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
	AL11953342	A. BUILDING: _____ B. WING _____	10/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013

(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 AMENDED A complaint survey (complaint number 2019019041) was conducted at Professional Home Care III on . . . . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must 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 shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 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 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	A 025		

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A 025	Continued From page 1 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, record review and interview the facility failed to provide care and services and to offer personal supervision appropriate to the needs of four out of twenty (Residents #4, #8, #9 and #10) sampled residents. Findings Include: Observation on at 11:40 AM showed there were twenty residents in the facility. Three of them (Resident #8, Resident #9 and Resident #10) were receiving hospice services and required total assistance with the activities of daily living. One of the residents (Resident #4) needed assistance with transfer by two staff. Staffing schedule review showed that there was only one staff caring and providing personal services to the residents from 7 PM to 9 PM on Monday, Thursday, Saturday and Sunday, from 8 PM to 9 PM on Tuesday, Wednesday and Friday,	A 025		

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A 025	Continued From page 2 and from 9 PM to 6 AM every day. Resident record review showed that for Resident #8 health assessment done on , Resident #9 health assessment done on , and Resident #10 health assessment done on the physician indicated the residents needed total assistance with the activities of daily living. Resident's #4 record review showed the health assessment done on the physician indicated the resident needed assistance with the activities of daily living. Progress notes document that the the physician ordered. hospice evaluation and on the physician ordered Interview conducted on at 2:51 PM, Staff G stated that she worked alone in the facility one or two hours every day. She said that Resident #4 needed assistance for two staff members to transfer her. Interview conducted on at 3:05 PM, Administrator stated the facility had one staff member working after 7 PM because the residents go to bed around 7 PM every day. Class III	A 025		
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,	A 152		

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A 152	Continued From page 3 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, 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 observations and interview, the facility failed to ensure the bathroom ceiling was in good repair. Findings included:	A 152		

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A 152	Continued From page 4 On [redacted] at 12:20 PM, the bathroom inside # had an area of the ceiling peeled off. On [redacted] at 12:20 PM, Staff A stated, "I don't know when that happened. We just fixed the roof and fixed the ceiling. I don't know if it was because it's been raining." At 02:40 PM, Staff B stated, "We fixed the ceiling not too long ago. That's right I asked if you guys came to correct the deficiencies. It was fixed." Class III	A 152		
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. [redacted], 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 [redacted], 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 health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.	A 162		

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A 162	Continued From page 5 (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)(e), 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. (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. (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	A 162		

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A 162	Continued From page 6	A 162		

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 the following at the discretion of the facility:
1. A log listing the names of residents participating in this arrangement,
2. The resident demographic data required in this paragraph,
3. The health assessment described in rule 59A-36.006, F.A.C.,
4. The resident's contract described in rule 59A-36.018, F.A.C.; and,

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A 162	Continued From page 7 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (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 record review, and interview the facility failed to have documentation of the , , , , , , , , , , , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of thirteen (Resident #7) sampled residents. The facility failed to properly execute a ( ) for one out of thirteen (Resident #9) sampled residents. Findings Include: Review of Resident #7's record showed that resident's daughter signed a . . . . . (. .) but there was no documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney in the record. Record review showed Resident's #9 was enrolled in hospice care on . . . . . was signed by the facility's owner on . . The	A 162		

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A 162	Continued From page 8 record had documentation that the resident appointed the facility's owner as his health care surrogate on . Further record review showed that the health assessment done on and on the physician indicated the resident was diagnosed with and was "Pleasant ." Interview conducted on at 3:45 PM, Administrator confirmed that Resident #7 record did not have documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney in the record. She stated Resident #9 appointed her as his health care proxy because he did not have any family member, and the needed to be signed. Class III	A 162		