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
	AL11968583	A. BUILDING: _____ B. WING _____	11/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL CARE ALF INC	646 NW 129 PLACE MIAMI, FL 33182

(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 Monitoring was conducted at All Care ALF Inc on . Deficiencies were identified at the time of the survey.	A 000		
A 078 SS=I	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		

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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 staff were performing their assigned duties with their level of education, training, preparation, and experience. The facility allowed unlicensed staff to monitor and analyze the residents' levels.	A 078		

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A 078	Continued From page 2 Findings Included: A review of the Center for Control and Prevention (CDC) (CDC.gov) recommendations updated on showed "facilities should seek emergency medical attention when someone show signs of trouble breathing, persistent or pressure in the , new , inability to wake or stay awake, bluish or . CDC recommendations also states that residents should be monitored at least daily for and symptoms consistent with COVID-19. Monitoring should also include an assessment of saturation via oximetry." A review of the personnel records for the Administrator, Owner A, Owner B, and caretaker/staff D revealed no documentation that any facility staff were licensed medical providers, authorized within their scope of practice to operate the device or determine if the readings indicated that the doctor needed to be notified. There was no documentation that the training had been given by the physician, and no documentation that the staff's competency to perform this task had been verified. On at 1:45 pm Owner B stated, "The doctor and the hospice staff taught us how to use the . She told us when their levels drops below 92 to call her and have the residents transferred to the hospital". On at 9:30 am, the primary care provider (PCP) stated that she went to the facility on and prescribed three to four liters of to all of the residents. The PCP also stated that she trained the unlicensed caregivers (Staff C and Staff D) on how to monitor and	A 078		

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A 078	Continued From page 3 analyze Residents' saturation levels with a , Review of the resident's records showed Staff C and Staff D analyzed, monitored and recorded the residents for COVID-19 like symptoms such as coughing, by taking their temperature, , and level by using a . A review of Resident #2's record showed Resident #2 was transferred to a hospital on due to low levels. A review of the hospital record showed Resident #2 was admitted to a local hospital on due to "COVID ". A review of Resident #3's record showed Resident #3 was transferred to a hospital on due to low level. A review of hospital record showed that Resident #3 was admitted to a local hospital on due to " COVID+" and . A review of Resident #4's record showed Resident # 4 was transferred to hospital on due to low levels and . A review of hospital record showed that Resident #4 was admitted to a local hospital on due to " COVID". A review of Resident #5's record showed Resident # 5 was transferred to a local hospital due low levels and high on . Resident #5's hospital record showed that Resident #5 tested positive for COVID-19 on admission to the hospital. Hospital record also showed Resident#5 had , chills and unspecified , at the time of admission.	A 078		

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A 078	Continued From page 4 A review of Resident #6's record showed that Resident #6 was transferred to the hospital on due to low levels. Hospital record of Resident #6 showed that Resident #6 tested positive for COVID-19 on admission. Hospital record also showed Resident#6 had a and acute hypoxemic failure second to COVID-19 at the time of admission. Class II	A 078		