazards for residents that reside at the facility (Wing A, B and C). The findings included: During a tour conducted on between 9:30 AM and 5:00 PM, the surveyor observed the following concerns (Photographic evidence was obtained). a) Observation was made of the main entrance of the facility, Resident#12 was smoking by the main entrance door. During an interview on at approximately 7:05 AM the surveyor asked Resident #12 if the facility had a designated area for smoking and she stated she had always smoked in the front. Resident observed discarding ashes at free well. Further observation revealed a sign on the wall "No Smoking", dirty floor, no ashtrays instead a small trash can and soda cans were observed with cigarette butts inside. During an interview on at approximately 11:30 AM the surveyor asked the Administrator if the facility had a designated area for smoking. At this time, she stated all residents usually smoke at the main entrance. She acknowledged the findings mentioned above. b) Observation during tour revealed the facility had 2 residential washers and 2 residential dryers. Further observation revealed only one dryer was working (missing dial knob) During an interview on at approximately 3:30 PM the surveyor asked the Administrator how long the dryer has been broken. The administrator stated since Friday	A 152		

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A 152	Continued From page 13 , , she stated that the staff had informed her verbally, that the dryer had stopped working. At this time, she confirmed the facility does not have maintenance staff on premises instead facility outsources all repairs and/or maintenance as needed it. c) 1) Observation during tour revealed the facility's refrigerator that contains items for daily use, had rust in the inside of the refrigerator underneath the bottom drawer, visible brownish discoloration. Further observation revealed front door handle (bottom) had rust with brownish discoloration. 2) Commercial oven, oven hood light bulb was not working (poor lighting was observed over the stove). 3) Underneath the kitchen sink compartment, had approximately 3 missing tiles on the floor. The floor was observed to be wet, dirty, with black mold-like substance. Further observation revealed, that the wall behind sink compartment was dirty with black mold-like substance. 4) Kitchen cabinet next to the sink compartment revealed side panel and wet bottom base. c) Wing A 1) Observation was made of the common area where residents gather to watch television, revealed approximately 12 chairs with arm rest were stained with visible discoloration, dirt and grime. 2) Observation was made of the common areas in the hallway; carpet was stained with visible discoloration. 3) Observation was made of the bathrooms in Wing A, that did not have paper towels for residents' use. 4) Bathroom near , revealed a waste	A 152		

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A 152	Continued From page 14 basket with no garbage bag, that had stains with fecal matter in the inside of the basket. d) Wing B 1) Common area/lounging area between Wing B and C revealed residents gather to eat, watch television, read, play games (activities). Further observation revealed 2 wooden tables with resident's clothes on top and approximately 4 hampers and 4 baskets (under the tables). During an interview on at approximately 1:00 PM the surveyor asked the Administrator why the Common area/lounging area had tables with piles of resident's clothes, hampers and baskets under the tables. The Administrator confirmed that the facility does not have a laundry room big enough to fold resident's clothes therefore, the area is being used for sorting and folding clean clothes for the residents. 2) Observation was made of the common areas in the hallway; carpet was stained with visible discoloration. 3) Observation was made of the bathrooms in Wing B, that did not have paper towels for residents' use. e) Wing C 1) Glass window above portable Air Conditioning unit revealed glass was cracked. 2) Dirty piles of clothes (laundry bin, laundry cart on wheels, laundry bags, and hampers) were sitting on the floor near the north exit door. 3) Laminate floor (planks) near the main dining entrance, revealed laminate planks had blue taped that kept planks in place. During an interview with the Administrator on at approximately 5:30 PM surveyor met with the Administrator and the facility owner.	A 152		

Agency for Health Care Administration

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A 152	Continued From page 15 They were both informed of the physical plant concerns. The Administrator acknowledged the findings. Class III	A 152		