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
	AL11953535	A. BUILDING: _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HOPE MANOR	2251 NW 29TH COURT OAKLAND PARK, FL 33311

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A 000	Initial Comments An unannounced Complaint survey, complaint #2026008322, was conducted at Good Hope Manor on . Deficiencies were identified at the time of survey.	A 000		
A 030	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		

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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. (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	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 record review and interview, it was determined that, the facility failed to follow and implement its established grievance policies and procedures for 4 of 9 sampled residents (Resident # 1, 3, 5 and 7). The findings included: A review of the facility's policy and procedures titled Resident Complaint/Grievance (undated) documented the following:	A 030		

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A 030	Continued From page 6 The residents' monthly meeting is used as a medium for residents to express themselves in terms of complaints or grievances related to any issue that affects them in their living environment. The provider or the staff who has the responsibility of initiating the meetings, documents grievances and complaints voiced by residents as well as interventions done by appropriate staff to each complaint for satisfactory solution. On an on-going basis, residents are allowed to voice problems to provider or staff in charge, at any given time on an individual basis. The problems or grievances shall be also documented on a Complaint Log as well as follow-up actions taken by the provider to resolve such problems. The provider shall ascertain feedback from the residents in order to determine if interventions made for resolution are satisfactory to the resident (s) who made the complaint. The provider shall ascertain feedback from the residents in order to determine if interventions made for resolution are satisfactory to the resident (s) who made the complaint. Staff interviews and resident interviews conducted on revealed multiple grievances and/or observations of Staff C's behavior toward resident: In an interview conducted on / 2026 at 9:57 AM, Resident #1 stated that Staff C (Medication Technician Supervisor) is very aggressive toward her and other residents. Resident # 1 stated that she is afraid of Staff C. The resident further	A 030		

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A 030	Continued From page 7 stated that she reported her concerns to Staff B , (Nurse Liaison); however, according to Resident # 1, no action was taken and the situation has not changed. In an interview conducted on at 10:02 AM with Staff D (Medtech), she stated that Resident #1 is very alert and that if Resident #1 said anything, it would likely be true. Staff D further stated that Staff C (Medtech Supervisor) is very aggressive toward residents and frequently yells at them. In an interview conducted on at 10:08 AM with Staff E (Home Health Aide), she stated that Staff C (Medication Technician Supervisor) is sometimes aggressive toward the residents. However, she stated that she has never observed Staff C attempt to hit or physically harm a resident. In an interview conducted on at 10:17 AM with Staff F (Home Health Aide), she stated that Staff C (Medication Technician Supervisor)frequently yells at residents and staff. Staff F further stated that she witnessed Staff C raise her toward a resident; however, she did not observe Staff C making physical contact with the resident. In an interview conducted on at 10:31 AM with Staff H (Home Health Aide), she stated that Staff C (Medication Technician Supervisor) would sometimes raise her voice at residents because she felt the need to be firm. She stated that Staff C would do so when resident when the residents did not follow her instructions. In an interview conducted on at 10:45 AM with Staff B (Nurse Liaison), she stated that	A 030		

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A 030	Continued From page 8 Staff C (Medication Technician Supervisor), is very firm regarding , medications and will not assist with , medication if it is not due. Further , Staff B stated that she discussed appropriate communication and tone of voice with staff every 6 months through a group chat, emphasizing how staff should communicate with residents. However, she stated that these discussions were not documented as an in-service or formal training. Staff B further stated that no resident had reported concerns regarding Staff C's behavior to her. In addition, Staff B provided the Agency with a copy of the group chat, which reads (dated unknown): "Proper communication with Good Hope residents involves patience, clear language , and active listening. Use , contact to ensure understanding and comfort. Please maintain a calm, respectful approach, please AVOID loud voice, yelling, screaming, or using profanity to create a peaceful environment for our residents and all at Good Hope. No matter what the situations are, please be professional at work." In an interview conducted on at 11:00 AM with Resident #3 , she stated that staff C (Medication Technician Supervisor), yelled at residents, and the residents would yell . She further stated that Staff C could be aggressive toward residents, however, she stated that Staff C (Medication Technician Supervisor), had not been aggressive toward her. In an interview conducted on at 11:06 AM with Resident #4 , she stated that Staff C (Medication Technician Supervisor), was very mean and that she should be a prison guard. Resident #4 further stated that Staff C yelled at her and other residents daily. She stated that she	A 030		

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A 030	Continued From page 9 reported Staff C's behavior to Staff B (Nurse Liaison). Additionally, Resident # 4 stated that other staff members were aware of Staff C's behavior. In an interview conducted on at 12 : 43 PM with Resident #7, he stated that had witnessed staff mistreating residents. He further stated that residents had complained about the manner in which staff treated them. Resident # 7 stated that he reported these concerns to Staff B (Nurse Liaison). In an interview conducted on at 2:15 PM with Staff C (Medication Technician Supervisor), she stated that she is firm with the residents when they request their , medication before it is due. She further confirmed that there have been occasions when she raised her voice at residents, however, she stated that she did not intend to yell at them. Record review of the facilities grievances failed to document and investigate concerns voiced by residents regarding Staff C's behavior towards residents. In an interview with Staff A(Administrator) and Staff B (Nurse Liaison) at 4 PM on , upon request of documentation regarding investigation and resolution of grievances regarding Staff C's behavior towards residents, no documentation could be provided. The facility was unable to identify steps implemented to address the concerns voiced by staff and residents regarding Staff C's behavior. The facility had no documentation reflecting conversations with residents regarding their concerns. The facility failed to demonstrate any addtional training to staff regarding honoring residents'	A 030		

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A 030	Continued From page 10 rights. In an exit interview conducted on at 4:33 PM, with Staff A (Administrator) and Staff B (Nurse Liaison), both agreed with the findings. Class III	A 030		