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
	AL11911570	A. BUILDING: _____ B. WING _____	R 07/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR DREAM ALF	1630-1640 PALM AVENUE HIALEAH, FL 33010

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{A 000}	Initial Comments A second revisit to a complaint survey was conducted at Our Dream ALF on - . Deficiencies were found at the time of survey.	{A 000}		
{A 030} SS=E	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	{A 030}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 030}	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	{A 030}		

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{A 030}	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	{A 030}		

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{A 030}	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	{A 030}		

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{A 030}	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	{A 030}		

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{A 030}	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure residents were treated with respect that upheld their dignity and privacy for 29 out of 34 sampled residents. (Resident #1, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29). Findings included: 1) An observation on at 6:08 AM through 6:32 AM revealed live brown insects in	{A 030}		

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{A 030}	Continued From page 6 Resident #5's room and in the Administrator office. Resident #13 had facility holiday decorations and cleaning supplies stored in his closet. Resident #13 was sleeping on plastic bed covering for mattress, with no sheeets. Interviewed on at 6:59 AM, Staff B stated Resident #13 didn't like sleeping on bed linens. Observation on at 7:04 AM revealed Resident #22 had facility cleaning supplies and facility linen stored in his closet. During an interview on at 7:08 AM Staff B stated, "we store the stuff in here it's for the facility." When asked why facility items were stored in Resident #22's room. 2) During an interview on at 6:35 AM Resident #17 stated he helped Resident #4 to get dressed. When asked how Resident #4 communicated with his roommate Resident #14 stated "he reads , ". Resident #4 stated "he's ". Further observation revealed Resident #4 couldn't read , or read a handwritten note. 3) Observation on at 7:25 AM revealed the phone in the common are for resident use was not working. During on at 7:26 AM the Administrator stated, "honestly it's there but it doesn't work." When asked why the facility phone on the wall in the common area was not working. Observation on at 7:50 AM revealed important phone numbers posted on the wall in	{A 030}		

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{A 030}	Continued From page 7 the dining room. Further observation revealed that when dialed, the number listed for residents to contact the Agency for Health Care Administration was disconnected. Observation on at 7:51 AM revealed the Owner called the incorrect agency phone number. During an interview on at 7:51 AM the Owner stated "What? I'll update it right now." Observation on at 7:54 AM revealed the local Ombudsman's phone number was incorrect. During an interview on the Owner stated, "what do you mean." When informed the local advocacy phone number was incorrect. Uncorrected Class III	{A 030}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) 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 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A	{A 032}		

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{A 032}	Continued From page 8 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 59A-36.011(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 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	{A 032}		

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{A 032}	Continued From page 9 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 Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure that residents identified at elopement risk have identification on their persons for two out of 33 sampled residents (Resident #1 and Resident #5 and #17). Findings included: During an interview on at 8:25 A.M., Resident #5 stated that he could go outside nearby. He further stated, "I don't have any identification with me." During an interview on at 8:28 A.M., Resident #1 stated that if he went out nearby, he knew how to return to the assisted living facility. However, he stated that if he went farther away, he would not know how to get . He said, "I'm not familiar with the area." Resident #1 also stated that he did not have any form of identification on him. A review of Resident # 1's health assessment (form 1823) dated revealed that he was identified as an elopement risk, Further review showed a diagnosed , , , , and disorganized thinking, and , , , and he is independent with all the daily activities.	{A 032}		

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{A 032}	Continued From page 10 A review of Resident #5's health assessment (form 1823) dated revealed that he was identified as an elopement risk, with a diagnosed with . Resident #5 need supervision with bathing/ and toileting and independent with ambulation, eating/ self-care/ toileting and transferring. During an interview on at 8:33 A.M., the Administrator stated, "I ordered Identification (ID) for all the [residents], I keep ID in my office to prevent them from getting lost or being thrown away." further, she stated, "The norm here is, if residents wants to go out, they have to come to the office and asked permission, sign out and the Owner or the Administrator would give them an ID." When asked what if one resident without going to the office. Administrator stated I'm going to make a copy of the ID for the residents. A review of Resident # 1's health assessment (form 1823) dated revealed that he was identified as an elopement risk, Further review showed a diagnosed , , , , and disorganized thinking, elites and , and he is independent with all the daily activities. A review of Resident #5's health assessment (form 1823) dated revealed that he was identified as an elopement risk, with a diagnosed with . Resident #5 need supervision with bathing/ and toileting and independent with ambulation, eating/ self-care/ toileting and transferring. A review of Staff D's employee record revealed	{A 032}		

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{A 032}	Continued From page 11 that she had completed "Elopement Policy and Procedures" training dated . A review of Staff E's employee record revealed that she had completed "Elopement Policy and Procedures" training dated . A review of Staff C's employee record revealed that she had completed "Elopement Policy and Procedures" training dated Uncorrected Class III	{A 032}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects,	{A 152}		

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{A 152}	Continued From page 12 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe living environment, be free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems are maintained. Findings included: During observation on 6:06 am revealed a locked bolted entrance door. On , at 6:08 am unlabeled doors revealed, outer doors had a number or a letter, however resident room doors had no identifier. There were four units within the suite. Observation on , between 6:08 - 8:01 am revealed partially painted walls. Further observation revealed that resident rooms and common areas appeared institutional, with cement or tile seating, no decorations, and rear door bolted shut.	{A 152}		

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{A 152}	Continued From page 13 On , , , at 6:32 am, revealed live insects resembling roaches, in Resident #5's room closet. Within that same room were broken beds. The residents had no privacy screen. Observation on , , at 6:34 am revealed Room C had torn bed linens. Observation on , , , revealed broken unkept and dirty closets, with holes in resident #13 room, near his bed. An interview was conducted on , , , at 7:01 AM with the Owner regarding the missing paint and holes in Resident #13's walls, who stated, "it's like this because they're waiting for the , to dry." Observation at 7:10 AM , , revealed a dirt-like appearance on floor near the water fountain. Interviewed at 7:11 am, the Owner stated, "Oh that's old that's not dirt." The Owner further stated that the tile was discolored due to residents getting water. The Owner was then observed to wipe the floor with a towel. Observation revealed 7:13 AM a broken closet in a resident room. Interviewed on att 7:13 am, the Owner stated, "Were painting ... this is for the air conditioning, but they don't go here because it's the air conditioning it won't , I know." Interviewed at 7:13 AM, Resident #25 stated regarding the closet door, "It's been like that for a long time because I've been here for a long time." He further stated regarding the wall and closet, "It needs to be put on the track." Observation on , , , at 7:25 am,	{A 152}		

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{A 152}	Continued From page 14 revealed residents smoking in common area with cigarettes butts on the floor, Hard seating surface made of wood and concrete. There were no comfortable seating areas for residents Observation on , , , at 7:30 am revealed several metal antennas sticking out of the wall below the small television. Observation on , , , at 7:50 am, revealed a broken fence beside the wash area, along with construction tiling materials inside the washing area. Observation on , , , at 7: 54 am, the owner was asked why the environment was not more homelike, she responded, "it's a mental health facility, what do you expect". She further stated the residents would not appreciate decorations, because they would tear them down and destroy them. Observation on , .2026 8:08 am revealed in a locked room near the common area, overflow toilet, with rust stained water on the floor and dark stain on the bath floor. Rust in the bathtub, wall air condition unit rusted. Unkept, and dirty doorknobs. roaches on the floor. Interview with Owner at 8:10 am, she stated that she would have the room cleaned, calling one of her staff to come and clean the area. She said that section was unused. Observation on , .2026 at 8:10 revealed bolt locked exit. Uncorrected	{A 152}		

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{A 152}	Continued From page 15 Class III	{A 152}		
{A 160} SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents	{A 160}		

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{A 160}	Continued From page 16 if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.	{A 160}		

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{A 160}	Continued From page 17 (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Surveyor: Wright-Campbell, Donalee Based on interview and record review the facility failed to maintain required records readily available for inspection, comprehensive emergency management plan (CEMP), liability insurance policy, copy of the surety currently, pest control, and generator log. Findings include: 1) A review of the comprehensive emergency management plan revealed there was no plan to review.	{A 160}		

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{A 160}	Continued From page 18 2) A review of a notice of cancellation dated revealed that the liability insurance was canceled on due to unpaid balance of $6,202.62. A review of a notice of premium due dated revealed that a new liability insurance policy for period to had a balance of $13,948.00 with a minimum due of $4,063.00. A review of a notice of cancellation dated revealed the new liability insurance was canceled on due to non-payment of premiums. The amount due was $1,100.34. A review of the facility bank statements dated revealed that there were 3 accounts linked to the facility and one of the accounts had an overdraft from to . The overdraft amount was as much as $12,000 at one point. As of the totaled monies held in the accounts were $5,111.07. 3) A review of the surety bond dated revealed that the bond amount was $10,000. A review of the bank statements revealed that there were 10 residents who received $994 in SSDI and one resident who received $414. (photographic evidence obtained) A review of the income log revealed 14 residents received $994 in social security , benefits and one resident received $414. During an interview on at 11:20 AM the Administrator stated that she received SSDI	{A 160}		

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{A 160}	Continued From page 19 benefit for 16 residents. The Administrator also stated that she also received $164 dollars in for 16 residents. The Administrator stated that she would have to obtain an additional $28,000 in surety bond. 4) Observation on at 9:34 AM revealed a live brown insect in the Administrator's office. During an interview on at 9:35 AM the Administrator stated, "fumigation comes monthly but I don't have a log, and he doesn't give us a check or bill, and he's been coming here for 10 years." When asked, was there a pest control log available. 5) During an interview on at 10:54 AM the Administrator stated she doesn't keep a generator log. When asked if there was a generator log to review. Uncorrected Class IIIBased on interview and record review the facility failed to maintain required records readily available for inspection, comprehensive emergency management plan (CEMP), liability insurance policy, copy of the surety currently, pest control, and generator log. Findings include: 1) A review of the comprehensive emergency management plan revealed there was no plan to review. 2) A review of a notice of cancellation dated revealed that the liability insurance was canceled on due to unpaid	{A 160}		

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{A 160}	Continued From page 20 balance of $6,202.62. A review of a notice of premium due dated revealed that a new liability insurance policy for period to had a balance of $13,948.00 with a minimum due of $4,063.00. A review of a notice of cancellation dated revealed the new liability insurance was canceled on due to non-payment of premiums. The amount due was $1,100.34. A review of the facility bank statements dated revealed that there were 3 accounts linked to the facility and one of the accounts had an overdraft from to . The overdraft amount was as much as $12,000 at one point. As of the totaled monies held in the accounts were $5,111.07. 3) A review of the surety bond dated revealed that the bond amount was $10,000. A review of the bank statements revealed that there were 10 residents who received $994 in SSDI and one resident who received $414. (photographic evidence obtained) A review of the income log revealed 14 residents received $994 in social security benefits and one resident received $414. During an interview on at 11:20 AM the Administrator stated that she received SSDI benefit for 16 residents. The Administrator also stated that she also received $164 dollars in for 16 residents. The Administrator stated that she would have to obtain an additional $28,000 in	{A 160}		

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{A 160}	Continued From page 21 surety bond. 4) Observation on at 9:34 AM revealed a live brown insect in the Administrator's office. During an interview on at 9:35 AM the Administrator stated, "fumigation comes monthly but I don't have a log, and he doesn't give us a check or bill, and he's been coming here for 10 years." When asked, was there a pest control log available. 5) During an interview on at 10:54 AM the Administrator stated she did't keep a generator log. Uncorrected Class III	{A 160}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case	{A 162}		

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{A 162}	Continued From page 22 manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.	{A 162}		

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{A 162}	Continued From page 23 (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , { }, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the	{A 162}		

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{A 162}	Continued From page 24 names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to maintain an up-to-date health assessment for 13 out of 34 sampled residents (Resident #3, #4, #5, #6, #9, #10, #14, #15, #17, #18, #24, #26, and #31). Findings include: 1) A review of Resident #3's progress notes revealed that he was sent to the hospital by doctor's order on due to his refusal to eat, take his medications and erratic behavior. Observation on at 10:35 AM revealed Resident #3 didn't have an updated health assessment. Further review revealed that his health assessment was last completed on . A review of Resident #4 health assessment (form 1823) dated revealed that "Section 2. Self-Care and General Oversight Assessment - "Medication" were not completed. 2) A review of the internal hospitalization log revealed Resident #5 was hospitalized on	{A 162}		

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{A 162}	Continued From page 25 and returned on . A review of Resident #5's health assessment revealed the last examination was completed on . 3) A review of the internal hospitalization log revealed Resident #6 was hospitalized on and returned on . The last health assessment was dated 4) A review of Resident #9's heath assessment revealed Resident #9 had a specialized diet. Further review revealed Resident #9's medical history and diagnoses did not have . 5) A review of Resident #10's health assessment revealed she had a peanut . A review of Resident #10's progress note revealed she was hospitalized for a on , after having and been found . Further review revealed the health assessment was not updated. A review of Resident #10's health assessment revealed the last examination was dated . 6) During an interview on at 9:16 AM., the Administrator was unable to locate the Resident #14 Medical Record (MORs) for . During an interview on at at 9:20 AM, the Administrator stated that the files were on her desk and that she just needed to	{A 162}		

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{A 162}	Continued From page 26	{A 162}		

place the documents in the residents' files. She also said that those were the updated medical assessments, but they had not yet been added to the residents' files.

During an interview on at 11:41 AM, the Administrator stated that she did not have the phone number for Resident #14's nurse who administered his medication, so she had called a community health center to obtain it.

A review of Resident #14's records showed that the demographic sheet listed an incorrect health care provider. Further review showed that the resident also had an incorrect community living support plan and an incorrect . agreement. The review also showed that Resident #14 had been discharged from the hospital multiple times, but his health assessment had not been updated to reflect any change in condition, the hospitalization, or the discharge summary.

A review of Resident #14's progress notes showed that he had refused his medication between , and of 2026, and there was no record of any follow?up with his doctor, case manager, or social worker. The file also showed that he had been hospitalized; however, there was no information explaining the reason for the hospitalization, no updated discharge date, and no documentation of any new or continued medications.

7)
A review of Resident #14's health assessment dated showed the list of diagnoses had been incomplete. In addition, there was no updated evaluation in the file following his recent hospitalizations on and

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(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 162}	Continued From page 27 8) A review of Resident #15's health assessment dated showed type 2 was listed as one of his diagnoses, but the assessment did not reflect a diet. Instead, it showed that he was on a regular diet. 9) A review of Resident #17's health assessment dated showed that he was not at elopement risk. Further review of Resident 17 revealed that he was admitted to then hospital, brought in by the police on due to acute exacerbation of , , symptoms. 10) A review of Resident #18's internal hospitalization log showed the resident had been hospitalized on and . His health assessment had not been updated; his last documented examination dated . A review of Resident #18's health assessment dated on showed an incomplete list of diagnosis, and no updated evaluation after hospitalizations. 11) A Review of Resident # 24 's health assessment dated showed diet but missed as one of his diagnoses. 12) A Review of Resident #26's health assessment revealed the last examination was dated . 13)	{A 162}		

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	AL11911570	A. BUILDING: _____ B. WING _____	R 07/29/2026

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{A 162}	Continued From page 28 Observation on at 10:38 AM revealed Resident #31 didn't have an updated health assessment; the health assessment was dated A review of Resident #31's health assessment revealed that "Section 2. Self-Care and General Oversight Assessment - "Medication" were not completed. Uncorrected Class III	{A 162}		
A 165 SS=F	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her	A 165		

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A 165	Continued From page 29 consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The	A 165		

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A 165	Continued From page 30	A 165		

agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The agency may adopt rules necessary to administer this section.

This Statute or Rule is not met as evidenced by:
Based on interviews and records review the facility failed to ensure that preliminary adverse incidents reports were reported for four out of 33 residents sampled. Resident #5 . Residents #10 and #14 had multiple hospitalizations, and Resident #17 eloped.

Findings include:

1)
During an interview on around 3:00 P.M., when asked why Resident #5 was no longer listed as an elopement risk, the Administrator

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A 165	Continued From page 31 stated Resident #5 , on Sunday , at the hospital. Regarding the incident report, she stated the resident didn't die at the facility therefore, an incident report was not done. A review of the hospital record related to the incident revealed Resident # 5 was hospitalized on , , pronounced at 9:48 am 2) A review of Resident #10's progress notes showed the following: On rounds at 5:00 A.M., Staff C and Staff F (caregivers) arrived at Resident #10's room and found her on the floor with a small bump on her forehead and she was , rescue transported her to a local hospital as a precaution. On Resident #10 was transported to the local hospital after falling and being found . The resident was hospitalized with , and a closed injury. Resident # 10 hospital record dated , revealed Resident #10 was admitted after having a , found on the floor alone in her room in a pool of her own . On fire rescue was called because Resident #10 had a syncopal episode, the resident was transported to the local hospital, further review of the hospital record revealed she was admitted on / 2026, after 'feeling sick' at the dining table. The resident was found to have hypernatremia, high	A 165		

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A 165	Continued From page 32 of 335, retention and low 3) A Review of Resident #14's record showed: On 2/ 9/ 2026, Resident #14 requested to be transferred to the hospital because the "voices" were telling him that he was ill. On / 2026, Resident #14 was transported to the hospital for , concerns indicated the Resident #14 was hearing "voices" and On , Resident #14 was transported to the hospital for mental health concerns. A facility progress note indicated Resident #14 was sent to the hospital pursuant to the health care provider's orders due to erratic behavior, verbal aggression, paranoia, and , behavior. 4) A review of Resident #17 progress note showed that on at 2:00 P.M. on the afternoon Resident #17 was yelling, very agitated, and being physically aggressive. The note stated. "He was directing all his energy towards one of the employees, threatening her. The administration quickly got involved and tried to de-escalate the problem. Called his mother, explained everything that had occurred, what he did and said, we explained to [Resident #17's] mother that he physically hurt the Owner." A review of the resident record found no documentation that the facility knew the resident's mother's address. Further review on revealed that Resident #17 was discharged from the hospital, however there was no documentation of why he	A 165		

Agency for Health Care Administration

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A 165	Continued From page 33 was admitted to begin with. A Review of Resident #17 Hospital record discharged plan dated stated that Resident #17 had a long history of mental health illness with current , diagnoses of , , , who was brought in by police due to acute exacerbation of , symptoms. A review of the facility on AIRS (Adverse Incident Reporting System) showed the lasted reported incident occurring on . No further incident was reported. Class III	A 165		