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
	AL11953232	A. BUILDING: _____ B. WING _____	R 04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	6690 WEST 14 AVENUE HIALEAH, FL 33012

(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
ZZ809	59A-35.062(3)(e)&(7);408.803(7) &.810(8) Proof of Financial Ability to Operate 59A-35.062 Proof of Financial Ability to Operate. (3) Definitions. The following definitions apply to this section for proof of financial ability to operate. (e) "Financial instability" means the provider cannot meet its financial . Evidence such as the issuance of bad checks, an accumulation of delinquent bills, or inability to meet current payroll needs shall constitute prima facie evidence that the ownership of the provider lacks the financial ability to operate. Evidence shall also include the Medicare or Medicaid program's indications or determination of financial instability or fraudulent handling of government funds by the provider. 408.803 Definitions.-As used in this part, the term: (7) "Controlling interest" means: (a) The applicant or licensee; (b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the applicant or licensee; or (c) A person or entity that serves as an officer of, is on the board of directors of, or has a 5-percent or greater ownership interest in the management company or other entity, related or unrelated, with which the applicant or licensee contracts to manage the provider. The term does not include a voluntary board member. 408.810 Minimum licensure requirements.-In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must comply with the requirements of this section in order to obtain and maintain a license.	ZZ809		

AHCA Form 3020-0001

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

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ZZ809	Continued From page 1 (8) Upon application for initial licensure or change of ownership licensure, the applicant shall furnish satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, authorizing statutes, and applicable rules. The agency shall establish standards for this purpose, including information concerning the applicant's controlling interests. The agency shall also establish documentation requirements, to be completed by each applicant, that show , provider revenues and expenditures, the basis for financing the , cash-flow requirements of the provider, and an applicant's access to contingency financing. A current certificate of authority, pursuant to chapter 651, may be provided as proof of financial ability to operate. The agency may require a licensee to provide proof of financial ability to operate at any time if there is evidence of financial instability, including, but not limited to, unpaid expenses necessary for the basic operations of the provider. An applicant applying for change of ownership licensure is exempt from furnishing proof of financial ability to operate if the provider has been licensed for at least 5 years, and: (a) The ownership change is a result of a corporate reorganization under which the controlling interest is unchanged and the applicant submits organizational charts that represent the current and proposed structure of the reorganized corporation; or (b) The ownership change is due solely to the of a person holding a controlling interest, and the surviving controlling interests continue to hold at least 51 percent of ownership after the change of ownership. 59A-35.062 Proof of Financial Ability to Operate.	ZZ809		

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ZZ809	Continued From page 2 (7) An applicant for renewal of a license shall not be required to provide proof of financial ability to operate, unless the licensee or applicant has demonstrated financial instability. If an applicant or licensee has shown signs of financial instability, as provided in Section 408.810(9), F.S., at any time, the Agency may require the applicant or licensee to provide proof of financial ability to operate by submission of: (a) AHCA Form 3100-0009, , Proof of Financial Ability Form, that includes a balance sheet and income and expense statement for the next 2 years of operation which provide evidence of having sufficient assets, credit, and projected revenues to cover liabilities and expenses; and, (b) Documentation of correction of the financial instability, including but not limited to, evidence of the payment of any bad checks, delinquent bills or liens. If complete payment cannot be made, evidence must be submitted of partial payment along with a plan for payment of any liens or delinquent bills. If the lien is with a government agency or repayment is ordered by a federal or state court, an accepted plan of repayment must be provided. This Statute or Rule is not met as evidenced by: Based on observation, interview, and records review the facility failed to profide prooof of financial stability . Findings included: Observation on at 9:12 am showed that the lawn of the facility was overgrown. Observation on at 9:15 am showed that there were plaster patches in the hallway.	ZZ809		

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ZZ809	Continued From page 3 During an interview on at 9:17 am Staff F (caregiver) stated that the vanity in the dresser was old. During an interview on at 9:20 am Resident # 7 stated the food was not desirable, when asked about the food. When asked if there were any bugs, he stated that there were occasionally. Observation on at 9:25 am in the bathroom in # the vanity was destroyed the cabinet would not work and the window was not functional and open. There was a hole on the side of the window where the mechanism was. Observation on at 9:34 am showed that half of # floorboard trim was missing. Observation on at 9:36 am showed that in the kitchen there were holes in the wall and missing floorboard trim. Observation on at 9:38 am showed the backyard was overgrown, there was tree debris, the remnant of a basketball backboard, and the partially leaned over chain link fence. During an interview on at 9:38 am Staff F stated that the lawn service had not come to cut the yard in like three weeks. When asked why she did not know. Staff F further stated that Staff D told the staff to air dry clothing outside rather than use the machine cloth dryer. During an interview on at 11:20 am Staff F stated she did not get paid on time. Staff F also stated that she started working at the facility in , and received the check in about 8 days after she was supposed to get paid.	ZZ809		

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ZZ809	Continued From page 4 When asked what her pay was, she stated 80 dollars a day paid once per month. During an interview on at 11:25 am Staff G (caregiver) stated she did not get paid on time. Staff G stated that she started working at the facility in , and received her check about 12 days late and had to remind the owner that she had her own bills to pay. When asked what her pay was, she stated $80 a day and paid once per month. When asked how much her expected pay was, she stated approximately $2400 for the month. A review of the facility licensing application dated showed The Owner was a partial owner and the facility financial officer. Observation on at 11:30 am showed the Owner arrived and stated that he was in charge. During an interview on at 11:50 am when asked for the bank statement for the last three months and accounting for all of the facility expenses such as payroll, utilities, and other expenditures, the Owner stated that he did not know where the documents were and could not produce them at the facility, when asked for a copy of . A record review of one statement provided dated through showed deposits less than the withdrawal. The statement did not provide details for accounting of payroll, utilizes, and other expenditures. A review of the financial summaries provided showed that was incomplete and only showed income and some expenses.	ZZ809		

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ZZ809	Continued From page 5 During an interview on at 12:00 pm with the Owner stated that the financial summaries were estimates, Observation on at 4:48 pm the facility sent incomplete bank statement and a water bill. A review of the water bill sent showed that the facility was past due on . During an interview on at 12:15 pm The Owner stated that he was busy and would get the documentation the following day, During an interview on at 12:25 pm Staff D stated that she was not involved with the facility but was on the roster. Staff D further stated that her husband sent the information requested When asked if the facility kept payroll accounting, she stated that all the information was on the bank statements. Staff D further stated that the facility kept copy of the payroll checks. When asked to provide copies of those checks, Staff D stated that she would inform her husband. During an interview on at 12:30 pm The Administrator stated that she would send the documents requested tomorrow morning because she did not have access to them. A review of documents sent on showed the complete bank statements and water bill. There was no payroll or other utility accounting. A review of the of the documents submitted on showed that the facility provided estimates of the financial summary.	ZZ809		

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ZZ809	Continued From page 6 A review and comparison of the financial summary for and the bank statement showed inconstancies in the accounting, the payroll amount could not be accounted for, and the claimed expenses did not match the facilities withdraws, and the claimed income did not match the deposits. Unclassified	ZZ809		

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

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A 030	Continued From page 1 its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both	A 030		

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A 030	Continued From page 3 are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a	A 030		

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

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A 030	Continued From page 5 Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure residents be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy for two out of eight sampled residents (Resident #4 and Resident #6). Also, the facility failed to ensure at least 45 days' notice of relocation or termination residency from the facility for one out of eight sampled residents (Resident #1). Findings include:	A 030		

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A 030	Continued From page 6 Observation on at 9:26 AM revealed in Resident #4 and Resident #6 shared bathroom a locked cabinet. During an interview on at 9:44 AM Staff G (caregiver) stated she had used Resident #4 and Resident #6 bathroom to shower. During an interview on at 9:45 AM revealed, Staff G went into Resident #4 and Resident #6 shared bathroom and unlocked the locked bathroom cabinet. Then, Staff G proceeded and pointed to the linen and towels in Resident #4 and Resident #6's bathroom cabinet, when asked where staff had linen stored. During an interview on at 11:40 AM revealed Resident #4 stated that she did not use the bathroom in her room, she used the hallway bathroom to shower. A review of Staff G's employee file revealed Staff G completed resident rights training on A review of the admission to discharge log revealed "place from which admitted" Resident #1 was admitted to [hospital] and "place to which discharged or transferred" Resident #1 was transferred to [hospital]. A review of Resident #1's health chart revealed there wasn't a 45-day notice of discharge in Resident #1's file. Class III	A 030		

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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 032	Continued From page 7	A 032		
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. 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	A 032		

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	AL11953232	A. BUILDING: _____ B. WING _____	R 04/13/2026

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A 032	Continued From page 8 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, interview, and record review the facility failed to ensure all residents with any history of elopement be identified so staff can be alerted to their needs for support and supervision for one out of eight sampled residents. (Resident #3) Findings include: Observation at 10:20 AM revealed Resident #3 had gotten up from his chair after he slept and pretended to hold something in his . Resident #3 was headed away from his room toward the kitchen and front door. Resident #3 was unsteady on his , Staff F (Caregiver)	A 032		

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A 032	Continued From page 9 and Staff G (Caregiver) quickly stopped Resident #3, redirected him, and held his arms underneath his armpits toward the recliner chair, but he insisted he stored the pretended item. After further observation, Resident #3 did not have identification on him. During an interview on at 11:30 AM, Staff E (Owner) stated "no" when asked if Resident #3 was an elopement risk. After further review, Resident #3's health assessment completed on assessment showed that Resident #3 was an elopement risk. Staff E stated "to keep the residents safe" when asked about why doors were kept locked. Staff E stated Resident #3 "doesn't " when asked why staff held onto Resident #3. Staff E voiced that he would get Resident #3 reassessed, when asked why Resident #3's health assessment was more than a year old. A review of the elopement policy revealed "the facility will also give the resident's family or guardian or responsible party the information on the Association with the intention to suggest the purchase of an ID bracelet for the resident." A review of facility elopement and missing resident drill revealed Staff F and Staff G completed an elopement and missing resident drill . A review of Staff G's employee file revealed Staff G completed resident elopement response policies and procedures training on . A review of Staff F's employee file revealed Staff G completed elopement policies and procedures prevention and response training on .	A 032		

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A 032	Continued From page 10 Class III	A 032		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and	A 152		

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A 152	Continued From page 11 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, maintained free of hazards, and ensure that all existing architectural are maintained in good working order for all residents. (Residents #3, #4, #5, #6, #7, and #8), Findings include: Observation at 9:11 AM revealed grass in the front lawn landscape grass was uncut. During an interview on at 9:38 AM Staff F stated that "it's been like weeks since [gardener] cut the grass." Observation at 9:17 AM revealed residents shared bathroom had a shower chair and shower with orange and brown substance resembling rust. The bathroom sink had a black substance resembling mold and grout in the shower and around toilet. Also, the bathroom sink vanity was broken. Observation at 9:26 AM revealed Resident #4 and Resident #6 shared bathroom had moisture damaged bathroom cabinets that separated from the wooden based material. The shared bathroom had a missing tile in the shower that exposed the cement, a cracked tile along the wall behind the toilet, and locked cabinet.	A 152		

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A 152	Continued From page 12 Observation at 9:32 AM revealed Resident #3 and #5 wooden baseboards had moisture damage and pulled away from the wall that exposed the wood from wall. The shared bedroom had cracked tiles on the floor, and a broken window seal. Observation at 9:35 AM revealed broken tiles on kitchen floor, broken floorboard, chipped paint above the refrigerator, and an unlocked kitchen cabinet underneath the sink that contained brown substance food with white powdered substance roach , ␣ on a paper towel. Observation at 9:35 AM revealed Staff F and Staff G stated that it was bait for roaches, when asked about the white powered substance on the napkin. Staff F and Staff G stated "yes" when asked if there were roaches. During an interview on at 11:40 AM revealed Resident #4 stated the roaches did not bother her and that she did not use the bathroom in her room, when asked condition of the property. Observation at 9:40 AM revealed bleach was outside by washer and dryer. 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	A 160		

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A 160	Continued From page 13 in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, 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.	A 160		

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A 160	Continued From page 14 (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions 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.	A 160		

Agency for Health Care Administration

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A 160	Continued From page 15 (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 observation, interview, and record review the facility failed to have display the annual sanitation inspection. Finding included: During an interview on at 9:20am Resident # 7 stated that the was bugs occasionally. Observation on at 9:34am under the kitchen sink there was a napkin with a brown substance sprinkled with white powered. During an interview on at 9:34am Staff F (caregiver) stated that it was bait and poison for the roaches, when asked about the substance under the sink. When asked if there were a lot of roaches, she said some. When asked the facility was being fumigated by a professional, Staff F said no. Observation on at 9:35am showed vegetables stored in a basket in the kitchen.	A 160		

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A 160	Continued From page 16 During an interview on at 11:57am Resident # 4 stated that she has seen roaches before, but they don't bother her. A review of record showed that the last annual sanitation inspection posted was . . . . During an interview on at 11:36am the owner stated that he did not know when asked if the fees were paid or sanitation department was notified for the facility recertification. Class III	A 160		