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
	AL11966999	A. BUILDING: _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICKY'S HOME ALF	6402 SW 41 STREET MIAMI, FL 33155

(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 numbers 2020000345 and 2020000813) was conducted at Vicky's Home Alf on and concluded on . Deficiencies were identified at the time of the survey.	A 000		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;	A 009		

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A 009	Continued From page 1 10. The facility rules and regulations that residents must follow as described in rule 59A-36.007, F.A.C.; 11. The facility policy concerning [redacted] pursuant to section 429.255, F.S., and rule 59A-36.009, F.A.C., and Advance Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with [redacted] and related [redacted], a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must	A 009		

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A 009	Continued From page 2 be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a completed admission package for two out of five sampled residents (#1 and # 3). Findings included: Review of facility's admission and discharge log showed it included Residents #1 and #3. Resident #1's admission date to the facility was on and Resident #3's admission date to the facility was on . Review of Resident #1's record showed that the facility did not have an admission record on premises.	A 009		

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A 009	Continued From page 3 In an interview on at 11:26 AM, the Administrator stated that Resident #1's guardian took the resident's record and did not return it to the facility. In an interview on at 3:53 PM, Resident #1's guardian stated there was a miscommunication with the facility. She took the whole resident's record with her. Review of Resident #3's record showed that it did not include the facility rules and regulations that residents must follow, the facility policy concerning , the facility's resident elopement response policies and procedures, a copy of the resident's bill of rights or a written statement indicating that they were provided. Class III	A 009		
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	A 025		

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A 025	Continued From page 4 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 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 ensure the awareness of the general health, safety, and physical and emotional well-being of the resident for one out of five sampled residents (#1). The facility did not contact Resident #1's guardian when he from the facility.	A 025		

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A 025	Continued From page 5 Findings included: Review of Resident #1's record showed that there was one progress note completed on for the resident. The progress notes showed that Resident #1 from the facility. There was no documentation indicating that the facility informed Resident #1's guardian the resident eloped. Review of Resident #1's hospital record showed that his psychiatrist sent him to a local hospital under for agitation, attempting to elope from the ALF (Assisted Living Facility) and walking into traffic (behavior with plan to walk into traffic) on . The resident was at the hospital until . In an interview on at 10:06 AM, the Administrator stated that Resident #1 from the facility and did not inform the facility that he wanted to leave. In an interview on at 3:53 PM, Resident #1's guardian stated that the resident attended a local program. The resident's program representative informed the guardian that the resident eloped from the facility and the resident was found on next street. An unknown person called emergency services indicating that the resident was in dangerous due to he was close to a street with heavy traffic. Resident #1's guardian called the facility and was informed that the facility's staff started searching for the resident as soon as they noticed the resident left. When the staff arrived to where the resident was, the resident was already in the ambulance. In an interview on at 1:01 PM, the	A 025		

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A 025	Continued From page 6 Administrator stated that he found Resident #5 at a sandwich store close to the facility. Class III	A 025		
A 083 SS=D	59A-36.011(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 interview, the facility failed to ensure that staff knew how to perform a (, ,) for two out of six sampled staff (Staff D and E). Findings included:	A 083		

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A 083	Continued From page 7 Review of Staff D's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. In an interview on at 12:45 PM, Staff D stated that she would give 3 , and 1 ., and would continue for five to 10 minutes when performing . Review of Staff E's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. In an interview on at 12:29 PM, Staff E stated that for performing , she would give 2 , and 2 , . Class III	A 083		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by:	A 090		

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A 090	Continued From page 8 Based on record review and interview, the facility failed to ensure that staff knew information for ( ) training for one out of six sampled staff (Staff D). Findings included: Review of Staff D's personnel file showed that she completed the training on . In an interview on at 12:45 PM, Staff D stated that she worked at the facility since . She knew a was a paper but did not remember how the document looked. Class III	A 090		
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. 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 , 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	A 162		

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A 162	Continued From page 9 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], 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	A 162		

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A 162	Continued From page 10 written statement of funds or other property 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	A 162		

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A 162	Continued From page 11 59A-36.018, F.A.C.; and, 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 maintain resident record on the premises for one out of five sampled residents (#1). 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 five sampled residents (#3). Findings included: 1. Review of facility's admission and discharge log showed it included Resident #1. Resident #1's admission date to the facility was on . Review of Resident #1's record showed that the facility did not keep admission record on premises. In an interview on at 11:26 AM, the	A 162		

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A 162	Continued From page 12 Administrator stated that Resident #1's guardian took the resident's record and did not return it to the facility. 2. Review of facility's admission and discharge log showed it included Resident #3. Resident #3's admission date to the facility was on . . . . . Review of Resident #3's record showed that the resident did not sign the resident's contract with the facility. In an interview on . . . . . at 12:04 PM, the Administrator stated that Resident #3's daughter signed the resident's contract with the facility. The facility did not have any documentation indicating the Resident #3 appointed his daughter as the health care surrogate, health care proxy, guardian, or power of attorney. Class III	A 162		