

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911570	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/14/2026
NAME OF PROVIDER OR SUPPLIER OUR DREAM ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit to a complaint survey was conducted at Our Dream ALF on _____ Deficiencies were found to be uncorrected at the time of survey.	{A 000}			
A 030 SS=E	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.	A 030			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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

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

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A 030	Continued From page 4 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. (1) 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	A 030			

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents were treated with respect that upheld their dignity and privacy for 30 out of 33 residents. (Resident #1, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33). Findings include: 1). An observation on at 6:23 AM during	A 030			

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A 030	Continued From page 6 the tour was revealed that Staff G (Caregiver) did not knock on the room for Residents #6, 7, 8, 9 and 10. An observation on _____ from 6:24 AM to 6:30 AM during the tour revealed that Staff G did not knock on the room for Residents #11, 12, 13 and 14, room for Residents #5, 15, 16, 17, 18, 19 and 20, room for Residents #21, 22, 23 and 24, room for Residents #1, 25, 26, 27, 28 and 29, and room for Residents #30, 31, 32 and 33. During an interview on _____ at approximately 9:28 AM with the Owner, she was informed that staff did not knock before she entered resident's rooms, to which she stated, "I will have a meeting with them." 2). An observation on _____ from 6:24 AM to 6:27 AM during the tour revealed that there was no toilet paper in _____ and # _____. During an interview on _____ /225 at approximately 9:28 AM with the Owner, when informed that resident bathrooms did not have toilet paper, she stated that the residents should have toilet paper by their bedside. Class III	A 030			
{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	{A 032}			

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{A 032}	Continued From page 7 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 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	{A 032}			

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{A 032}	Continued From page 8 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 interview and record review the facility failed to ensure that proper safeguards were in place for two out of 33 sampled residents (Resident #1 and Resident #5), who were identified as elopement risk. The facility failed to ensure that staff were knowledgeable in its elopement policies and procedures, which residents were identified as an elopement risk and that Resident #1 and Resident #5 had identification on their persons. Findings include: 1). During an interview on _____ at 6:36 AM with Staff G (Caregiver), she was asked if there were any elopement risk residents currently in the facility, to which she denied. When asked what the elopement procedures were, she stated that she would immediately look everywhere for the resident, then call the owner and the police. When asked what she should do if the resident	{A 032}			

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{A 032}	Continued From page 9 returned, Staff G stated that she would check the resident's body, ask them "how they are, if they need any help, if they want a bath or need to be fed or if they want their medicine." During an interview on at 6:41 AM with Staff D (Caregiver), she was asked what she would do if a resident who had eloped, returned to the facility. She stated she would call 911 and let them know to call off the search. When asked if there was anything else that she would do, she stated "just call 911." During an interview on at 7:03 AM with Staff F (Caregiver), she was asked what steps she would take if a resident had eloped. She stated she would call the police and notify [The Administrator]. Staff F stated that an elopement could never happen because "during her shift they do rounds every hour and they check everything." When asked what she would do if the resident returned, she stated that [The Administrator] is the one who determines what to do next and "I do not determine anything." She stated, "It is up to the owner or the administrator to determine." During an interview on at 7:24 AM with the Owner, she was asked if there were any elopement risk residents, to which she confirmed that there were not. A review of the Elopement Policy and Procedures revealed that "Once all of this information has been secured, the following procedures will be implemented: Within the first 24 hours: 1. Upon notification that a resident is in fact missing, Administrative staff will contact all local hospitals, all jails, and any possible leads of where the resident may be. 2. All appropriate parties will be	{A 032}			

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{A 032}	Continued From page 10 notified. After the initial 24 hours: 1. The local police department will be notified to file a missing person's report. 2. The Administration will continue to search for local hospitals and jails and lead to continue the search. 3. A 1-day incident report will be sent to AHCA [Agency for Health Care Administration] stating what happened within 15 days the resident does not return or is not found a 15-day incident report is sent to AHCA. 4. Internal Incident reports will also be made and filed within the resident's chart. 5. A separate plan of action will be individually tailored to the resident's needs to avoid future reoccurrences of an incident." and "It is the policy of Our Dream to ensure the safety of all residents at all times. PROCEDURE: In the event of staff becoming aware that a resident is missing, the staff will implement the following procedures: 1. Contact the Administration Department immediately. 2. Verify whether the resident has signed out on social leave, or has an , , , outside of the building, etc. 3. Secure from staff that saw the resident: time last seen, what the resident was wearing, what was the resident's physical, emotional, and mental status was. If something might have been bothering the resident, what it was and why. 4. Secure photo (located in residents file) and a description of the resident." A review of Staff D's employee record revealed that she had completed "Elopement Policy and Procedures" training dated . A review of Staff F's employee record revealed that she had completed "Elopement Policy and Procedures" training dated . A review of Staff G's employee record revealed that she had completed "Elopement Policy and	{A 032}			

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{A 032}	Continued From page 11 Procedures" training dated 2). During an interview on _____ at 11:17 AM, Resident #1, identified as an elopement risk resident, was asked if he had any identification on him, to which he stated "No". During an interview on _____ at 11:24 AM with the Owner, she was informed that Resident #1 did not have any identification on his person. When informed that the facility staff, herself included, previously stated that there were no elopement risk residents, she pointed at a dry eraser board that listed its elopement risk residents; Resident #1, Resident #5 and Resident #10. She stated that Resident #5 and Resident #10 were not "really elopement risk." During an interview on _____ at 11:29 AM, Resident #5, also identified as an elopement risk resident, was asked if he had any identification on him, to which he denied. A review of Resident #1's health assessment dated _____ revealed that he was identified as an elopement risk. A review of Resident #5's health assessment dated _____ revealed that he was identified as an elopement risk. Uncorrected Class III A 075 SS=D 429.255() FS Use of Personnel; Emergency Care () (3)(a) An assisted living facility licensed under	{A 032}			
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A 075	Continued From page 12 this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2) (b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw _____ or the use of an automated external defibrillator if presented with an order not to _____ executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing _____ or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to _____ executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing _____ or use of an automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it had a functioning automated external defibrillator () on the premises.	A 075			

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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 075	Continued From page 13 Findings include: An observation on _____ at 9:05 AM revealed that the facility's only _____ contained pads that expired on _____. (Photographic evidence obtained). During an interview on _____ at approximately 9:05 AM with the Owner, she was informed that the _____ pads were expired, which stated "Oh, let me call my daughter. I will order it today." During an exit interview on _____ at 9:28 AM, the Owner was informed that the _____ pads expired on _____, to which she stated, "Consider it done". A review of the facility's admission and discharge log revealed that it had 32 residents admitted. Class III	A 075			
{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	{A 152}			

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{A 152}	Continued From page 14 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 height 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 ensure that all architectural systems and appurtenances were maintained in working order and that it maintained a safe living environment that was free of hazards. Findings include: An observation on at 9:05 AM revealed that there was a nightstand that did not have a drawer knob in An observation on at 9:12 AM revealed that there was a nightstand that did not	{A 152}			

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{A 152}	Continued From page 15 have a drawer knob and a closet that did not have a door handle in room C. An observation on _____ at 9:16 AM revealed that there were approximately 15 cigarette buds left on the floor in the facility's outdoor common area. (Photographic evidence obtained). During an interview on _____ at approximately 9:28 AM, the Owner was informed of the physical plant issues, to which she stated that they had a resident who destroyed all the furniture. Uncorrected 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:	{A 160}			

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{A 160}	Continued From page 16 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. (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 _____	{A 160}			

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{A 160}	Continued From page 17 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. (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.,	{A 160}			

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{A 160}	Continued From page 18 respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure that it maintained an admission and discharge log that contained the addresses to which residents were discharged. Findings include: During an interview on _____ at approximately 9:28 AM, the Owner was informed that the admission and discharge log did not contain discharge addresses, to which she stated that they would add them. A review of the admission and discharge log revealed that the facility noted "Unknown" and "[hospital" under the discharge locations; the facility did not have the addresses to which residents were discharged. Uncorrected 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	{A 162}		

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{A 162}	Continued From page 19 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 practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described 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	{A 162}			

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{A 162}	Continued From page 20 the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of 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	{A 162}			

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{A 162}	Continued From page 21 meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be 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 maintain an up-to-date health assessment for two out of 33 sampled residents (Resident #3 and Resident #4). The facility failed to obtain updated health assessments every three years or after a significant change. Findings include: During an interview on _____ at 9:28 AM with the Owner, she was informed that Resident #3 and Resident #4 did not have an updated health assessment completed every three years or after a significant change, to which she stated that she did have an updated health assessment. A review of Resident #3's updated health assessment dated _____ revealed that	{A 162}			

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{A 162}	Continued From page 22 "Section 1. Health Assessment" and "Section 2. Self-Care and General Oversight Assessment - "Medication" were not completed. A review of Resident #3's progress notes revealed that he was sent to the hospital by doctor's order on _____ due to his refusal to eat, take his medications and erratic behavior. Further review revealed that his health assessment was last completed on _____. A review of Resident #4's progress notes revealed that he was sent to the hospital on _____ due to aggression and agitation. Further review revealed that his health assessment was last completed on _____. Uncorrected Class III	{A 162}		