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
	AL11953536	A. BUILDING: _____ B. WING _____	R 12/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER LIFE ALF	**5750 NW 192 STREET MIAMI, FL 33015**

(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 for COVID-19 control visit and Generator Monitoring survey was conducted at Better Life ALF on . The facility had a deficiency at the time of the survey.	{A 000}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.	A 079		

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A 079	Continued From page 1 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.	A 079		

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A 079	Continued From page 2 (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time	A 079		

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A 079	Continued From page 3 specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain the minimum 212 staffing hours per week for a census of 6 residents (Resident#), including one resident under hospice care who required total assistance with activities of daily living.(Resident#1). The facility also failed to have a staffing schedule that showed the current staff providing care and services to the residents. Findings Included: Observation on at 11:00 AM showed	A 079		

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A 079	Continued From page 4 the facility had 1 staff and 6 residents, including 1 bed bound hospice resident (Resident #1) Review of Resident#1's health assessment dated [redacted] showed medical history and diagnoses of [redacted], Left [redacted],2nd Degree [redacted] Metolius, [redacted] and [redacted]. The resident needed [redacted] precautions. The resident required assistance with eating and required total assistance with ambulation, bathing, [redacted] grooming, toileting, transferring, and self-administration of medication. The record also stated that the resident was receiving hospice services. Review of Resident#2's health assessment dated on [redacted] showed medical history and diagnoses of Abnormal [redacted] with [redacted] Surprainatus, R supraspinatus full thickness with [redacted], balance [redacted]. The resident was on [redacted] precautions. The resident required supervision with bathing, grooming, and self- administration of medication. Review of Resident#3's health assessment dated on [redacted] showed medical history and diagnosis of [redacted], Hyperlipemia, [redacted], Mild [redacted] with behavioral manifestation, [redacted] D deficiency, and [redacted]. The resident was placed on [redacted] precautions. The resident required assistance with bathing, [redacted], self-care(grooming), transferring, and self- administration of medication. Review of Resident#4's health assessment dated on [redacted] showed medical history of	A 079		

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A 079	Continued From page 5 , Pancreatic . The resident was placed on precautions. The resident required assistance with transferring and supervision with eating, toileting, transferring, bathing, , and self- administration of medication . Reviewed Resident#5's health assessment dated on showed medical history of , with behavioral manifestation, . The resident was placed on precautions. The resident required supervision of bathing and self-care (grooming), self-administration of medication. Review Resident#6's health assessment dated on showed medical history of , and . The resident was placed on precautions. The resident required assistance with bathing, , self-care, transferring and self- administration of medication. On at 11:08 am Staff C stated," The administrator normally works with me however, the administrator had gone to the grocery store and should be soon". Review of the facility's staffing schedule for showed the schedule was not filled out. There were no employees listed on the schedule. On at 12:25 pm via phone call the administrator stated she was at a doctor's	A 079		

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A 079	Continued From page 6 . . . . . , had two people in front of her at the moment, and that it would be a while before she would return . . . to the facility. Class III	A 079		