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
	AL11966064	A. BUILDING: _____ B. WING _____	02/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ELDER CARE SERVICES,	8318 SW 162 PLACE MIAMI, FL 33193

(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 Monitoring was conducted at Guardian Elder Care Services on [redacted] to [redacted]. A deficiency was identified at the time of the visit.	A 000		
A 164 SS=D	59A-36.015(4) FAC; 429.35(1) & (3) FS Records - Inspection Availability 59A-36.015 (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. 429.35 Maintenance of records; reports.- (1) Every facility shall maintain, as public information available for public inspection under such conditions as the agency shall prescribe, records containing copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. (3) Every facility shall post a copy of the last inspection report of the agency for that facility in a prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the facility shall also provide a copy of	A 164		

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A 164	Continued From page 1 the report to any resident of the facility or to an applicant for admission to the facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of five sampled residents residents' medical record was accurate (Resident #1). Resident #1's temperature was still recorded in the facility while the resident was hospitalized. Findings included: A review of the residents' temperature log showed Resident #1's temperature was recorded for the entire month of , from to . Resident #1's temperature was also recorded in the month of , 2021 from to and also from to . On at around 08:55 AM, the Administrator stated all the residents went to the hospital, and the staff were under self- , between to . She stated the facility was closed for about one week after . Interview with Resident #1 on at 09:20 AM, Resident #1 stated she tested positive for COVID-19 on and was sent to the hospital the same day. She stated she stayed in the hospital for about one week before she came to the facility. On at 04:30 PM, The administrator	A 164		

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A 164	Continued From page 2 stated that she would have to verify the temperature log to see what happened because she knew for sure all the residents went to the hospital after , . She stated there was only one staff in the facility, but there was no resident in the facility for the staff to take her temperature. Class III	A 164		