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
	AL11965173	A. BUILDING: _____ B. WING _____	R 09/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
XIOMARA HOME	4321 SW 1 STREET MIAMI, FL 33134

(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 second revisit survey was conducted at Xiomara Home on to . Deficiencies were identified at the time of the survey. Class I deficiency was found at tag A0025 A class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, , , or to a resident receiving care in a facility. The facility failed to provide care and services appropriate for the needs of Resident #6 who was ambulating without the supervision or assistance of facility staff and and suffered a and , , . as a result. The Class I noncompliance began on . The facility's Administrator was notified of the Class I noncompliance on at 9:20 AM. The census at the start of the survey was 6 residents. The following is a description of the deficiencies found at the time of the visit.	{A 000}		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.-	A 010		

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A 010	Continued From page 1 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is	A 010		

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A 010	Continued From page 2 bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed	A 010		

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A 010	Continued From page 3	A 010		

facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:

(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.

(b) A resident requiring care of a , may be retained provided that:

1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,

2. The condition is documented in the resident's record; and,

3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.

(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:

1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the

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A 010	Continued From page 4 provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the inappropriateness of residency for one out of seven sampled resident (Resident #5). Resident # 5 had an order for full bed rails with repositioning every 2 hours and was not under hospice care. Findings included:	A 010		

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A 010	Continued From page 5 Observation on at 8:11 AM showed that Resident # 5 was in bed with full bed rails. Resident #5 did not get out of bed during the survey. During an interview on at 8:11 AM Staff B stated that Resident # 5 was under hospice care. During an interview on at 8:20 AM Staff D stated that Resident # 5 was not under hospice care. Staff D stated that Resident # 5 could not get out of bed without their help. A review of Resident # 5 health assessment dated showed that the resident was diagnosed with dependence in remission, of prostatic hyperplasia, essential mild intermittent D deficiency, . Residents level was alert and oriented x 1 and physical imitation included independent ambulation with standby assist. Residents had precautions and severe and required assistance with ambulation, bathing, eating, self-care toileting, transferring. The health assessment also stated that he was not bedridden. A review of Resident # 5's records showed physician order dated for "full bed rails, with repositioning every 2 hours" and the diagnosis 'mobility	A 010		

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A 010	Continued From page 6 Class III	A 010		
A 025 SS=J	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the	A 025		

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A 025	Continued From page 7 activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide care and services appropriate for the needs of three out of seven sampled residents (Resident#6, 4 and 5). Resident #6 while he was ambulating to and from the bathroom unassisted and suffered a and a , of the , . Resident #4 ambulated to the bathroom without assistance. Resident # 5 had an order to reposition every two hours and staff did not reposition him during the survey. Findings included: 1) During an interview on at 8:11 AM Staff B stated that Resident # 6 was in the	A 025		

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A 025	Continued From page 8 hospital. Staff B further stated that he and hit his in the morning around 7:00 AM. A review of the facility incident report dated showed that Resident # 6 had an unwitnessed at 7:15 AM while returning from the bathroom. The resident was sent to the hospital for injuries to his . A review of Resident # 6's health assessment dated showed that he was diagnosed with high , , , , , , , , , and prostatic hyperplasia. Physical limitation included the use of a rolling walker, and special precautions included Resident # 6 needed assistance with ambulation, bathing, , grooming, toileting, and transferring, and needed supervision with eating. A review of the hospital records dated showed that Resident # 6 had a of unknown or mechanism. As a result of the the resident suffered a left anterior forehead and a at "T12" [twelfth]. According to the Mayo Clinic, , can occur from and can lead to , . Recovery from a , depends on the severity and the patient's age. During an interview on at 8:20 AM Staff B stated that she was doing laundry when Resident # 6 in the hallway by the entrance of his room. She further stated that Resident # 6 was very independent and that she was unaware that had gotten up to go to the bathroom. Staff B also stated that she remembered that Resident #	A 025		

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A 025	Continued From page 9 6 only had one sandal on and that he hit his after going to his room. During an interview on at 8:25 AM Staff D stated that she was in the kitchen when resident #6 and she heard a bang. She also stated that Resident # 6 would get up from bed without [staff] knowing frequently, because he would scoot himself out of bed where there were no bed rails. Staff D stated that he was using his walker when he . A review of the facility's assistive device policy showed that the facility was responsible for ensuring safe usage of the assistive devices. A review of the facility's prevention policy showed that "staff member on duty were responsible for supervision and support to the residents they serve." The policy further states that the 'Administrator was to inform staff of the resident's needs.' The policy also stated that interventions included 'awareness of the resident healthcare needs, and knowledge of the resident whereabouts to ensure their safety.' According to the Center for Control and Prevention were the leading cause of in adult 65 and older and were preventable. 2) Observation on at 8:03 AM Resident # 4 was sitting on the front porch unsupervised. Observation on at 8:50 AM Resident # 4 was observed ambulating with his walker without supervision. A review of Resident # 4 health assessment dated showed that the resident was	A 025		

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A 025	Continued From page 10 diagnosed with [illegible] ([illegible]), [illegible], Resident's physical limitation included use of a walker. Resident #4 also had precautions and required assistance with bathing and supervision with ambulation, [illegible], grooming, toileting. Observation on [illegible] at 9:05 AM the Administrator asked Staff B to watch Resident #4 who was sitting on the outside porch again. 3) Observation on [illegible] at 9:05 AM Resident #5 was in bed with full bedrails. Further observation showed that staff did not reposition. Review of physician's order dated [illegible] showed order for "full bed rails, repositioning every 2 hours." A review of Resident # 5 health assessment dated [illegible] showed that the resident was diagnosed with [illegible] dependence in remission, [illegible] of [illegible] prostatic hyperplasia, [illegible] essential [illegible] mild intermittent [illegible] D deficiency, [illegible]. Residents' [illegible] status was alert and oriented x 1 and physical imitations included independent ambulation with standby assist. Residents had [illegible] precautions and severe [illegible] and required assistance with ambulation, bathing, [illegible], eating, self-care toileting, transferring. The health assessment	A 025		

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A 025	Continued From page 11 also stated that he was not bedridden. Class I	A 025		
{A 030} SS=D	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. (d) The facility must have a written statement of	{A 030}		

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{A 030}	Continued From page 12 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 13 429.28 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. (g) Share a room with his or her spouse if both	{A 030}		

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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 030}	Continued From page 14 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 telephone number of the program. In order for a	{A 030}		

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{A 030}	Continued From page 15 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 call the State Long-Term Care Ombudsman	{A 030}		

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{A 030}	Continued From page 16 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, interview and record review the facility failed to ensure that three out of seven sampled residents (#1, 5, and 7) were treated with consideration and respect with due recognition of personal dignity and the need for privacy. Resident #1 and 7's rooms had no privacy door, staff used the bathroom in their room as a staff restroom, and staff stored cleaning equipment and food items in the room. Resident # 5 did not consent to being restrained. Findings included:	{A 030}		

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{A 030}	Continued From page 17 Observations on at 8:05 AM showed that Resident #1 and 7's rooms had multiple entrances. One of the entrances to the room had a door and the other entrance leading towards the kitchen did not have one. There was a locked bathroom in the room labeled "employees only." Further observations showed a vegetable basket with banana and root vegetables, in the resident's room along with cleaning equipment. Additional observation showed strong food odor in Resident # 1 and 7's room presumably from the kitchen. During an interview on at 8:05 AM Staff B stated that there was never a door in the kitchen. Staff B also stated that she kept the staff bathroom locked because residents would in there. During an interview on at 8:11 AM Staff B stated that Resident # 5 was under hospice care. During an interview on at 8:20 AM Staff D stated that Resident # 5 was not under hospice care. Staff D also stated that Resident # 5 could not get out of bed without their help. When asked if he could operate the bed rails, Staff D did not answer. A review of Resident # 5's records showed that he nor his power of attorney consented to the use of full bed rails. There was a consent dated for half bed rails only. During an interview on at 9:10 AM the Administrator stated that Resident # 1 and 7's room had always been like that. Class III	{A 030}		

Agency for Health Care Administration

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A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record reviews, the facility failed to ensure that there was consent, and a physician order with care plan for the use of a physical , for one out of seven sampled residents (#5). Findings included: Observation on at 8:11 AM showed that Resident # 5 was in bed with full bed rails.	A 033		

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A 033	Continued From page 19 Resident #5 did not get out of bed during the survey. During an interview on at 8:20 AM Staff D stated that Resident # 5 could not get out of bed without their help. When asked if he could operate the bed rails, Staff D did not answer. A review of Resident # 5's records showed that he nor his power of attorney consented to the use of full bed rails. There was a consent dated for half bed rails and there was care plan for physical dated for full bed rails and a maximums time were applied at 12 hours. The physical order dated stated that the resident requires "full bed rails, with reposition every 2 hours" and a diagnosis 'mobility , .' Class III	A 033		
A 152 SS=E	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:	A 152		

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A 152	Continued From page 20 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, 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, that facility failed to ensure a safe living environment free of hazards and well-maintained appurtenances. Findings included: Observation on at 8:09 AM showed a bottle of cleaning detergent on the kitchen sink. Observation on at 8:10 AM showed the laminate and base board of the kitchen sink were peeling off or missing. Observation on at 8:11 AM showed that in Resident # 5 and 6's room there was a wall air-conditioning unit with moisture damage	A 152		

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A 152	Continued From page 21 plastered and peeling paint. Observation on at 8:13 AM showed missing paint in the corner of the hallway. Additionally, there were unlocked creams in the closet by the bathroom. During an interview on at 8:13 AM staff B stated that she left the closet unlocked because she was still bathing the residents. During an interview on at 9:10 AM the Administrator stated that she bought the business two years ago and had been trying to fix things. The Administrator stated that they were coming in two days to fix the kitchen. The Administrator also stated that the property owner restricted her ability to fix items the way she would like. Class III	A 152		