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
	AL11910988	A. BUILDING: _____ B. WING _____	R 09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APOSTALADO HOME #3, INC	13510 SW 79 STREET MIAMI, FL 33183

(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, a generator monitoring, and a revisit were conducted at Apostalado Home #3, Inc on . A deficiency was identified at the time of the survey.	{A 000}		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their	A 078		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 078	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that two out of three sampled staff were qualified to perform their assigned duties, consistent with their training (The Administrator and caregiver Staff C). The staff, trained and certified on the subject, could not accurately describe how to perform	A 078		

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A 078	Continued From page 2 ( ). Findings included: Review of the Administrator's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. On at 10:12 AM, The Administrator stated when performing , she would 'go for 30 seconds, 3 , and 3 breaths.' Review of Staff C's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. On at 10:12 AM, Staff C stated when performing , she 'would go for 30 seconds and 35 , .' On at 11:10 AM, during the exit conference, the Administrator stated that she and Staff C took the class together very recently. She stated that she forgot if it was 3 seconds and 30 , , or 30 seconds and 3 , .' According to the American Association, regarding : "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths. In adult victims of , it is reasonable for rescuers to perform , at a rate of 100 to 120/min and to a depth of at least 2 inches (5 cm) for an average adult, while excessive , depths (greater than 2.4	A 078		

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A 078	Continued From page 3 inches [6 cm]). Use your upper body (not just your arms) as you push straight down on (compress) the at least 2 inches (approximately 5 centimeters) but not greater than 2.4 inches (approximately 6 centimeters). Push hard at a rate of 100 to 120 a minute. If you haven't been trained in , continue until there are signs of movement or until emergency medical personnel take over. If you have been trained in , go on to opening the airway and rescue breathing." Class III	A 078		