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
	AL11965988	A. BUILDING: _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREIRE & SOTOMAYOR ALF, INC	2303 SW 62 COURT 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 COVID-19 Control and a Generator Monitoring were conducted at Freire & Sotomayor ALF Inc on through . Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=J	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 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	A 030		

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A 030	Continued From page 1	A 030		

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. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
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), 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

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A 030	Continued From page 2 429.41(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. 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.	A 030		

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A 030	Continued From page 3 (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 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	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], 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 [illegible] or [illegible] 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 observations, interviews, and record reviews, the facility failed to safeguard residents' well-being by not following current [illegible] control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated [illegible], delineating minimum screening standards for persons entering identified residential facilities. The facility allowed state representatives to enter the facility without conducting COVID-19 screenings. The facility failed to two out of six sampled residents who tested positive for COVID-19	A 030		

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A 030	Continued From page 6 (Resident #1 and Resident #2) and exposed the remaining four residents to the (Residents #). The six sampled residents were observed commingling in the facility without wearing coverings (Residents #). The facility failed to implement the use of the required personal protective equipment (PPE) while caring for COVID-19 positive residents. Findings included: The COVID-19 is a transmissible , that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, , , , , and , . See generally, Publications of the Centers for Control. On , the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's citizenry, including those most to the effects of . Among those emergency orders was DEM Order 20-006, dated , , delineating minimum screening standards for persons entering identified residential facilities. The Agency for Health Care Administration (AHCA) has issued guidance and clarification on DEM Order 20-006 to providers, and on , issued an alert notifying facilities that all staff or other individuals admitted to a residential facility must don masks and that caregivers	A 030		

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A 030	Continued From page 7 must wear gloves when providing resident care. While the treatment and management of residents with [illegible] and the implementation of isolation precautions for such events are a long-standing health care issues faced by residential facilities, the ease of contagion and the effects of [illegible] presented by COVID-19 mandate that providers exert meticulous practice and procedure to identify resident symptoms and take immediate [illegible] procedures to both assure appropriate treatment of a potentially resident and protect the remainder of a facility's population from the risk of spread of the . A review of recommendations from the Centers for [illegible] Control (CDC) dated [illegible] showed that if COVID-19 was identified or suspected in a resident of an Assisted Living Facility, the residents should immediately be [illegible] in their room and the health department notified. The recommendations further stated that, "For situations where close contact between any (, [illegible] or ,) resident cannot be [illegible], personnel should at a minimum, wear , protection (goggles or shield) and an N95 or higher-level , (or a facemask if , are not available or personnel are not fit tested). Cloth [illegible] coverings are not PPE and should not be used when a [illegible] or facemask is indicated. If personnel have direct contact with the resident, they should also wear gloves. If available, gowns are also recommended but should be prioritized for activities where splashes or sprays are , or high-contact resident-care activities that provide opportunities for transfer to , to and clothing of personnel (e.g., [illegible], bathing/showering, transferring, providing hygiene, changing linens, changing	A 030		

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A 030	Continued From page 8 briefs or assisting with toileting, device care or use, care). On at 8:45 AM, Staff B opened the door and was observed not wearing personal protective equipment (PPE). Observed Staff B went to put on a surgical mask, came to the door, and asked the state representatives to enter the facility without following any screening protocol. On at 8:48 AM, Staff B affirmed that there were no positive COVID-19 cases in the facility. On at 8:50 AM, observed Resident #1 walked to the dining table and sat down for breakfast. Observed Resident #1 wore a surgical mask under his . On at 8:55 AM, Observed Resident #2 and Resident #3 joined Resident #1 at the dining table and had breakfast next to Resident #1. Observed all three residents sat within 3 apart from each other. On at 9:34 AM, observed the Administrator arrived in the facility wearing a KN95 mask, but no form of screening was conducted on her. On at 09:34 AM, the Administrator stated that Staff B had been working for about 2 weeks because 2 staff members tested positive for COVID-19 on . She also stated that on of the staff resigned after receiving the result. The administrator then apologized for Staff B not doing the screening and then asked if she could screen the state representatives.	A 030		

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A 030	Continued From page 9 On . . . . . at 9:40 AM, the Administrator stated that Resident #1 and Resident #2 tested positive on . . . . . , and they were . . . . . in the same room. When the administrator was informed that Both Residents # and #2 were sitting at the dining table with another resident with no PPE, the administrator stated, "I wish I can be here 24 hours." On at 10:07 AM, Staff B restated that there were no positive cases in the facility, and she did not know that she was caring for two COVID-19 positives residents. On . . . . . at 10:08 AM, the Administrator told Staff B "si, mami no te lo dijo? (yes, Mom didn't tell you?)" referring to Staff E. Staff B shook her and again stated she did not know. The Administrator then stated, "Oh, my mom was supposed to tell her. I am so sorry." On at 11:55 AM, during an interview, the Administrator stated that Staff C and Staff D got tested on . They continued working on . . . . . and . . . . . until she received the results on . The administrator stated that she immediately contacted them to inform them that their results came . . positive. She also stated that she asked them to stay at their house for , . She stated that the staff wore only surgical masks and gloves from the time she received the results to the time of the survey. She further stated that she believed Resident #2 got the from Staff D who was dyeing Resident #2's hair a few days earlier, and Resident #2 passed it on to her roommate, Resident #1. On at 8:30 AM arrived at the facility and observed the Administrator wearing a gown,	A 030		

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A 030	Continued From page 10 a KN95 mask and gloves; however, observed that Staff G was only wearing a surgical mask. Further observation revealed that none of the staff was wearing protective goggles or shield. Observation on at 10:00 AM showed the facility had a very limited personal protective equipment supplies which consisted of four NK95 masks, five gowns, and two . . . shields. On . . . . . at 10:00 AM, the administrator stated that she was not using the shield because she had received it the day before. On . . . . . at around 8:30 AM, observed the facility had low supply of personal protective equipment, consisting of 5 gowns, 1 box of 50 surgical masks, 1 open box of Large size gloves, 1 open box of Medium size gloves with 2 pairs of gloves left and 2 shields. The Administrator explained that each staff had their own shield which was between use. On . . . . . at approximately 8:40 AM, the Administrator stated she contacted the Department of Health via email on regarding the shortage of personal protective equipment. She then stated that she had not received a response . She also stated that she would contact them again. Class I	A 030		
A 054 SS=D	59A-36.008(5) FAC Medication - Records	A 054		

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A 054	Continued From page 11 (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to immediately update the medication observation record (MOR) each time the resident received assistance with self-administration of medication. For three out of five residents. (Resident #6, #3, and #1). Facility	A 054		

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A 054	Continued From page 12 also failed to maintain an updated MOR with name of resident, name of resident's health care provider, and health care provider's telephone number. For one out of 5 residents. (Resident #1). Findings include: On at 8:44 a.m. observed Staff G conducted assistance with self-administration of medication for Resident #6. She reviewed the resident's MOR to match the medications for the morning. She placed medications in a plastic cup and handed it to the resident and observed as resident took it. Staff G did not immediately log in the medication observation record when resident #6 received assistance with self-administration of medication and did not call out loud the medication name to resident #6. Review of Medication Observation records (MOR) revealed that resident medication for the morning were: , 10 MG T R:01 Generic for , 10 MG Tablet. Take one tablet by . . . in the morning Dx.: , ... (per MOR this medication administration time 8:00 a.m.) C 500 MG Tab. R:03 Generic for C 500 MG Tab. Take one tablet by daily. (per MOR this medication administration time 8:00 a.m.) , , R:00 Generic for 10 MG Tablet. Take one tablet by . . . daily. (per MOR this medication administration time 8:00 a.m.) Sulf 325 MG. R:00. for . . . . 325 MG. Take one tablet by . . . daily. (per MOR this medication administration time 8:00 a.m.) , 0.5 MG R:01. for Cegentin 0.5 MG Tablet. Take one tablet by two times per day Dx: EPS. (per MOR this medication	A 054		

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A 054	Continued From page 13 administration time 8:00 a.m.) , Tart 50 MG R:03. for , 50 MG Tab. Take one tablet by two times per day. (per MOR this medication administration time 8:00 a.m.) Iboprofen 600 MG Tab R:00. Generic for 600 MG Tablet. Take one tablet by two times per day. (per MOR this medication administration time 8:00 a.m.) Silver Sulf 1% CREA R:02. Generic for SSD 1% Cream. Apply in affected area three times per day. (per MOR this medication administration time 8:00 a.m.) On at 8:54 am. observed Resident #3 was assisted with self-administration of medication by staff G, who did not log in the medication in the MOR. Resident medication for the morning were: Tri% C R:00 Generic for 0.1% CRE. Apply in affected area daily. (Per MOR this medication is scheduled to be applied at 8:00 a.m.) - 2% CREA R:00. Generic or 2% Cream. Apply in affected area (of the). Two times per day for 4 weeks. - Review of Resident #1 medication observation record revealed the facility omitted the resident name, name of resident's health care provider, and health care provider's telephone number on the MOR. Also, Resident #1 was assisted with self-administration of medication by staff G who did not immediately update the MOR when the medication was given to the resident. Resident medication for the morning were: , SOD DR 500 MG Tablet, Take one tablet two times per day. (Per MOR this medication is scheduled to be applied at 8:00 a.m.) -	A 054		

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
	AL11965988	A. BUILDING: _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREIRE & SOTOMAYOR ALF, INC	2303 SW 62 COURT MIAMI, FL 33155

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A 054	Continued From page 14 , 1 MG, Take one tablet two times per day. , 300 MG Capsule. Take one capsule three times per day. (Per MOR this medication is scheduled to be applied at 8:00 a.m.) - , 5 MG Tablet. Take one tablet two times per day. (Per MOR this medication is scheduled to be applied at 8:00 a.m.) - On at 8:54 a.m. Staff G stated to had given the medication to resident #1 but forgot to log them in the MOR. Staff also stated that she forgets to write in the MOR after residents were assisted with self-administration of medication. On at 8:54 Staff A stated that the facility forgot to write the resident information on the MOR and explained that the -written page before the medication page was a guide to the staff to know the medications listed on the MOR belong to resident #1. (photographic evidence provided). Class III	A 054		