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
	AL11969549	A. BUILDING: _____ B. WING _____	R 10/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S & M ASSISTED LIVING FACILITY LLC	9950 NW 24TH AVE MIAMI, FL 33147

(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 revisit to a complaint investigation (complaint number 2020012552), COVID-19 control and generator monitoring survey was conducted at S & M Assisted Living Facility, LLC on . Deficiencies were identified at the time of 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	A 078		

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A 078	Continued From page 1 . . . . . . (b) Staff must be qualified to perform their 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 have a written statement from a health care provider documenting a negative . . . . . examination documented on an annual basis for two out of six sampled staff	A 078		

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A 078	Continued From page 2 (Staff A and C). Findings Include: A review of Staff A's records showed Staff A was hired on and the last screening Staff A had was on . A review of Staff C's records showed Staff C was hired on and the last screening Staff C had was on . On at 12:04 PM, Staff A acknowledged the expired screenings and stated, "Yes, I'll get a new one". Class III	A 078		
{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.	{A 162}		

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{A 162}	Continued From page 3 (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , 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	{A 162}		

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{A 162}	Continued From page 4	{A 162}		

fund to receive funds or other property belonging to or due a resident, a copy of the quarterly 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

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{A 162}	Continued From page 5 59A-36.006, F.A.C., 4. The resident's contract described in rule 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 a completed health assessment for two out of 11 sampled residents (Resident # 1 and # 11). The facility also failed to maintain documentation of the , , of a guardian or the existence of a Power of Attorney (POA) for four out of 11 sampled residents (Resident # 1, # 6, # 8, and # 11). Findings Include: 1) A review of Resident # 1's health assessment dated showed no documentation of the resident's physical or sensory limitations, or behavioral status,	{A 162}		

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{A 162}	Continued From page 6 nursing/treatment/ , , service requirements, special precautions, or elopement risk. The health assessment also showed no documentation on the type of assistance Resident # 1 needed for Self - Care (grooming), Toileting and Transferring. There was no documentation of a special diet, if the resident had any communicable , bedridden, , poses a danger to self or others, or require 24-hour nursing or , care. A review of Resident # 11's health assessment showed no date of when the health assessment was completed. There was also no documentation whether Resident # 11 poses as a danger to self or others, or if Resident # 11 required 24 hours nursing or , care. On at 10:21 AM, Staff A stated, "I sent them to the doctor, I'm just waiting for them. I sent it like 2 weeks ago". 2) A review of Resident # 1's records showed a resident contract dated , initialed and signed by Resident # 1's son. Further review of Resident # 1's records showed no Power of Attorney (POA) documents on file. A review of Resident # 6's records showed Resident # 6's family member initialed Resident # 6's contract, a ( ) acknowledgement page, a 24-hour Emergency Evacuation Acknowledgement letter, and a acknowledgement letter. Further review showed no POA documents on file. A review of Resident # 8's records showed a resident contract dated , resident's bill of	{A 162}		

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{A 162}	Continued From page 7 rights, assistance with medication by unlicensed personnel, and a waiver for therapeutic diet, all signed by Resident # 8's legal guardian. Further review showed no legal guardian documents on file. A review of Resident # 11's records showed a signed resident contract by Resident # 11's Case Manager. Further review showed there were also no POA documents on file. On at 11:50 AM, Staff A stated, "I didn't have enough time to fix all this. [Consultant] is sending the plan of correction now to the office". Class III Uncorrected	{A 162}		
{AL240} SS=D	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.	{AL240}		

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{AL240}	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a Limited Mental Health license before admitting mental health residents for two out of 11 sampled residents (Resident # 8 and # 11). Findings Include: On at 11:39 AM, Staff A stated, "No one else receives the $54 except for [Resident # 8]". A review of Resident # 8's health assessment dated showed Resident # 8 was diagnosed with , , , and . A review of Resident # 8's records revealed a copy of a check in the amount of $54 and a description that showed "Monthly Spending Money for ". A review of Resident # 11's health assessment had no documentation of a completion date; however, showed Resident # 11 was diagnosed with , , . A review of Resident # 11's records revealed a document titled 'Assisted Living Facility with Limited Mental Health License Community Living Support Plan and Agreement' dated . A review of the facility's license showed a standard license for 8-beds capacity. There was no documentation the facility had a Limited Mental Health specialty license.	{AL240}		

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{AL240}	Continued From page 9 Class III Uncorrected	{AL240}		