STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969121	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **BEYOND OUR DREAMS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13434 SW 257 TERR** **MAIMI, FL 33032**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . and concluded on . . . . . . Beyond Our Dreams ALF Corp, license #12955, had the following deficiencies identified at time of the survey:

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the correct procedure when assisting with self-administered medication as outlined by the Florida Statute for one of two sampled residents (Resident #1).

Findings Included:

On at 12:30 PM observed Staff B put plastic gloves on, from packet she placed the medication in a small plastic cup. She stated the name of the medication to the resident. The staff handed the plastic cup to the resident and walked away, and did not ensure the resident took the medication.

On . . . . . at 2:05 PM Administrator stated "Yes, I acknowledge that Staff B did not make sure the resident took the medication."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to provide documentation that 1 out of 6 sampled staff completed the 2 hour continuing education training on an annual basis in Nutrition and Food service (Staff C).

Findings include:

A review of Staff C's employee file revealed the staff was hired on . . . . . and the last training in Nutrition and Food Service was received on .

On at 10:10 AM Administrator stated "I will have Staff C complete the training."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that 1 out of 6 sampled staff was knowledgeable in the subject of ( ) (Staff D).

Findings included:

On at 4:36 PM Staff D stated "No, I am not sure what that form " ( )" is.

A review of Staff D's employee filed showed the staff received the ( ) training on .

Class III

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

Based on record review, and interview, the facility failed to have an accurate health assessment for 1 out of 2 sampled residents (Resident #1).

Findings included:

A review of Resident #1's health assessment dated showed the resident needed assistance with self-administered medication.

A review of Resident #1's medication observation record showed that self-administers daily .

A review of Resident #1's file showed doctor's order dated documented: Patient able to inject by herself .

On at 1:49 AM Administrator stated "Resident #1 has a doctor's order that states she is able to administer her own , and the health assessment was completed by the resident's doctor."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969121	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **BEYOND OUR DREAMS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13434 SW 257 TERR** **MAIMI, FL 33032**	

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

Based on interview and record review the facility failed to ensure the facility could effectively and immediately activate their alternative power source and ensure the safety and well being of the residents upon loss of primary electrical power. The facility's alternate power source was observed to be in a box and was not 10 feet away from the facility.

Findings Include:

On . . . . . at 1:53 PM observed inside the facility, the generator was in the closed box.

On . . . . . at 2:00 PM Administrator stated "This is where we keep the generator and the portable air conditioner. My husband will be the one to test the generator because he knows how it works."

Class III