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
	AL11968430	A. BUILDING: _____ B. WING _____	11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIANA'S ALF CORP	6890 SW 39 TERR 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 generator survey was conducted at Mariana's ALF Corp on through . Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=D	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 and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 (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. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 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 429.41(1)(k), F.S., the use of physical	A 030		

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A 030	Continued From page 2 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. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3 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 relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4 provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. 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	A 030		

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A 030	Continued From page 5 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 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , 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 , or , 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 observation, record review and interview, the facility failed to follow control standards from the Centers for Control and Prevention (CDC) related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated , . Six out of Six residents tested positive for COVID-19 (Resident #1, #2, #3, #4, #5, #6). One	A 030		

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A 030	Continued From page 6 staff member (Staff B) tested positive for COVID-19. Facility failed to ensure staff wore masks. The facility failed to conduct COVID-19 screening to essential visitors. Findings Included: 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 the COVID 19 . Among those emergency orders was DEM Order 20-006, dated , , delineating minimum screening standards for persons entering identified residential facilities. The Centers for Control and Prevention referred to Assisted Living Facility's high risk of COVID-19 spread to residents and stated: "Given their congregate nature and population served, assisted living facilities (ALF) are at high risk of COVID-19 spreading and affecting their residents. If with SARS-CoV-2 (Severe Acute , , , Coronavirus 2), the that causes COVID-19, assisted living residents-often older adults with underlying medical conditions-are at increased risk of serious illness." The Agency for Health Care Administration (AHCA) had issued guidance and clarification on DEM Order 20-006 to providers, and on , , , issued an alert notifying the facilities that all staff or other individuals admitted to a	A 030		

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A 030	Continued From page 7 residential facility must don masks and that caregivers must wear gloves when providing resident care. While the treatment and management of residents with 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 presented by COVID-19 mandate that providers exert meticulous practice and procedure to identify resident symptoms and take immediate 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 . On at 11:32 AM Staff B allowed agency representatives to enter the facility without conducting COVID-19 screening, such as temperature and filling out a standardized questionnaire or other form of documentation. Interview conducted on at 12:10 PM, Staff B stated, she tested positive for COVID-19 on . She stated three residents were at the facility, positive for COVID-19 and three residents were in the hospital for COVID-19. Staff B stated she was a live-in staff and had not left the facility since the COVID-19 outbreak. Staff B stated she did not always wear a mask. She stated the residents did not like to wear masks and took the mask off. Interview conducted on at 12:45 PM, the Administrator stated the residents were not using masks. He stated he tried to get the residents to wear masks, but they took them off. He said he contacted resident's physician to inform of the residents constantly removing their masks, but he did not have any	A 030		

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A 030	Continued From page 8 documentation. Interview conducted on [redacted] at 11:03 AM, Staff E stated she worked at the facility as a cook for three days. She said she wore a [redacted] mask and gloves although she did not provide direct care to the residents. She said the facility had a lot of personal protective equipment, but she did not observe anyone using them. She said the only person she saw wearing a [redacted] mask was the administrator. She stated she observed Resident #1 leaving the facility often with her daughter. She stated she stopped working at the facility after she tested negative for COVID-19, and all the residents and a staff tested positive. Interview conducted on [redacted] at 12:47 PM, the Administrator stated that Resident #1 tested positive for COVID-19 on [redacted] and sent to the hospital on [redacted]. The Administrator stated Resident #2 felt [redacted] and as a precaution the resident was transferred to the hospital and while at the hospital tested positive for COVID-19. The Administrator stated Resident #3 did not have a [redacted], she only felt weak and as a precaution Resident #3 was sent to the hospital. Record review for Resident #1 showed the resident was admitted on [redacted]. Health assessment dated [redacted] showed resident was diagnose with [redacted], unspecified [redacted], [redacted], acute [redacted]. The resident tested positive for COVID-19 on [redacted]. The resident need assistance with eating and need total assistance with ambulation, bathing, [redacted], grooming, toileting and transferring. Progress notes revealed resident woke up and felt weak and refused to eat. The facility staff called an ambulance and the resident	A 030		

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A 030	Continued From page 9 was transferred to the hospital on . The hospital record showed on . Resident #1 brought to emergency room with and . Resident tested positive for COVID-19, , and . Record review for Resident #2 showed the resident was admitted to the facility on . Health assessment dated showed resident was diagnose with , , , type II with , angiopathy, with , , and, , sleep , history of . Resident require supervision with eating and assistance with ambulation, bathing, , grooming, toileting and transfer. Review of the progress notes revealed the resident was transferred to hospital on . The resident tested positive for COVID-19. Review of hospital record showed Resident #2 was admitted to the hospital on with that got aggravated for the past two days. The resident was hospitalized with and increased . The resident tested positive for COVID-19. Record review for Resident #3 showed the resident was admitted on . Health assessment dated showed resident was diagnose with type II , , . Resident required supervision with eating and assistance with ambulation, bathing, , grooming, toileting and transfer. Review of the progress notes revealed resident was	A 030		

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A 030	Continued From page 10 transferred to hospital on for . The resident tested positive COVID-19 at the hospital. Review of hospital record showed Resident #3 was admitted to the hospital on with COVID-19, and intermittently and Interview conducted on at 4:04 PM, Resident's #3 daughter stated her mother went to a doctor on and the physician ordered a COVID-19 test. She stated her mother tested positive for COVID-19 and transferred to the hospital. Record review for Resident #4 showed the resident was admitted to the facility on . Health assessment dated showed resident was diagnose with , , and . Resident require assistance with ambulation, bathing, eating, grooming, toileting and transfer. Resident is on hospice care. Review of the progress notes revealed resident tested positive of COVID-19 and transferred to the hospital on . Resident returned to the facility on . Review of hospital record showed Resident #4 was admitted to the hospital on . The hospital records revealed resident had COVID-19, and . Resident is on hospice care. The resident was diagnosed with COVID-19 and . Record review for Resident #5 showed the resident was admitted on . Health assessment dated showed resident	A 030		

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A 030	Continued From page 11 was diagnose with hypertensive , , primary open angle , of , , senility, , and . Resident required supervision with eating and assistance with ambulation, bathing, , grooming, toileting and transfer. Progress notes revealed the resident tested positive for COVID-19 on . Record review for Resident #6 showed the resident was admitted on . Health assessment dated showed resident was diagnose with , difficulty in walking, and , , . Resident is independent with eating and needed assistance with ambulation, bathing, , grooming, toileting and transfer. Progress notes revealed the resident tested positive for COVID-19 on . Class III	A 030		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.	A 055		

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A 055	Continued From page 12 (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,	A 055		

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A 055	Continued From page 13 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep an employee medications in a locked cabinet.	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968430	A. BUILDING: _____ B. WING _____	11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIANA'S ALF CORP	6890 SW 39 TERR MIAMI, FL 33155

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A 055	Continued From page 14 Finding included: On . . . . . at 11:10 AM, Staff B was observed working in the facility. On a facility tour at 12:15 PM on , it was observed that a closet in the hallway was not lock and it contained Staff B medications. Photographic evidence obtained. In an interview with Staff B on . . . . . at 12:16 PM, Staff B confirmed that the closet door was not secure. Staff B stated "I have a key for the closet". Class III	A 055		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). 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 that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	A 083		

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
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A 083	Continued From page 15 certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility filed to have at least one staff present, trained in , [redacted] ( ) and First Aid at all times. Findings include: On [redacted] at 2:08 PM and on [redacted] at 11:32 AM, Staff B was observed alone, taking care of three residents. Record review showed Staff B First Aid and training expired on . Interview conducted on at 12:10 PM, Administrator confirmed Staff B First Aid and and training expired. Class III	A 083		