

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967137</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/29/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**A-1 ASSISTED LIVING FACILITY LLC**

**9410 SW 52 TERRACE  
MIAMI, FL 33165**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | Initial Comments<br><br>A Revisit Survey was conducted at A-1 Assisted Living Facility, LLC on 12/29/2020. Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {A 000}             |                                                                                                                          |                          |
| A1300<br>SS=D            | Dem Emerg Order 2009 Visitation<br><br>1. Every facility must continue to prohibit the entry of any individual to the facility except in the following circumstances listed below within this Section. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a _____ mask.<br>A. Family members, friends, and individuals visiting residents in end-of-life situations only;<br>B. Hospice or _____ care workers caring for residents in end-of-life situations;<br>C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers (1) comply with the most recent Centers for Disease Control and Prevention (CDC) requirements for PPE, (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent _____ control requirements of the CDC and the facility;<br>D. Facility staff;<br>E. Facility residents;<br>F. Attorneys of Record for a resident in an Adult Mental Health and Treatment Facility or forensic facility for court related matters if virtual or telephonic means are unavailable;<br>G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), Florida Statutes and their professional staff pursuant to | A1300               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>A-1 ASSISTED LIVING FACILITY LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9410 SW 52 TERRACE</b><br><b>MIAMI, FL 33165</b> |                                                                                                                          |                                                                    |
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| A1300                                                                       | Continued From page 1<br><br>subsection 744.361(14), Florida Statutes;<br>H. Representatives of the federal or state government seeking entry as part of his or her official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with , a protection and advocacy organization under 42 U.S.C. §15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel;<br>I. Essential caregivers and compassionate care visitors who meet the following definitions and satisfy the following criteria:<br>i. Essential caregivers are those who have been given consent by the resident or his or her representative to provide services and/or assistance with activities of daily living to help maintain or improve the quality of care or quality of life for a facility resident. Essential caregivers include persons who provided services before the pandemic and those who request to provide services.<br>1. Care or services provided by essential caregivers must be identified in the plan of care or service plan and may include bathing, , eating, and/or emotional support.<br>ii. Compassionate care visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, or end-of-life. Compassionate care visitors may be allowed entry into facilities on a limited basis for these specific purposes.<br>iii. Each resident or his or her representative may designate up to two (2) essential caregivers and up to two (2) compassionate care visitors. | A1300                                                                                        |                                                                                                                          |                                                                    |

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| A1300                                                                       | Continued From page 2<br><br>Other than in end-of-life situations, a resident may be visited by one (1) such visitor at a time; however, an intermediate care facility or Agency for Persons with _____ licensed foster-care or group home facility may allow up to two (2) such visitors at a time.<br><br>Regarding essential caregivers and compassionate care visitors, the facility shall:<br>1. Establish policies and procedures for designation and utilizations of essential caregivers and compassionate care visitors.<br>2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation.<br>3. Develop an agreeable schedule in concert with the resident and visitor, including evening and weekends, to accommodate work or childcare barriers.<br>4. Provide _____ prevention and control training, including training on proper use of personal protective equipment (PPE), _____ hygiene, and social distancing.<br>5. Designate key staff to support prevention and control training.<br>6. Screen general visitors to prevent possible introduction of COVID-19;<br>7. Maintain a visitor log for signing in and out.<br>8. Prohibit visits, except for compassionate care visits, if the resident is _____ or if the resident is positive for or shows symptoms of COVID-19.<br>9. Monitor visitor adherence to appropriate use of _____ masks, PPE, and social distancing.<br>10. After attempts to mitigate concerns, restrict or revoke visitation if the essential caregiver or compassionate care visitor fails to follow _____ prevention and control | A1300                                                                          |                                                                                                                          |  |                                                                    |

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| A1300                                                                       | Continued From page 3<br><br>requirements or other COVID-19-related rules of the facility.<br>v. Essential caregivers and compassionate care visitors shall:<br>1. Wear a surgical mask and other PPE as appropriate. PPE for essential caregivers and compassionate care visitors must be consistent with the most recent CDC guidance for health care workers.<br>2. Participate in facility-provided training on . . . . prevention and control, use of PPE, use of masks, . . . . sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's . . . . prevention and control policies.<br>3. Comply with facility-provided COVID-19 testing, if offered;<br>4. Provide care or visit in the resident's room or in facility designated areas within the building.<br>5. Maintain social distance of at least six . . . . with staff and other residents and limit movement in the facility.<br>vi. The facility may require essential caregivers and compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.<br>J. General visitors, i.e. individuals other than essential caregivers or compassionate care visitors, under the criteria detailed below.<br>i. To accept general visitors, the facility must meet the following criteria:<br>1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days; | A1300                                                                          |                                                                                                                          |                          |                                                              |

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| A1300                                                                       | Continued From page 4<br><br>2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test;<br><br>3. Sufficient staff to support management of visitors;<br><br>4. Adequate PPE for staff, at a minimum;<br><br>5. Adequate cleaning and supplies; and<br><br>6. Adequate capacity at referral hospitals for the facility.<br><br>ii. General visitors must:<br><br>1. Be eighteen (18) years of age or older;<br><br>2. Wear a ... mask and perform proper hygiene;<br><br>3. Sign a consent form noting understanding of the facility's visitation and ... prevention and control policies;<br><br>4. Comply with facility-provided COVID-19 testing, if offered;<br><br>5. Visit in a resident's room or other facility-designated area; and<br><br>6. Maintain social distance of at least six ... with staff and residents, and limit movement in the facility.<br><br>iii. Before allowing general visitors, the facility shall:<br><br>1. Prohibit visitation if the resident receiving general visitors is ... positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or ... for COVID-19;<br><br>2. Screen general visitors to prevent possible introduction of COVID-19;<br><br>3. Establish limits on the total number of visitors allowed in the facility based on the ability | A1300                                                                          |                                                                                                                          |  |                                                                    |

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| A1300                    | Continued From page 5<br><br>of staff to safely screen and monitor visitation ,<br>including limits on the length of visits, days, hours<br>and number of visits per week;<br>4. Schedule visitors by , ,<br>only;<br>5. Maintain a visitor log for signing in<br>and out;<br>6. Immediately cease general visitation<br>if a resident-other than in a dedicated wing or unit<br>that accepts COVID-19 cases from the<br>community-tests positive for COVID-19, or is<br>exhibiting symptoms indicating that he or she is<br>presumptively positive for COVID-19, or a staff<br>person who was in the facility in the ten (10) days<br>prior tests positive for COVID-19;<br>7. Monitor visitor adherence to<br>appropriate use of masks, PPE, and social<br>distancing;<br>8. Notify and inform residents and their<br>representatives of any changes in the facility's<br>visitation policy;<br>9. Clean and visiting areas<br>between visitors and maintain handwashing or<br>sanitation stations; and<br>10. Designate staff to support<br>-prevention and control education of<br>visitors on use of PPE, use of masks, , ,<br>sanitation, and social distancing.<br>Facilities allowing general visitation shall<br>enable general visitation as described in either or<br>both paragraphs 1 and 2 below:<br>1. Provide outdoor visitation spaces that<br>are protected from weather elements, such as<br>porches, courtyards, patios, or other covered<br>areas that are protected from heat and sun, with<br>cooling devices if needed.<br>2. Create indoor visitation spaces for<br>residents in a room that is not accessible by other<br>residents, or in the resident's private room if the | A1300               |                                                                                                                          |                          |

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| A1300                                                                       | <p>Continued From page 6</p> <p>resident is bedbound and for health reasons cannot leave his or her room.</p> <p>v. Each resident or his or her representative may designate up to five (5) general visitors. A resident may be visited by no more than two (2) general visitors at a time.</p> <p>vi. Each facility may require general visitors to submit to facility provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.</p> <p>K. Barbers and beauty salons may resume services to residents with the following precautions:</p> <p>i. Services are permissible only if:</p> <p>1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility onset of resident COVID-19 cases in the previous fourteen (14) days; and</p> <p>2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test.</p> <p>ii. Barbers and salon staff must wear surgical masks, gloves, practice hygiene, and follow the same requirements as essential caregivers;</p> <p>iii. Waiting customers must follow social distancing guidelines;</p> <p>. Residents receiving services must wear masks;</p> <p>v. Services are only provided to facility residents, not outside clients or guests;</p> <p>vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and</p> <p>vii. Service and salon areas must be properly cleaned and , and equipment must be sanitized between residents.</p> | A1300                                                                          |                                                                                                                          |                          |                                                              |

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| A1300                    | <p>Continued From page 7</p> <p>2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below:</p> <p>A. Any person with COVID-19 who does not meet the most recent criteria from the CDC to end .</p> <p>B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a , including , chills, , repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC.</p> <p>C. Any person who has been in contact with any person(s) known to be with COVID-19, who does not meet the most recent criteria from the CDC to end isolation.</p> <p>3. Residents leaving the facility temporarily for medical , or other activities, and residents receiving visits from health care providers, must wear a mask, if tolerated by the resident's condition. All residents must be screened upon return to the facility. , protection should also be encouraged. , should be scheduled through the facility or group home to ensure proper screening and adherence to control measures.</p> <p>4. All visitors must immediately inform the facility if they develop a or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility.</p> <p>5. Documentation showing compliance with the following requirements must be kept for all visitation within a facility:</p> | A1300               |                                                                                                                          |                          |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967137</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>12/29/2020</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**A-1 ASSISTED LIVING FACILITY LLC**

**9410 SW 52 TERRACE  
MIAMI, FL 33165**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A1300                    | <p>Continued From page 8</p> <p>A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation.</p> <p>B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:</p> <ul style="list-style-type: none"> <li>i. Name of the individual entering the facility;</li> <li>ii. Date and time of entry; and</li> <li>iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated screening criteria. This documentation must include the screening employee's printed name and signature.</li> </ul> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to follow current control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated _____ delineating minimum screening standards for persons entering residential facilities.</p> <p>Findings included:</p> <p>1) The COVID-19 is a transmissible that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, and. See generally, Publications of the Centers for Control.</p> <p>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</p> | A1300               |                                                                                                                          |                          |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967137</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R<br/>12/29/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>A-1 ASSISTED LIVING FACILITY LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9410 SW 52 TERRACE<br/>MIAMI, FL 33165</b>                                   |                          |                                                              |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                              |
| A1300                                                                       | <p>Continued From page 9</p> <p>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 . . . . . Among those emergency orders was DEM Order 20-006, dated . . . . ., delineating minimum screening standards for persons entering identified residential facilities.</p> <p>The Centers for . . . . . Control 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, the that causes COVID-19, assisted living residents-often older adults with underlying . . . . . medical conditions-are at increased risk of serious illness."</p> <p>Observation on . . . . . at 10:07 AM revealed Staff E open the door for the administrator. The administrator was observed entering the facility without conducting any COVID-19 screening such as checking temperature, documenting the visitor's names, or asking screening questions.</p> <p>On . . . . . at 10:30 AM, the administrator was asked for her COVID-19 policies and procedures. The administrator was then observed taking her temperature.</p> <p>On . . . . . at 10:50 AM, the administrator stated she did not undergo any screening when she arrived today because she was nervous and forgot.</p> | A1300                                                                          |                                                                                                                          |                          |                                                              |

Agency for Health Care Administration

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| A1300                                                                       | Continued From page 10<br><br>Class III                                                                                      | A1300                                                                                        |                                                                                                                          |  |                                                                    |