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
	AL11943082	A. BUILDING: _____ B. WING _____	02/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT RESIDENCE, INC	935 SW 9 STREET MIAMI, FL 33130

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain an updated roster in the background screening clearinghouse database. One out of five sampled staff (D), who no longer worked at the facility, was still listed. Findings Included:	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 A review of employees record showed Staff D was hired on ..... and stopped working in . On at 9:55 AM the administrator stated that he had not removed the staff because he thought that she was going to come to work, but she had just called him and told him that she was not coming . Unclassified	CZ814		

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A 000	Initial Comments A Standard re-licensure survey and complaint number 2020014324 and COVID monitoring survey was conducted at Comfort Residence, Inc. on [redacted] through [redacted]. Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide care and services appropriate to meet the needs of one of eight sampled residents (Resident #8). The resident, who was placed at the facility under the court-ordered protection of a state agency due to his lack of capacity to consent to his own protection, left the facility without staff's knowledge. Finding include: A review of facility records showed that Resident #8 left the facility without staff's knowledge on	A 025		

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A 025	Continued From page 2 A review of the Admission and Discharge Log showed that Resident #8 was admitted to the facility on under the supervision of a state agency by way of a court order, due to his lack of capacity to consent to his own protection. A review of Resident #8's Health Assessment showed that the resident had a Medical History and Diagnosis of and . According to the Health Assessment, the resident was not an elopement risk. He needed assistance with bathing, , self-care (grooming), and toileting and supervision with eating and transferring. The resident was independent with ambulation. A review of the Resident #8's Progress Notes dated on showed, "The resident went out without notifying any staff or resident. We called the police and family". A review of the facility's "Protocol of Care: Resident Management-Elopement Prevention" showed "all residents will be assessed for risk of elopement upon admission or when a significant change in condition and/or behavior is noted". The facility will use a variety of tools to identify a resident at risk for or elopement such as utilizing a Risk Assessment Elopement Decision Tree. There was no documentation on file that the facility conducted a Risk Assessment Elopement Decision Tree regarding Resident #8 upon admission to the facility. In an interview with Staff C on at 10:11 AM, when asked about Resident #8's having gone missing, she stated that "around 5:00 PM ( ), I notice that the resident was not in	A 025		

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A 025	Continued From page 3 the facility. I started looking around the facility, I call the Administrator and the police. The other staff member conducted a search of the facility. He never returned to the facility". In an interview on at 9:19 AM, the Administrator stated Resident #8 the resident 'was not a Limited Mental Health resident and he was not an elopement risk.' The Administrator further stated that due to a lack of medical information regarding the resident, the Elopement Risk Scale was not done. He further stated that on the day of the occurrence, Resident #8 left at 4:51 PM. He stated that Resident #8 went to the patio an area where there was a secure fence area. The Administrator said the resident waited for everybody to leave the area, then jumped the fence. The Administrator said the patio video surveillance camera did not capture the elopement due to the angle of the camera. He said that at the time of the elopement, there were two staff on duty. At 5:05 PM, Staff C went to the resident's room to ask Resident #8 if he wanted something to eat and noticed that he was not there. The staff called the Administrator. Review of images from the facility's camera dated showed that, on that date at around 4:51 pm, Resident #8 was seen walking away through the patio. Further review showed that no staff or other residents could be seen in the area. Interviewed on at approximately 10:5 am, the Administrator stated that the staff last saw the resident at around 4:30 pm on , sitting on the patio. Class II	A 025		

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A 084	Continued From page 4	A 084		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for . . . . control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:	A 084		

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A 084	Continued From page 5 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags,	A 084		

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A 084	Continued From page 6 excluding the removal of the , or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that one out of four sampled staff had 2 hours of continuing	A 084		

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A 084	Continued From page 7 education training annually regarding assistance with self-administration of medication (Staff A). Findings included: Employee record review revealed that Staff A had completed 2 hours of continuing education training on assistance with self-administration of medication on [redacted]. Further review showed no documentation of more recent training. On 01/ at 9:45 AM the administrator stated that he thought that all of Staff A's trainings were up to date, and he probably overlooked this training. Class III	A 084		