STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	**02/27/2018**
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 standard biennial survey was conducted on , 2018. A Senior Living Dream Llc with limited mental health component and license # 12831 had the following deficiencies identified at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the Assisted Living Facility failed to conduct elopement drills twice a year.

Findings included:

Review of facility's record revealed that was no evidence that facility completed elopement drills in 2017 and 2016.

In an interview on at 1:11 PM, the Administrator stated, "I did not write them down."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review, the Assisted Living Facility failed to ensure that Staff updated Medication Observation Records (MOR) immediately each time medicines were offered or administered to six out of six sampled residents (Residents #1-6).

Findings included:

In an interview on at 10:38 AM Staff B stated, "All residents took their medicines in the morning with the breakfast."

Review of Resident #6's MORs showed that MORs missed physician's name, physician's phone number and Resident's . Staff did not initial medicines for , 7 AM doses.

Review of Resident #5' MORs showed that Staff did not initial medicines for , 7 AM doses. There was an order for as needed; it did not show the dose and any parameters for taking the medicine.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	02/27/2018
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)

Review of Resident #4's MORs showed that MORs missed physician's name, physician's phone number and Resident's . Staff did not initial medicines for , 7 AM doses.

Review of Resident #3's MORs showed that Staff did not initial medicines for , 7 AM doses. Staff did not initial medicines for 500 mg and Mirtzapine 15 mg doses of . There was an order for Polyethylene Glyco as needed; it did not show the dose and any parameters for taking the medicine.

Reconciliation of Resident #'3 medicines revealed that there was a bottler of Polyethylene Glucol 3350 with instructions to take 1 capful by mouth every day as needed for , mix with water.

Review of Resident #2's MORs showed that MORs missed physician's name, physician's phone number and Resident's . Staff did not initial medicines for , 7 AM doses. Staff did not initial medicines for , 6 PM doses.

Review of Resident #1's MORs showed that Staff did not initial medicines for , 7 AM doses.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the Assisted Living Facility failed to obtain clarification for doctor orders regarding 'as needed' medications for two out of six sampled residents (#3 and #5) .

Findings included:

Review of Resident #3's Medication Observation Records (MORs) showed that there was an order for Polyethylene as needed. The order did not show the dose and any parameters for taking the medicine.

Reconciliation of Resident #'3 medicines revealed that there was a bottle of Polyethylene 3350 with instructions to take 1 capful by mouth every day as needed for , mixed with water.

In an interview on at 4:24 PM Administrator stated, "Resident #3 does not take it (referred to Polyethylene 3350) Resident has not taken it in a while. When Resident is constipated and has not gone (referred to having a bowel movement) on all day, we give it to the Resident."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	02/27/2018
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)

Review of Resident #5' MORs showed that Staff did not initial medicines for , 7 AM doses. There was an order for as needed; it did not show the dose and any parameters for taking the medicine.

In an interview on at 4:28 PM Administrator stated, "Resident #5 took for pain."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that Staff have evidence of a negative examination documented on an annual basis for two (Administrator and Staff B) out of six sampled staff. Facility failed to have a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable for one out of six sampled staff (Staff B).

Findings included:

Review of the Administrator's personnel file revealed that the hire date was on . There was no evidence of a negative examination documented on an annual basis. The last examination was on .

Review of Staff B's personnel file revealed that hire date was on . There was no evidence of a negative examination documented on an annual basis. There was no a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable .

In an interview on at 12:24 PM Administrator stated, "I had a physical this year."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of six sampled staff received required training within 30 days of employment(Staff B). Staff B missed the following training: Reporting major incidents training, Reporting adverse incidents, Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and facility's

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	**02/27/2018**
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)

resident elopement response policies and procedures training.

Findings included:

Review of Staff B's personnel file revealed that his/her hire date was on . There was no evidence of completion reporting major incidents training, Reporting adverse incidents training , Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation training and facility's resident elopement response policies and procedures training.

In an interview on at 12:44 PM Administrator stated, "We were in the process to have everything done."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that one out of six sampled unlicensed staff who provided assistance with self-administered medications successfully completed the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff B).

Findings included:

Review of Staff B's personnel file revealed that hire date was on . There was no evidence of completion the initial 4 hours training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Observation on at 12:02 PM revealed that Staff B assisted Resident #1 with self-administration of medication.

In an interview on at 12:47 PM, Staff B revealed that s/he was not a license nurse.

In an interview on at 12:44 PM, the Administrator stated, "We were in the process to have everything done."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	02/27/2018
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)

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that two out of six sampled staff received required training within 30 days of employment (Staff B and C) . Staff B and C did not have a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Review of Staff B's personnel file revealed that the hire date was on . There was no evidence of completion of a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Review of Staff C's personnel file revealed that hire date was on . There was no evidence of completion a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Observation on at 11:31 AM revealed that Staff B prepared lunch.

In an interview on at 1:04 PM, the Administrator revealed that Staff C cooked in the facility

In an interview on at 1:08 PM, the Administrator stated, "I have to do training to both of them."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that two out of six sampled staff received required the training within 30 days of employment (Staff B and C). Staff B and C did not have at least one hour of training in the facility's policies and procedures regarding ( ).

Findings included:

Review of Staff B's personnel file revealed that the hire date was on . There was no evidence of completion training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	**02/27/2018**
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)

Review of Staff C's personnel file revealed that the hire date was on . There was no evidence of completion training.

In an interview on at 1:08 PM Administrator stated, "I have to do training to both of them."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the Assisted Living Facility failed to provide documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of six sampled residents (Resident #2) .

Findings included:

Review of Resident #2's record revealed that Resident's wife signed the Agreement for Care on .

In an interview on at 2:37 PM, the Administrator revealed that Resident #2's wife signed a document, however the facility did not have it.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of six sampled residents had the mental health assessment and community living support plan updated at least annually (Resident #4) .

Findings included:

Review of Resident #4's record revealed that the admission date was on . The date on the community living support plan and the agreement with the mental health care services provider was but the Mental Health Provider or designee did not sign them.

In an interview on at 3:03 PM, the Administrator revealed that Resident #4 was because of . Resident received ( ) and SSI (Supplemental Security Income).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	**02/27/2018**
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)

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	**02/27/2018**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the Assisted Living Facility failed to report any changes in the employment status within 10 business days for three out of six sampled staff (Staff D, E and F) .

Findings included:

Review of employee roster database showed that Staff D's provisional hire date was on and there was no end date. Staff E's hire date was on and there was no end date. Staff F's hire date was on and there was no end date.

In an interview on at 11:32 AM, the Administrator stated, "You just have two employees now." In further interview at 11:38 AM, the Administrator stated, "Just these two. The rest quit." (Referred to Staff B and C). At 11:41 AM, the Administrator stated in reference to Staff E, "I think I took Staff E off. It was last year. I have Staff as a back up. I believe like last year."At 11:43 AM Administrator stated in reference to Staff D, "I paid for Staff's background screening and Staff never showed." At 11:45 AM Administrator stated in reference to Staff F, "I never hired Staff F; next day Staff came and that was it."

Unclassified