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
	AL11965036	A. BUILDING: _____ B. WING _____	R 12/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LESENDE HOME CARE	2308 SW 10TH ST MIAMI, FL 33135

(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 revisit inspection was conducted at Lesende Home Care on . . . . . Deficiencies were identified at the time of the inspection.	{A 000}		
A 031 SS=C	58A-5.0182(7) FAC 429.255(1)(b). FS Resident Care - Third Party Services 58A-5.0182 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, ... ,, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make	A 031		

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A 031	Continued From page 1 arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. 429.255(1)(b) All staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility. This Statute or Rule is not met as evidenced by: The facility coordinate with a third party provider for receipt of services for one of five sampled residents (Resident #1). Findings include: On , in a record review of Resident #1's file, the file documented Resident #1 was admitted to the facility on . Resident #3's file documented Resident #3 was receiving hospice services . Resident #3's file did not contain any documentation of hospice notes or communication between the hospice provider and the facility. On at 2:58 PM, the Administrator stated the facility does not maintain written hospice notes and that everything is completed verbal with the hospice provider. Class III	A 031		

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{A 083} SS=D	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure one of four staff (Staff B) had properly documented completing First Aid and training. Findings include: A review of the facility work schedule documented Staff B working at the facility, including shifts worked alone without other staff members. A review of Staff B's employee file showed no current documentation that Staff B had completed	{A 083}		

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{A 083}	Continued From page 3 the required training for First Aid and . . Staff B's file did document Staff B's date of hire as . . . . . . On . . . . . at 2:58 PM, the Administrator stated he would address the missing documentation for Staff B concerning first aid and . . Class III	{A 083}		
A 152 SS=D	58A-5.023(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; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and	A 152		

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A 152	Continued From page 4 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 interviews, the facility placed five of five residents (Resident #1, #2, #3, #4 and #5) at-risk by failing to maintain a safe living environment. Findings include: On , at 2:13 PM, during a tour of the facility, the following observations were made (photographic evidence obtained #1 and #2): " Entry-way (front of building)- include two ramps that were difficult to walk up along with steps coming out of the front of the facility (not allowing wheelchair entry). " Interior kitchen area- shelving with glasses were jammed with a variety of non-kitchen items (toys, banks, etc.). " Hot water heater was surrounded with storage items including cups and paper towels. " Wood shelving was jammed with items (clutter). " Boxes stored in and around the chairs used by residents in the family room. " Backyard- washer placed on wood crate, no dryer, clothes lines running around the backyard	A 152		

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A 152	Continued From page 5 held up by wood, 2 x 4 planks of wood, chair with the bottom missing, metal door frame (security frame) used to hang drying women's underwear, bench for resident seating stacked with clutter including a deep fryer. On [redacted] at 2:58 PM, the Administrator acknowledged the concerns and stated he would work on it. Class III	A 152		