

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2020
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.		STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177			
(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 complaint investigation (complaint number 2019017946) was conducted at Juan Pablo II ALF, Corp. on _____ to _____. Deficiencies were identified at the time of survey.	A 000			
A 025 SS=G	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

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JUAN PABLO II ALF, CORP.

**15680 SW 139 AVENUE
MIAMI, FL 33177**

(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 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 record review and interview, the facility failed to offer appropriate supervision according to meet the needs of one out of six sampled residents, (Resident 1). Resident 1 sustained a . . . which cause a . . . injury resulting in hospitalization. The resident was not provided with medical care for at least two hours after the . . . Findings included: Review of Resident 1's record showed that she was admitted to the facility on The last health assessment was dated The resident needed . . . precautions and was diagnosed with medical history of The resident used a walker, was alert and oriented, and needed daily. The resident required assistance with ambulation, bathing, . . . and	A 025		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2020
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.			STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177		
(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 025	Continued From page 2 transferring, needed supervision with eating, grooming and toileting, and had a bed rail prescription dated Further review of Resident 1's record showed observation notes dated which stated "The resident called us at 3 AM that she wanted to get up to go to her daughter's house and that she wanted to go to the bathroom; we took her and changed her briefs; we also gave her juice. We sat her in the recliner to make sure she was safe, putting her to her covering her. She cannot get out of the recliner by herself. Apparently, she moved and got to the edge of the recliner and . . . to the front and . . . to the floor, got injured on top of the . . . and on the forehead. She was and she stated to be sorry for what she did. She was alert all the time. We called the granddaughter because the daughter was working out of town. The granddaughter came right away, and she decided to take her to the hospital. They did all types of tests, they covered the injury and transferred her to a regular room for observation. Later, the granddaughter contacted me to let me know that she was already in a regular room. Tomorrow I am going to visit her and offer my help. Discharged from facility to another facility." On at 5:00 PM, the daughter stated, "Apparently, they put her in the recliner and left her there around 4:00 am, they told me. Maybe she wanted to get up and the recliner went to the front and pushed her to the floor; she had a cut on her forehead and received a No one called me, they called my daughter; I am the power of attorney, she lives close to there, but they did not call 911. The employee is no longer there; she had My daughter took her to the nearest hospital, but they transferred	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2020
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.			STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177		
(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 025	Continued From page 3 her to another local hospital because they do not handle . My daughter arrived around 6:00 am; she was not . anymore, they had cleaned the . She was at the hospital around three weeks plus two weeks in rehab. She was very sharp and now she is well taken care of; she is , but she is not the same as before. I always saw one person at night." A review of hospital records for Resident 1's admission on showed: Chief complaint . injury, mild . , minor/ . Past medical history . . Ambulatory status, independent. General awake, alert, acute distress. in right supple, not tender. Primary impression Secondary impression 95-year female, legally , past surgery. Ambulatory status with walker. Computerized axial tomography (CAT) and CT acute worse on the right, high-grade at the ostium left middle , numeric scale = 8. from a rocking chair (mechanical, after attempting to grab a distant object) Patient had to right loss of skin in the area. On at 12:43 PM, the granddaughter stated, "They called me around between 5:00 and 5:30 AM to let me know that she and did not call the rescue. I was ready to go to work but I went straight to the facility as I live few minutes away; the owner was there and showed me photos of all the floor with and her injury on the forehead. I am assuming that the had to be at least an hour before because there is no way that when I got there, everything	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2020
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.			STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177		
(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 025	Continued From page 4 was clean, and my grandmother was hardly ... I am the one who took her to the hospital. They called me because my mother was away. I stayed in the hospital the first full day; my mom came and after being in the hospital for few days, she was transferred to rehabilitation. She is doing Ok now in another facility." On at 11:30 AM, Staff B stated, "I have been here for a month and a half; I used to help before but now I am permanent and working 24 hrs. usually five days per week. I go to bed around 10 PM when all the residents are sleeping already. I sleep on the bed at the living area because I am closer to all of them and when I go to the bathroom, I check on them. There are only three residents and that is why I work by myself. Resident 6 likes to go to bed early because he likes to watch TV in his room and when he goes to sleep, I turn off the TV. Resident 5 is the last one to go to sleep, she goes around 10 PM. If there is an emergency with them, I call 911 first and then, the owner. I have not seen the other employees; when I am not here, the owner comes." On at 11:45 AM, the Administrator stated, "They all go to sleep early; right now, I stay at night when Staff B does not come but I am always here in the mornings. Right now, I do not need more than one person; we only have three residents and they are in good condition. The only one who keeps having issues with circulation is Resident 6. He walks with difficulty, but he does not walk by himself, he always has the walker and we walk next to him. When Resident 2 ... it happened on her way to the bathroom at night; she was very independent and would go to the bathroom by herself. I was here since early in the morning, I	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2020
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JUAN PABLO II ALF, CORP.

**15680 SW 139 AVENUE
MIAMI, FL 33177**

(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 025	Continued From page 5 checked on them and went to the kitchen; I heard a scream and I run, she was on the floor; she her; we sent her to the hospital, she had surgery but the family thought it was better that she would go to a higher level of care because of her condition and did not come The night Resident 1, she was having difficulty in sleeping and asked to be seated in the living area. We sat her in the recliner; this recliner has a mechanism where it goes up or down; it was around 4:30 AM; we put her there, she went to sleep and so we did, then we heard her when she hit the floor; she injured her forehead; her granddaughter lives around here, so she came right away and took her to the hospital. She did not come and the employee did not come either because she thought the job was too much pressure. These two residents only once, they did not multiple times. If I have five or more residents, I stay at the facility. Right now, I only have Staff B working and I work with her all morning and afternoon; we only have three residents." Class II	A 025		