| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966253** | **03/21/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**A+ SENIOR HOME INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**41 SW 68 AVENUE**<br>**MIAMI, FL 33144** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . . . . . . A+ Senior Home Inc. (License # 1046) with Limited Mental Health service component had deficiencies identified at time of the survey:

**0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC**

Based on observation, record review, and interview the facility failed to offer and provide social, recreational or educational, and other activities to the residents for two out of six (Resident #3 and #4) sampled residents.

Findings included:

Facility records review showed that activity calendar was posted.

Interview conducted on at 1:30 PM, Resident #3 and #4 stated that they did not do any activities. Resident #3 further stated that s/he watches television all day.

Interview conducted on . . . . . at 2:20 PM, Administrator stated that they offered activities but the residents refused to participate.

Class III

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on record review and interview, the facility failed to offer snacks at least one time daily to two of six sampled residents (Residents #3 and #4) .

Findings included:

Observation during the facility tour showed that the residents did not have access to the kitchen.

On . . . . . at 1:30 PM, Residents #3 and #4 stated that they did not have access to the kitchen and the facility offer snacks sometimes.

On at 2:20 PM, the Administrator stated that they offer snacks to the residents but they

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966253** | **03/21/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**A+ SENIOR HOME INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**41 SW 68 AVENUE**<br>**MIAMI, FL 33144** | |

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

refused.

Class: III