STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	R **06/20/2017**
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 (CCR#2017003907) revisit survey was conducted on . A Senior Living Dream Llc with license #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 facility failed to have a health assessment that accurately showed what type of assistance the residents needed with taking their medications for one out of five sampled residents (Resident #5).

Findings included:

A review of Resident #5's record revealed that health assessment (AHCA form 1823) dated had checked on both needs assistance with self-administration of medications and needs medication administration.

An interview on at 1:29 PM Administrator stated "I had a new health assessment completed for Resident #5; this must have been a mistake by the doctor."

Uncorrected Class III