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
	AL11964066	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOD'S VIP SENIOR HAVEN LLC	4681 SW 66TH AVENUE DAVIE, FL 33314

(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 An unannounced licensure Complaint survey, #2019019400, #2019017885 and #2019019639, was conducted on through at God's VIP Senior Haven LLC. The facility had deficiencies 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		

AHCA Form 3020-0001

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

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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 interviews, the facility failed to establish a functional system that guarantees supervision, safety, of all residents and prevent injuries of 4 of 4 sampled residents (Residents #1, #2, #3 & #4) from 13 residents currently at the facility. The findings included: During a complaint investigation conducted at the facility on Tuesday, [redacted], it was noted during the initial tour that Resident#1 was injured. He had a [redacted] on his forehead measuring about 2 inches in length, and the bottom of his left [redacted] was [redacted]. 1) Information gathered from one of the Employees (Employee B) on [redacted] at 9:25 AM supported the claim that a lack of supervision resulted in Resident #1's injuries. Employee B attested to the fact that when she arrived to work that morning (the date of the interview), she saw	A 025		

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A 025	Continued From page 2	A 025		

that Resident # 1 had the cut on his forehead. However, Employee B ensured that the incident did not occur that morning. A co-worker of hers, Employee C had reported the incident to her on Monday. Employee B explained that on the aforementioned day Employee C and D were on duty along with the Administrator. Then, the Administrator asked both employees (C & D) to go change a resident. While they were gone, the Administrator was left alone with the other residents to supervise. Suddenly, they heard a noise, when they returned to inquire, they discovered that Resident #1 was on the floor and was bloodied. Employee B said that "we all know that residents cannot be left unattended".

Review of the Incident log revealed that Resident #1 on at 4:30 PM while in the dining room. The report indicated that the resident stood up and lost his balance. However, the way the dining room is set up (drawing of setting included), the resident could not have if someone was supervising not only Resident #1, but all the other residents. Since the incident report did not indicate who witnessed the , this writer inquired further from the Administrator who had signed the incident report to find out who was supervising the residents during the .

In a subsequent interview with the Administrator on at 12:14 PM, it was noted that Resident #1's was the direct result of lack of supervision. The Administrator confirmed what Employee B had reported and admitted that she was watching all the residents while her two employees were changing another resident. She said that she went to her office leaving the resident unattended for a minute; in her absence Resident#1 got up and . The Administrator acknowledged that all the residents need

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A 025	Continued From page 3 supervision or assistance for ambulation. Review of Resident #1 medical record revealed that he was admitted to the facility on . His diagnoses noted on the health assessment form (1823) dated are: , and . His physical or sensory limitations are Unsteady gait at times. or behavioral status: ; agitated and resistive to care at times. The 1823 outlined that Resident #1 required staff supervision due to unsteady gait during ambulation and transferring. An attempt to interview Resident #1 was unsuccessful, since he did not or could not answer any questions. 2) Review of an incident investigation completed by the Administrator and provided to this writer revealed that Resident #2 sustained injuries of unknown origin on . However, it was eventually discovered that Resident #2 had a that resulted in the of her bone on that aforementioned date. According to the Administrator the incident was captured on the facility's video security system. The information collected from the video, the Administrator reported, revealed that Resident #2 was ambulating without supervision in the hallway on at 1:30 AM. The resident was observed in the video walking all the way to the rooms and was later retrieved by the Employee on duty (now terminated) in a wheelchair. The resident was unable to walk and was eventually sent to the hospital. Resident #2's health assessment AHCA form (1823) dated revealed the resident suffered from and required assistance for all activities of daily living. In addition, Resident #2 had unsteady gait and was occasionally , agitated and resistive to	A 025		

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A 025	Continued From page 4 care. 3) Review of the facility's incident reports also revealed that multiple residents had with and or without injuries. On at 3:30 PM Resident #2 while trying to get up from a chair (no injuries). However, her health record indicated that Resident #2 needed assistance for transfer and ambulation. There was no indication that the was witnessed. In fact, the incident report did not indicate whether anyone witnessed the . 4) On at 10:00 AM, Resident #3 while ambulating in the dining room. The resident sustained a / to her forehead. Resident #3 required supervision for ambulation. 5) On at 10:52 AM, Resident #4 was on the patio seating and standing intermittently. Staff was fully aware of this behavior from Resident #4. However, Resident #4 eventually . Additionally, the incident report failed to indicate whether the was witnessed or unwitnessed. Resident #4's health assessment revealed that she needed supervision. Review of the residents' census revealed there were thirteen residents at the facility and all required assistance for ambulation, and or supervision for transferring. It was determined that most of the residents have either or some form of . However, review of the staffing schedule revealed that From , to only one employee was scheduled to work the 11:00 PM to 7:00 AM shift. And consequently, on only one Employee was on duty. To rectify the apparent issue (one employee per	A 025		

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A 025	Continued From page 5 shift), the Administrator revealed that the schedule has been modified to include two employees per shift. Yet, on multiple days of the week, a gap remains_ only one employee is schedule for the night shifts of . . ..../20; no employee is on the schedule for ; 1 staff is scheduled for . . . . /20. During an interview with the Administrator on . . .. at 3:10 PM, she acknowledged the findings and indicated that she received clearance form the Company to hire more employees specially to ensure that the overnight shift has sufficient staffing.	A 025		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) 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	A 030		

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A 030	Continued From page 6 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 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 universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (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),	A 030		

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A 030	Continued From page 7 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. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 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.	A 030		

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A 030	Continued From page 8 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 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	A 030		

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A 030	Continued From page 9 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 shall be set forth in writing. 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	A 030		

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A 030	Continued From page 10 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 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 record review and interviews, the facility failed to provide timely notice to a family member regarding the transfer to a hospital of 1 of 5 sampled residents (Resident #5).	A 030		

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A 030	Continued From page 11 The findings included: 1) Review of an incident report completed at 8:30 PM revealed that Resident #5 was found lying next to her bed, on the floor. Physical assessment of the resident indicated that she sustained a to the Consequently, the resident was sent to the hospital. However, no one informed the responsible family member. On when the family member (Resident's husband) came to the facility to visit his wife, he was greeted with the information that Resident #5 (his wife) was at the emergency room three days prior following a with injuries, and that the facility staff had omitted to inform him. Although the Resident had already returned to the facility, the husband wanted information about the hospital where his wife had been. The Administrator related to the husband that the wife was sent to a nameless hospital near the facility. However, when the husband went to the hospital to inquire about the nature of his wife visit there, he was told that his wife was never at that hospital; a situation that caused serious concerns to the husband. During an interview with the Administrator on at 1:45 PM, she reported that she had forgotten to inform the resident's husband. She thought that the staff at the facility would have done it. She nevertheless accepted her mishap. Yet, she also reported that when Paramedics left with the resident, she thought that they went to the nearest hospital. But, to her dismay, the resident was taken to a different hospital just as closed to the facility as the one she assumed the resident was taken to. Consequently, she provided wrong information to the Resident's husband.	A 030		

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A 030	Continued From page 12 Class III	A 030		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 . — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left	A 079		

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A 079	Continued From page 13 solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making	A 079		

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	AL11964066	A. BUILDING: _____ B. WING _____	01/23/2020

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A 079	Continued From page 14 decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter	A 079		

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A 079	Continued From page 15 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide evidence of its 24-hr care coverage for 13 of 13 residents at the facility. The staffing schedules provided were incomplete. The findings included:	A 079		

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A 079	Continued From page 16 During an interview conducted with the Administrator on at 9:30 AM, she was asked to provide the last six months of staffing schedule as evidence of staffing care coverage for the thirteen residents currently at the facility. The Administrator reported that the schedules were in the computer and that she would have to print them. Then, she recalled that there were some pre-printed schedules. She provided six scheduled dated as follows: ; another with no inscribed month but the year 2018; another with date of - , year 2018; one dated - ; last one dated , 29 to . The Administrator after much attempt reconciled the schedules and reported to this writer that the schedules were from to (accepted as reported). However, review of the facility's staffing schedule for the month of revealed there were no employees scheduled from 11:00 PM to 12:00 PM daily. And on multiple days, no one was scheduled to work the 12:00 PM to 8:00 AM shift, respectively on ; ; ; ; based on the schedule codes. Furthermore, the , to , schedule revealed no staff is scheduled to work during the 11:00 PM to 7:00 AM shift on . During a follow-up interview with the Administrator on at about 13:00 PM, she indicated that she was new at her post, and that she was in the process of restructuring everything. However, the was error found in the - that she modified. Class III	A 079		

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A 161	Continued From page 17	A 161		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and	A 161		

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A 161	Continued From page 18 administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that employees' applications were entirely completed for 3 of 10 sampled employees (Employee C, D & E). The findings included: In review of the employees' background, it was noted that Employee C's background eligibility date was out of range compared to her hiring date. Review of the employees' personnel files on [redacted] revealed that Employee C was hired on [redacted]. However, her background eligibility date was on [redacted]. In a subsequent interview with the Administrator on [redacted] at 3:10 PM, she indicated "it was not my responsibility to inquire about employees' prior place of employment". When asked if she had verified the employees' references, the Administrator said that she did not. In fact, on the employment applications of	A 161		

Agency for Health Care Administration

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A 161	Continued From page 19 Employees B, C and E, there were no employee references. Employee B was hired on , Employee C was hired on and Employee E was hired on . Class III	A 161		