Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968583	A. BUILDING: _____ B. WING _____	08/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL CARE ALF INC	646 NW 129 PLACE MIAMI, FL 33182

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (Complaint # 2019008547 and # 2019008728) was conducted at All Care ALF, Inc. from , , through , , . Deficiencies were identified at the time of the survey.	A 000		
A 032 SS=G	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards 58A-5.0182 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 58A-5.0181(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. 429.41(1)(a)3 & 3(i),FS 3. Resident elopement requirements.-Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the	A 032		

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A 032	Continued From page 2 implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures. (I) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow its policies and procedures regarding elopement when one out of seven sampled residents eloped and was found by a police officer three or four blocks away from the facility (Resident #1). The facility also failed to have a photo identification of at-risk residents for elopement for Resident # 1. Findings included: A review of the online Adverse Incident Reporting System (AIRS) revealed a report was filed on regarding Resident # 1 eloping from the facility. Further review of the report revealed that "Resident # 1 walked out of the house and was found by law enforcement and brought ... to facility at around 3:15 am". The report stated that the last time the resident was seen in the facility was approximately around 12:30 am and the resident left the facility through the front door. A review of a report from the Department of Children and Families (DCF) revealed that Resident # 1 was found walking in a residential area at approximately 1:37 am. Resident # 1 was located 3 -4 blocks away from the facility and appeared to be and wearing a night	A 032		

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A 032	Continued From page 3 gown and a sweater. Resident # 1 was not able to state where she lived and law enforcement was notified. Law enforcement located the facility with their door wide open and found the caregivers sleeping. A review of Resident # 1's health assessment dated revealed Resident # 1 is diagnosed with , and . Resident # 1 was identified as an elopement risk; however, there was no documentation of a photo or identification. On at 5:20 am, the Administrator stated "Nothing happened to the lady, the lady was only outside and wanted to go to the bathroom. Staff G was the one working that night and she was in the bathroom and didn't hear Resident # 1 leave the facility". On at 8:24 am, the Administrator stated "Resident # 1 came from a nursing home and supposedly the assessment that came with her from the nursing home stated that she wasn't an elopement risk. The residents are able to leave the facility when they desire; however, none of them are fully oriented enough to go buy something or walk around on their own. If they need something, they know they can ask me and I'll go buy it for them". On at 10:10 AM, Resident # 1 stated that she did not know where she lived, and she didn't know the address to the facility. Furthermore, Resident # 1 did not have any type of identification (ID) card on her or in her personal belongings. On at 11:45 am, when asked what	A 032		

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A 032	Continued From page 4 precautions were put in place to prevent Resident # 1 from eloping again, the Administrator stated "We spend the whole night watching over. She doesn't have an ID on her or any type of bracelet with her information". The Administrator also stated "The resident got out while one of my staff was in the bathroom. The staff didn't hear the door open". Class II	A 032		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph;	A 055		

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A 055	Continued From page 5 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.	A 055		

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A 055	Continued From page 6 (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications locked at all times. Findings included: On . . . at 5:58 am, observed the Administrator walk inside # 's unlocked closet where two residents were sleeping and removed two large clear bins labeled with Resident # 2's and # 4's name. The large clear bins were filled with medication packs. On at 6 am, the Administrator stated that she stored the clear bins in the closet because she didn't have enough space in the medication cabinet.	A 055		

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A 055	Continued From page 7 Class III	A 055		
A 161 SS=D	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification; 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.; 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule	A 161		

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A 161	Continued From page 8 58A-5.019, F.A.C.; 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a complete staff record for one out of seven sampled staff members (Staff D). The facility also failed to have documentation of a Level II background screening for one out of seven sampled staff members (Staff D). Findings included: On at 4:53am, Staff D answered the door and stated "Let me go wake up the employee and I'll be right ". Observed an empty cot where Staff D was sleeping in the middle of the hallway. On at 5:05am, Staff B stated that Staff D is her cousin that just came from Cuba and had slept over and will get picked up earlier today.	A 161		

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A 161	Continued From page 9 On at 4:55am, observed Staff D enter # . At 05:10 am, Staff D came in the kitchen area and looked around. At 5:16am, Staff D walked toward # . On at 11:42 am, Staff A stated, "Staff G and Staff F work at night. They could not come last night. Staff G had to take her grandma somewhere, and Staff F had a . I honestly did not know that no one could sleep over. She really didn't come here to help or work, she just came to sleep. She really didn't work." At 11:45 am, Staff A stated that Staff D was there only for one night. Staff B was going to be by herself last night because the other nightshift staff had called out. Review of Staff D's personnel records revealed no documentation or evidence to review. Furthermore, there was no evidence or documentation of a level II background screening. Class III	A 161		

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print [illegible] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to list one out of nine sampled staff on its roster in the background screening clearinghouse database (Staff D). Findings included:	CZ814		

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CZ814	Continued From page 1 On at 4:53 am, Staff D answered the door and stated "Let me go wake up the employee and i'll be right ". Observed an empty cot where Staff D was sleeping in the middle of the hallway. On at 5:05 am, Staff B stated that Staff D is her cousin that just came from Cuba and had slept over. On at 04:55, observed Staff D enter resident # . At 05:10 am, Staff D came in the kitchen area and looking around. At 05:16 am, Staff D walked to resident # . At 05:40, Staff D and Staff E left facility together. On at 11:42 am, Staff A stated, "Staff G and Staff F work at night. They could not come last night. Staff G had to take her grandma somewhere, and Staff F had a I honestly did not know that no one could sleep over. She really didn't come here to help or work, she just came to sleep. She really didn't work." At 11:45 am, Staff A stated that Staff D was there only for one night. Staff B was going to be by herself last night because the other nightshift staff had called out. A review of the facility's background screening database system revealed Staff D wass not on the facility's roster as an employee. Unclassified	CZ814		
CZ815 SS=C	408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited	CZ815		

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CZ815	Continued From page 2 offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ◡ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or . . . . . ◡ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ◡ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure	CZ815		

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CZ815	Continued From page 3 website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (h) Section 817.234, relating to false and fraudulent insurance claims. (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (k) Section 817.505, relating to patient brokering. (l) Section 817.568, relating to criminal use of personal identification information. (m) Section 817.60, relating to obtaining a credit card through fraudulent means.	CZ815		

Agency for Health Care Administration

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	AL11968583	A. BUILDING: _____ B. WING _____	08/05/2019

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CZ815	Continued From page 4 (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (o) Section 831.01, relating to forgery. (p) Section 831.02, relating to uttering forged instruments. (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (s) Section 831.30, relating to fraud in obtaining medicinal drugs. (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (u) Section 895.03, relating to racketeering and collection of unlawful debts. (v) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee as of , and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) A person who serves as a controlling interest of, is employed by, or contracts with a licensee on , who has been screened and	CZ815		

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CZ815	Continued From page 5 qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by , , in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before , must be rescreened by . (b) Individuals for whom the last screening conducted was between , and , must be rescreened by , . (c) Individuals for whom the last screening conducted was between , through , must be rescreened by , . (6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a	CZ815		

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CZ815	Continued From page 6 person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (8) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (9) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify	CZ815		

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CZ815	Continued From page 7 the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.	CZ815		

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CZ815	Continued From page 8 (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide an eligible level 2 background	CZ815		

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CZ815	Continued From page 9 screening for one out of nine sampled staff members (Staff D). Findings Included: On at 04:53 am, observed an empty cot where Staff D was sleeping in by the entrance door. Staff D did not want to provide any information about herself. Staff D stated when she answered the door, "Let me go wake up the employee and I'll be right ". On at 05:00 am, Staff B stated that Staff D was her cousin that came from Cuba the day before. She further stated at 7 AM, "The other employee, Staff F, who was scheduled to work for the night called out because her son was sick. I had spoken to the administrator and told her that since my cousin is here, she can cover for her and sleep in the coat room outside". On at 6:22 am, the Administrator stated "I don't know her last name. Staff B told me that Staff E took Staff D to her cousins house and came last night to talk to Staff B. I don't know her date of birth either". Review of the facility's background screening database revealed Staff D was not listed as an employee/staff person. Unclassified	CZ815		
CZ828 SS=C	408.813(3) FS Administrative Fines; Violations (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation.	CZ828		

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CZ828	Continued From page 10 Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to operate within its licensed capacity of six residents. Seven residents were found to be living at the facility. Findings included: On at 5:04 am, observed Resident # 3 sleeping in an upright position sitting on a sofa located in the facility's living room. At 5:05 am, Staff B stated that Resident # 3 stayed the night because her daughter got operated on, and her son-in-law was supposed to have her picked up, but did not show. On at 5:20 am, the Administrator stated that there were currently five residents living at the facility and three residents who were considered daycare. On . . . . . at 6:55 am, Resident # 3 stated "This is a wonderful house and the staff is wonderful. They take really good care of me. Yes, I sleep here every night. They wash my clothes I have on	CZ828		

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CZ828	Continued From page 11 every other day, they give me my medications and they cook for me". On at 7 am, Staff B confirmed Resident # 3 did live in the facility and had clothes stored in the employee's closet. Review of the facility's admission and discharge log for daycare residents revealed Resident # 3 was admitted on and the hours of daycare are from 7:30 am through 7:30 pm. On at 5:25 am, the Administrator stated "The problem is that her daughter got operated on recently and then I let her sleep over from last night". The Administrator also stated that Resident # 3 "only comes on the weekends because she goes to an adult daycare center Monday - Friday". Unclassified	CZ828		