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
	AL11968608	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS GARDENS SENIOR RESIDENCE	17250 SW 137 AVENUE MIAMI, FL 33177

(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 A revisit survey was conducted at Seasons Gardens Senior Residences from through . Deficiencies were identified at the time of the survey. A Class I deficiency was found at Tag A0030. A Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. The Class I compliance began on through where there were more than five at the facility in the span of two months, which resulted in two deaths and several injuries involving and .	{A 000}		
{A 030} SS=K	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	{A 030}		

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{A 030}	Continued From page 1	{A 030}		

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 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

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{A 030}	Continued From page 2 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 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	{A 030}		

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{A 030}	Continued From page 3	{A 030}		

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 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

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{A 030}	Continued From page 4 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 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	{A 030}		

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{A 030}	Continued From page 5 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 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	{A 030}		

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{A 030}	Continued From page 6 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 ensure a safe and decent living environment free from and neglect for eight (#1, #2, #3, #4, #5, #6, #12, #22) out of 25 sampled residents, which resulted in two deaths, and . Resident #1 and later in the hospital after a shower chair was removed by Staff G (Home Health Aide). Resident #2 who needed assistance was left to transfer on her own who by Staff J (Home Health Aide) after returning from the bathroom, which caused the resident to and hit her and later in the hospital from a . Resident #3 was found with a and on the floor and was placed into bed without care for more than seven (7) hours who was later diagnosed at the hospital with a arm and an extremely , . In addition to Resident #3's arm and , , the facility failed to provide immediate care for Resident #3's ankle for more than a day. The facility failed to ensure staff prevented for Residents #4, #5, and #6 due to The facility failed to ensure adequate health care for Resident #22's after an an unwitnessed for more than four hours after finding him on the floor. Findings: 1) A review of Resident #1's progress notes dated showed: "Resident was in the shower	{A 030}		

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{A 030}	Continued From page 7	{A 030}		

with certified nursing assistant being assisted to get dry. CNA stated resident had a sudden and she was unable to hold the resident on time resulting on resident to . Nurse was notified, assessed Resident, . Observed from a cut on left and on left . Pressure was applied."

A review of Resident #1's hospital records dated showed: " female was admitted following an unwitnessed at her assisted living facility while bathing. Emergency Medical Services ( ) reported the patient was initially alert and oriented. In the emergency Department, the patient , stable, imaging revealed a catastrophic Type A extending into the brachiocephalic , common and internal carotid , and axillary , and down to adnominal , with and occlusion of the right carotid and ICA. Additional findings included a 5.9 CM aneurysm, hematoma concerning for leak. After a thorough discussion with the patient's daughter, consistent with the patient's prior expressed wishes, the decision was made to proceed with comfort measures only. Palliate care and supportive interventions were initiated."

Interviewed on at 1:36 PM Staff G (Home Health Aide) stated that she showered Resident #1 a lot. Staff G stated that she had been doing this for the past four years. Staff G stated that when she finished bathing the resident, she asked the resident to stand. Staff G stated that she was drying off the resident's . Staff G stated that she took the shower chair out of the shower and that was when the resident . Staff G stated that she called the supervisor immediately. Staff G stated that the resident was

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{A 030}	Continued From page 8 when rescue arrived. Staff G stated that she was a certified nursing assistant. Staff G stated again that she was drying the resident's off and that she told the resident to hold on to the rails and the resident dropped. When asked if the resident had before, Staff G stated that the resident did not have any before. Staff G stated that if a resident cooperates, she would have them (residents) stand up to dry them off. When they can't cooperate, Staff G stated that they dry them in the chair. Interviewed on at 6:39 AM when asked about transferring a resident, Staff W (Home Health Aide) stated, "there were always two staff to get them out of bed, and when showering them, depending on the condition of the resident, we will ask them to stand." A review of Resident #1's health assessment dated showed diagnoses of essential primary with with . The physical status showed a rolling walker, gait imbalance, and wear glasses. The status showed forgetfulness episodes. The Resident had precautions. The activities of daily living showed independent with ambulation, eating, self-care, toileting, transferring, and assistance with bathing and . The resident was prescribed an A review of Staff G's personnel records showed a hire date of and her job descriptions showed: "assist residents with their activities of daily living. Ability to assist residents with daily activities such as ambulation, bathing,	{A 030}		

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{A 030}	Continued From page 9 toileting, eating, grooming, and transferring and perform general household duties as well as maintain and complete basic record keeping. Receive training in first aid and , , training." 2) A review of Resident #2's emergency medical services record dated showed: "Patient from chair and obtained a injury at nursing home. Patient is on and is Glasgow Scale (GCS) of 14 with a history of . Patient was awake alert times four and vitals are stable. Patient appears to have an with above the left , from the . placed. established, alert initiated and patient transported to the [hospital] center for medical evaluation. A review of Resident #2's hospital records dated showed: "Patient is approximately 88 years female who presented as a activation was seen immediately, patient was not boar or collared. She presented from a nursing home after a from a chair, no LOC, no or . Patient is on . The patient was unresponsive on arrival with airway compromise and was intubated by . A and CT revealed an extensive right . hematoma with severe signs of increased , ( ) and shift. After a conversation and profound explanation regarding her life-threatening condition, the and no treatments and the expected course of her illness, he informedly chose to avoid any additional intervention and to only provide comfort measures."	{A 030}		

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{A 030}	Continued From page 10 Interviewed on at 1:24 PM when asked the reason for Staff H's (Home Health Aide) termination, the Administrator stated, "I can't remember the details. I would have to go to her files. The Administrator stated that the employee resigned after Resident . The Administrator stated further, "It was Resident #2's . She (Staff H) did not transfer the resident properly. We offered her training and she refused." The Administrator stated that Staff H brought the resident from changing her to the activities room and turned around without seating the resident and she . A review of Resident #2's progress notes dated showed: "Resident was transferred to hospital via 911 post . Resident was at activities area. She tried to sit on chair [loss place] and forward hitting her . Resident assessed by nurse. observed left side of forward. Ice pack applied to affected area. 911 was called. Rescue staff decided to take resident to emergency room." A review of Resident #2's health assessment dated showed diagnoses of , , , , , , , and , and , , . The physical status showed elderly and frail. The status showed she had . The Resident had and precautions. The activities of daily living showed assistance needed with ambulation, bathing, , eating, self-care, toileting and transferring. A review of Staff H's personnel records showed a hire date of , and 75 hours of Home Health Aide training dated .	{A 030}		

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{A 030}	Continued From page 11 A review of Staff H's job description states: "Ensure that a clean, orderly, sanitary, and safe environment for residents is maintained. Making sure equipment is in working order and authorized personnel can operate equipment in a safe manner." 3) A review of Resident #3's progress notes dated showed: "Resident transferred to hospital via ambulance due to left . Vital signs taken , - . Resident referred to , to left . No recent . Resident left facility at 8:33 AM in stable condition." However, there was no mention of to the , and ankle. A review of Resident #3's hospital records dated showed the following: " , female presents from her nursing facility via ambulance with a chief complaint that they found her with the to the left upper , and left . Nursing staff told ambulance crew that patient did not . Due to patient's she does not recall what happened. Patient does not ambulate. left intra- OCL placed by tech case discussed with the on-call surgery who evaluated the patient." A review of an Emergency Medical Services record dated regarding Resident #1 showed an arrival time of 10:21 AM, which was more than seven hours after the resident was found with a . Interviewed on at 7:11 AM Staff C (Home Health Aide) stated that she worked when Resident #3 was found on the floor. Staff C stated	{A 030}		

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{A 030}	Continued From page 12	{A 030}		

that she saw her with the and denied seeing a , on . Staff C stated that on , Resident #3 was found with a ankle but she placed the resident into bed without any medical attention since it only pained the resident to walk and not when she was in bed. Staff C stated that on , she saw Resident #3's and she was placed in bed. Staff C stated that she was the supervisor on . Staff C stated further that later that morning, she found the Resident #3 on the floor wrapped in sheets, and placed the resident in bed with the assistance of Staff E and F (Home Health Aides) around 6:00 AM. Staff C stated further that it was Staff D and Staff F (Home Health Aides) who noticed her (Resident #3) left and that the resident was complaining of , . Staff C stated, "They took a picture and sent it to Staff I (Home Health Aide). They take pictures to cover themselves. Nobody reported a . They never thought it was . She was not given anything for , medication because she was not complaining of , when in bed. Only when she walked, she complained of , . The second day she did not complain. The staff noticed her . I saw a picture. Staff F called me to tell me that Resident #3 was on the floor wrapped in sheets."

Interviewed on at 1:14 AM when asked if Resident #3 was in bed around 2:00 AM on , Staff F stated that the resident was in bed because she went to change her pampers. Staff F stated that she did not see her , . Staff F stated that she saw the . Staff F stated that at 6:00 AM she from the bed. Staff F stated that Resident #3 did not have bedrail's. Staff F stated that it was Staff C and Staff D along with Staff E (Home Health Aide) that picked up Resident #3 and placed her in bed. When

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{A 030}	Continued From page 13	{A 030}		

asked about Resident #3's ankle on , Staff F stated that she did not work that day. Staff F stated that she heard something about the ankle. Staff F stated Resident #3 would give her problems. Staff F stated, "That was how generally she was when they needed to change her." When asked if her behavior was reported to the Administrator, Staff F stated that they did not think much about it but they let the supervisor know. Staff F stated, "Everybody knew it."

Interviewed on at 9:31 am Staff S (Medication Technician) stated she was present on the when she went to take Resident #3's , and give her medications. Staff F stated that she called 911. Staff S stated that she could not remember the exact time.

Interviewed on at 12:00 PM when asked if she knew about any of Resident #3 on , the Administrator stated, "Not that I know of. No one reported . I really could not say she had . She had side rails. I found out when Department Children and Families (DCF) showed up. The hospital called DCF." When asked about Resident #3's ankle, the Administrator stated, "No, no ankle but upper , and arm. None of the employees reported it. We had another Director of Nursing, and she may have reported it. DCF Substantiated it. Staff C was the supervisor. It looked like an on the , . I don't. I cannot speak on what. There was a protocol to call the doctor. It starts with the nurse. No evaluation on , when the resident had , . I don't know. They may have called the nurse. I have to believe that they contacted the DON. I am familiar with the resident's on ,

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	AL11968608	A. BUILDING: _____ B. WING _____	R 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS GARDENS SENIOR RESIDENCE	17250 SW 137 AVENUE MIAMI, FL 33177

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{A 030}	Continued From page 14	{A 030}		

2025, at 6:00 AM. Staff D and E were there. The resident had a bedrail." However, a review of Resident #3's physical care plan and consent form signed , showed no documented half, bed mobility rail or full bed rail.

A review of Resident #3's health assessment dated showed diagnoses of displaced of shaft of left arm, Type 2, , . The physical status showed assistance with ambulation. The status showed alert and oriented times one. The nursing status showed assistance with activities of daily living. The Resident had precautions. The activities of daily living showed assistance with ambulation, bathing, , grooming, toileting, transferring and independent with eating.

A review of the facility's job description for direct care staff for Staff C dated showed: "Assist residents with their activities of daily living. Ability to assist residents with daily activities such as ambulation, bathing, , toileting, eating, grooming, and transferring and perform general household duties as well as maintain and complete basic record keeping. Receive training in first aid and training."

A review of Staff C's personnel records showed 75 hours of Home Health Aide training.

A review of the job description for home health aides showed: "If medication technician holds a supervisory role when director of nursing (DON) not in building, responsible to contact DON with resident issues or problem according to facility

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{A 030}	Continued From page 15 policy and procedures. Informs DON of any change in condition of the resident for example , not acting appropriately." 4} A review of progress notes dated showed Resident #4 had a and was sent to the hospital. A review of the adverse incidents reporting systems database showed Resident #4 was in the nursing station in the presence of staff when she decided to get up and tripped over another resident's walker and , which resulted in to right side of the forehead. A review of Resident #4's health assessment dated showed diagnoses of , , Type II , and . The Physical status showed slow and unsteady. The status showed , and awake, alert times one. The nursing status showed ½ rails for safety and mobility while in bed. The Resident had precautions. The activities of daily living showed she was independent with ambulation, bathing, , eating, self-care, toileting and transferring. A review of the facility's home health aide policy states: "Ensure that a clean, orderly, sanitary, and safe environment for residents is maintained. Making sure equipment is in working order and authorized personnel can operate equipment in a safe manner." 5}	{A 030}		

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{A 030}	Continued From page 16 A review of Resident #5's progress notes dated showed the resident was transported to the hospital. A review of Resident #5's Adverse Incident Reporting Systems database documented that the resident was found on the floor by Staff N (Home Health Aide) around 12:20 AM on , with on the top of the , right cheek, and above the left . A review of Resident #5's health assessment dated showed a diagnoses of and . The physical status showed bedbound. The status showed awake, alert and oriented times one. The resident had precautions. The activities of daily living showed total care with ambulation, bathing, , self-care, toileting, transferring, and assistance with eating. 6) A review of Resident #6's progress notes dated showed the resident was transported to the hospital, there was no description of the incident. A review of the Adverse Incident Reporting Systems database dated reported Resident #6's wheelchair rolled when she proceeded to stand up and backwards hitting her . However, the wheelchair was not placed in the locked position by staff as required by staff. A review of Resident #6's health assessment dated showed diagnoses of in other classified elsewhere, mild with , Atherosclerotic of native , without pectoris, , , ,	{A 030}		

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{A 030}	Continued From page 17	{A 030}		

without
. The physical status showed uses wheelchair for ambulation propelled by staff. The status showed due to . The Resident had precautions. The activities of daily living showed assistance with ambulation, bathing, , self-care, toileting, transferring and independent with eating.

A review of Resident #6's assistive device consent form dated documented a wheelchair and that the facility will be responsible for ensuring assistive device is clean, free of hazard and its safe usage.

A review of the facility's home health aide description states: "Ensure that a clean, orderly, sanitary, and safe environment for residents is maintained. Making sure equipment is in working order and authorized personnel can operate equipment in a safe manner."

7)

Observation on at found Resident #12 bedbound in # asleep on a floatation mattress operated by electricity.

Interviewed on at 1:15 PM the daughter of Resident #12 stated that she placed several notifications on the wall to remind the staff of what to do. The daughter stated that one of the reminders was to use the to put on her mother's to prevent since she (Resident #12) experienced a in the past and sometimes when the employees conduct toileting fecal matter would be left between her .

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{A 030}	Continued From page 18 Interviewed on at 4:52 PM the Administrator acknowledged the deficiencies. A review of the facility's resident supervision policy and procedure states: "the facility is committed to providing adequate and appropriate supervision for all residents based on their assessed needs. The degree of supervision will vary according to each resident's functional status, ability, medical condition, and identified risks. Supervision will be provided in a manner that supports the resident's rights to privacy and autonomy while protecting them from harm, neglect, or unsafe situations." 8) A review of the facility's incident/accident report showed Resident #22 was an unwitnessed on and was found on the floor at 6:56 AM. The incident/accident report documented further that the hospice doctor was notified at 10:30 AM and an order for an was placed to rule out a and a aid was placed on the . However, Resident #22 was under hospice care with full bed rails, and it was unknown how long the resident was on the floor and four hours later the resident remained in the facility. Uncorrected Class I	{A 030}		
{A 152} SS=D	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.;	{A 152}		

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{A 152}	Continued From page 19 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: Based on observation and interview, the facility failed to provide a safe living environment and be maintained free of hazards Findings included:	{A 152}		

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{A 152}	Continued From page 20 An observation on at 9:30am In there was a water stain. (photographic evidence obtained) An observation on at 9:48am showed the corner of there was also a water stain. (photographic evidence obtained) During an interview on at 3:44am the Director of Maintenance said that there were currently no leaks and that the roof was brand new, however there was sheet rock damage on the ceiling, when asked about the stains. Class III	{A 152}		