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
	AL11911570	A. BUILDING: _____ B. WING _____	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR DREAM ALF	1630-1640 PALM AVENUE HIALEAH, FL 33010

(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 Complaint investigation (#2025013475) was conducted at Our Dream ALF on , . Deficiencies were identified at the time of survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	A 032		

AHCA Form 3020-0001

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

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A 032	Continued From page 1 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review the facility failed to have two out of 13 (Resident #1 and Resident #2) assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. The facility failed to have one out of 13 (Resident #1) reassessed by a physician after eloping from the facility. The facility failed to follow its policies and	A 032		

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A 032	Continued From page 2 procedures regarding elopement when two out of 13 sampled residents (Resident #1 & Resident #2) eloped from the facility. Findings included: 1) On at 9:19 AM Staff F (caregiver) stated " I was not working during the time they eloped; I was off that day. When I came on that Friday, they told me he had escaped. We did not do any updated training. On at 9:53 AM Resident #1 was interviewed and stated, "I have been living here two and half years I got I did not want to elope, but I got lost. I had gone out to buy something at the corner store. I was walking and then I got and got lost and was taken to the hospital. That experience was the worst ever. I never want to get out of the facility again. I did not have an id, but I have the facility card. I did not have it with me at the time. The hospital called the facility if they would take me and they said yes." On at 9:57 AM Staff E stated, "I had been working at the facility for six to eight years, from 7 am to 5 PM. I was not here that day when Resident #1 and 2 eloped. I was not working." When asked what was done after the resident had eloped. Staff F stated we did not do any new training. I had already received the training before. No, nothing after Resident #2 had eloped that Thursday." On at 10:06 AM Staff B stated, " I was here when he left. He asked me to go for a walk. Around 4 PM in the afternoon, he was not here. I got a call from the , who does the program here. He said he saw Resident #1 on the	A 032		

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A 032	Continued From page 3 street walking. He asked him what he was doing there and that he would take him to the facility. He said no. On at 11:00 AM Administrator stated, "When Resident #1 returned we did not do a new health assessment for him. He was evaluated at the hospital. I didn't know I was supposed to do that. All we did was talk to him and make sure where he wanted to go and that somebody must go with him. Ever since that time. It must have been where he had it so badly that he said he never again is going to leave. Never again since he came has he asked to even go next door. When he came , I did not do elopement training with anyone of the staff. We usually don't have elopements." A review of the adverse incident report submitted by the facility documented on showed that Resident #1 signed out of the facility and had not returned. After a search by the Administrator, law enforcement was called. Review of the health assessment revealed the facility failed to have an updated health assessment completed for Resident #1 after he eloped on and returned to the facility on . The health assessment found completed was dated showed -Medical history and Diagnoses: , , , , , , , , , , major . There were no physical or sensory limitations. - or behavioral/ status: repetitive -Nursing/ treatment/ , service requirements: n/a -Special precautions: n/a	A 032		

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A 032	Continued From page 4 -Elopement risk: no Record review showed Resident #1 elopement risk assessments were not completed at the time of admission. Resident #1 was independent with ambulation, , eating, toileting and transferring. He required supervision with bathing and grooming and needed assistance with self-administration. The section that asked if he required 24-hour nursing and , care and if the needs of Resident #1 could be met in an assisted living facility was left blank. The progress notes showed on documented facility received a call from the resident's , , who informed staff Resident #1 was seen on 9th street and 2nd Avenue, and offered a ride to take him to the facility. Resident #1 had refused stated not to worry he knew his way . On at 11:45 AM [Staff B] called hospitals and jail and contacted Resident 1's case managers and informed of the incident and that the police had been called and had received a police report. At 5:30 PM Staff B call again hospitals to check if Resident #1 had been admitted. and noted showed different hospitals were contacted and that the case managers were notified. 2) On at 8:59 AM a window covered with wood was observed in # . Outside of the facility an unlocked gate with trash bin was observed that lead to the area of # . It was observed that broken glass on the ground and a piece of wood blocked window until it was repaired.	A 032		

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A 032	Continued From page 5 On at 11:15 Am Staff B stated "The staff called me and informed me Resident #2 had broken the window and eloped. He had just arrived that Monday , it was Thanksgiving and I came here and we called the police, the detective checked his room and went to look outside where he used his pillow and blanket to break the window to get out. I contacted his guardian to inform her. He still has not been found yet. The guardian said he has money and when it runs out, he will admit himself to the hospital." On at 11:25 AM The Administrator stated, "we did not even get a chance to get his contract from the guardian and he eloped." A review of the adverse incident report submitted by the facility documented on showed that Resident #2 left the facility by breaking the bedroom window and left. The facility contacted the police and after a search the resident was not found. Resident #2 was admitted and the health assessment revealed completed was dated showed -Medical history and Diagnoses: , , , , , major . There were no physical or sensory limitations. - or behavioral/ status: Patient is redirectable, does not pose behavioral problems -Nursing/ treatment/ service requirements: super vision with medication administration -Special precautions: universal -Elopement risk: no Record reviews showed Resident #2 elopement	A 032		

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A 032	Continued From page 6 risk assessments were not completed at time of admission. The progress notes showed on and documented facility received a call from staff working to inform them that Resident #2 had eloped by breaking his bedroom window. The police were called and his legal guardian was contacted. The facility's last elopement drills were conducted on , and . Class III	A 032		
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.; 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	A 152		

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A 152	Continued From page 7	A 152		

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, maintain the facility free of hazards; and ensure that all existing architectural, mechanical, and structural systems and appurtenances are maintained in good working order for 31 out of 31 (Resident) sampled residents.

Findings included:

On at 9:10 AM the following was observed:
-Door A- # had a bed frame leaning against the wall and residents in room stated that it had been there for a while.
- # observed with a broken window with a piece of wood.
-The common area/ smoking area outside area with hundreds of cigarette buds. The corner of the north side of the common area was observed with wooden beams against the wall. In the corner with paint and tiles, and the area led to laundry room with liquid cleaner on the floor and

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A 152	Continued From page 8 on the counter, construction materials were found accessible to residents living in the facility. - # it was observed electric panel rusted on wall, and a broken window screen in bathroom. -Room on north side with no number where Resident #1 resided observed broken bed in room and he stated that it had been there a week. On at 9:20 AM the caregiver confirmed finding as we walked around the facility to tour. Class III	A 152		
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,	A 160		

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A 160	Continued From page 9 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, 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	A 160		

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A 160	Continued From page 10 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 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 interview and record review, the facility failed to maintain an updated and accurate	A 160		

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A 160	Continued From page 11 admission and discharge log for two out of two (Residents #1 and 2) sampled residents Findings included: A review of the facility admission and discharged log showed Resident #1 admitted . . . . and Resident #2 admitted on were not added to the admission and discharge log. Further review of the admission and discharge log showed that the last time the admission and discharge log was updated was in of 2024. On at 12:15 PM the Administrator stated she was supposed to update it, but life has just been complicated and had not had a chance to work on it yet." 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	A 162		

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A 162	Continued From page 12 manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.	A 162		

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A 162	Continued From page 13 (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the	A 162		

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	AL11911570	A. BUILDING: _____ B. WING _____	12/01/2025

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A 162	Continued From page 14 names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have an updated health assessment for one out of 31 sampled residents (Resident #1) who eloped and returned to the facility. Findings included: A review of Resident #1's health assessment completed ;/25 showed medical history and diagnoses of , major . The resident was independent with ambulation, , eating, toileting and transferring. He required supervision with bathing and grooming and needed assistance with self-administration. On at 11:45 AM, the Administrator stated that she had not completed a new health assessment for him after his elopement because she did not know. Class III	A 162		

Agency for Health Care Administration

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A 000	Initial Comments A Complaint investigation (#2025013475) was conducted at Our Dream ALF on , . Deficiencies were identified at the time of survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	A 032		

AHCA Form 3020-0001

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

Agency for Health Care Administration

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A 032	Continued From page 1 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review the facility failed to have two out of 13 (Resident #1 and Resident #2) assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. The facility failed to have one out of 13 (Resident #1) reassessed by a physician after eloping from the facility. The facility failed to follow its policies and	A 032		

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A 032	Continued From page 2 procedures regarding elopement when two out of 13 sampled residents (Resident #1 & Resident #2) eloped from the facility. Findings included: 1) On at 9:19 AM Staff F (caregiver) stated " I was not working during the time they eloped; I was off that day. When I came on that Friday, they told me he had escaped. We did not do any updated training. On at 9:53 AM Resident #1 was interviewed and stated, "I have been living here two and half years I got I did not want to elope, but I got lost. I had gone out to buy something at the corner store. I was walking and then I got and got lost and was taken to the hospital. That experience was the worst ever. I never want to get out of the facility again. I did not have an id, but I have the facility card. I did not have it with me at the time. The hospital called the facility if they would take me and they said yes." On at 9:57 AM Staff E stated, "I had been working at the facility for six to eight years, from 7 am to 5 PM. I was not here that day when Resident #1 and 2 eloped. I was not working." When asked what was done after the resident had eloped. Staff F stated we did not do any new training. I had already received the training before. No, nothing after Resident #2 had eloped that Thursday." On at 10:06 AM Staff B stated, " I was here when he left. He asked me to go for a walk. Around 4 PM in the afternoon, he was not here. I got a call from the , who does the program here. He said he saw Resident #1 on the	A 032		

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A 032	Continued From page 3 street walking. He asked him what he was doing there and that he would take him to the facility. He said no. On at 11:00 AM Administrator stated, "When Resident #1 returned we did not do a new health assessment for him. He was evaluated at the hospital. I didn't know I was supposed to do that. All we did was talk to him and make sure where he wanted to go and that somebody must go with him. Ever since that time. It must have been where he had it so badly that he said he never again is going to leave. Never again since he came has he asked to even go next door. When he came , I did not do elopement training with anyone of the staff. We usually don't have elopements." A review of the adverse incident report submitted by the facility documented on showed that Resident #1 signed out of the facility and had not returned. After a search by the Administrator, law enforcement was called. Review of the health assessment revealed the facility failed to have an updated health assessment completed for Resident #1 after he eloped on and returned to the facility on . The health assessment found completed was dated showed -Medical history and Diagnoses: , , , , , , , , , , major . There were no physical or sensory limitations. - or behavioral/ status: repetitive -Nursing/ treatment/ , service requirements: n/a -Special precautions: n/a	A 032		

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A 032	Continued From page 4 -Elopement risk: no Record review showed Resident #1 elopement risk assessments were not completed at the time of admission. Resident #1 was independent with ambulation, , eating, toileting and transferring. He required supervision with bathing and grooming and needed assistance with self-administration. The section that asked if he required 24-hour nursing and , care and if the needs of Resident #1 could be met in an assisted living facility was left blank. The progress notes showed on documented facility received a call from the resident's , , who informed staff Resident #1 was seen on 9th street and 2nd Avenue, and offered a ride to take him to the facility. Resident #1 had refused stated not to worry he knew his way . On at 11:45 AM [Staff B] called hospitals and jail and contacted Resident 1's case managers and informed of the incident and that the police had been called and had received a police report. At 5:30 PM Staff B call again hospitals to check if Resident #1 had been admitted. and noted showed different hospitals were contacted and that the case managers were notified. 2) On at 8:59 AM a window covered with wood was observed in # . Outside of the facility an unlocked gate with trash bin was observed that lead to the area of # . It was observed that broken glass on the ground and a piece of wood blocked window until it was repaired.	A 032		

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A 032	Continued From page 5 On at 11:15 Am Staff B stated "The staff called me and informed me Resident #2 had broken the window and eloped. He had just arrived that Monday , it was Thanksgiving and I came here and we called the police, the detective checked his room and went to look outside where he used his pillow and blanket to break the window to get out. I contacted his guardian to inform her. He still has not been found yet. The guardian said he has money and when it runs out, he will admit himself to the hospital." On at 11:25 AM The Administrator stated, "we did not even get a chance to get his contract from the guardian and he eloped." A review of the adverse incident report submitted by the facility documented on showed that Resident #2 left the facility by breaking the bedroom window and left. The facility contacted the police and after a search the resident was not found. Resident #2 was admitted and the health assessment revealed completed was dated showed -Medical history and Diagnoses: , , , , , major . There were no physical or sensory limitations. - or behavioral/ status: Patient is redirectable, does not pose behavioral problems -Nursing/ treatment/ service requirements: super vision with medication administration -Special precautions: universal -Elopement risk: no Record reviews showed Resident #2 elopement	A 032		

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A 032	Continued From page 6 risk assessments were not completed at time of admission. The progress notes showed on and documented facility received a call from staff working to inform them that Resident #2 had eloped by breaking his bedroom window. The police were called and his legal guardian was contacted. The facility's last elopement drills were conducted on , and . Class III	A 032		
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.; 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	A 152		

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A 152	Continued From page 7 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, maintain the facility free of hazards; and ensure that all existing architectural, mechanical, and structural systems and appurtenances are maintained in good working order for 31 out of 31 (Resident) sampled residents. Findings included: On at 9:10 AM the following was observed: -Door A- # had a bed frame leaning against the wall and residents in room stated that it had been there for a while. - # observed with a broken window with a piece of wood. -The common area/ smoking area outside area with hundreds of cigarette buds. The corner of the north side of the common area was observed with wooden beams against the wall. In the corner with paint and tiles, and the area led to laundry room with liquid cleaner on the floor and	A 152		

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A 152	Continued From page 8 on the counter, construction materials were found accessible to residents living in the facility. - # it was observed electric panel rusted on wall, and a broken window screen in bathroom. -Room on north side with no number where Resident #1 resided observed broken bed in room and he stated that it had been there a week. On at 9:20 AM the caregiver confirmed finding as we walked around the facility to tour. Class III	A 152		
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,	A 160		

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A 160	Continued From page 9 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, 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	A 160		

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A 160	Continued From page 10 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 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 interview and record review, the facility failed to maintain an updated and accurate	A 160		

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A 160	Continued From page 11 admission and discharge log for two out of two (Residents #1 and 2) sampled residents Findings included: A review of the facility admission and discharged log showed Resident #1 admitted . . . . and Resident #2 admitted on were not added to the admission and discharge log. Further review of the admission and discharge log showed that the last time the admission and discharge log was updated was in of 2024. On at 12:15 PM the Administrator stated she was supposed to update it, but life has just been complicated and had not had a chance to work on it yet." 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	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911570	A. BUILDING: _____ B. WING _____	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 12 manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.	A 162		

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A 162	Continued From page 13 (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , { }, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the	A 162		

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A 162	Continued From page 14 names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to have an updated health assessment for one out of 31 sampled residents (Resident #1) who eloped and returned to the facility. Findings included: A review of Resident #1's health assessment completed ;/25 showed medical history and diagnoses of , major . The resident was independent with ambulation, , eating, toileting and transferring. He required supervision with bathing and grooming and needed assistance with self-administration. On at 11:45 AM, the Administrator stated that she had not completed a new health assessment for him after his elopement because she did not know. Class III	A 162		

Agency for Health Care Administration

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