STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	**04/12/2017**
NAME OF PROVIDER OR SUPPLIER **A SENIOR LIVING DREAM LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13442 SW 284TH ST** **HOMESTEAD, FL 33033**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint inspection survey was conducted on , , 2017 (CCR#2017003907). A Senior Living Dream Llc with license number 12831 had the following deficiency identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based record review and interview, the Assisted Living Facility failed to have health assessment that showed what kind of help residents needed taking their medications for three (#1, #2, and #3) out of four sampled residents.

Findings included:

Review of Resident #2's record revealed that health assessment (AHCA form 1823) completed on did not indicate what kind of help the resident needed taking his medicines.

Review of Resident #1's record revealed that health assessment (AHCA form 1823) completed on did not indicate if Resident needed help taking his medicines.

Review of Resident #3's record revealed that health assessment (AHCA form 1823) completed on showed that resident needed medication administration. It did not indicate if Resident needed help taking his medicines but showed that needed assistance with self-administration of medications.

An interview on at 9:58 AM the Administrator revealed that the three residents in the facility received assistance with self-administration of medications.

Class III