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
	AL11967094	A. BUILDING: _____ B. WING _____	03/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERE'S SENIOR CARE	17950 SW 155 COURT MIAMI, FL 33187

(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 survey was conducted at Tere's Senior Care, Corp. on , . and concluded on , . Deficiencies were identified at the time of the survey.	A 000		
A 008 SS=E	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner ' s form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner ' s direct observation of the patient at the time of examination and must include the patient ' s medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form, reflecting the resident ' s condition on the date the examination is performed, becomes a permanent part of the facility ' s record of the resident and must be	A 008		

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A 008	Continued From page 1 made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an	A 008		

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A 008	Continued From page 3 assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [illegible], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30	A 008		

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A 008	Continued From page 4 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.	A 008		

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A 008	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have two out of five sampled residents examined by a licensed healthcare provider within 60 days before admission to the facility or within 30 days after admission to the facility (Resident # 1 and # 3). Findings Include: A review of Resident # 1's record showed an admission date to the facility of . . . . . and no documentation of a health assessment in the record. A review of Resident # 3's record showed an admission date to the facility of and a health assessment dated . . . . . Although Resident # 3 was admitted on , the health assessment found was from a different assisted living facility and from a different doctor. On at approximately 10 AM, the Administrator stated, "I don't have [Resident # 1]'s health assessment because it was from a different doctor and I have asked the nephew to bring me a copy and he never did". The Administrator also stated, " All of [Resident # 3]'s records are there". Class III	A 008		
A 025 SS=L	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician	A 025		

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A 025	Continued From page 6 when a resident exhibits signs of . . . . . or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . 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 . . . . . 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 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	A 025		

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A 025	Continued From page 7 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 interview and record review, the facility failed to offer personal supervision and provide care and services appropriate to the needs for two out of five sampled residents (Resident # 1 and # 3). Resident # 1 sustained a right bone . . . . . after falling on her . . . from her bed and Resident # 3 sustained a to the . . . after hitting his . . . against a nightstand. The facility did not follow its precautions policy and procedure. Findings Include: 1) Review of Resident # 3's record revealed a discharge summary dated . . . . from an Emergency Care Center which showed a diagnosis of ' . . . injury without concussion or . . . . . '. The discharge summary showed a follow - up , , scheduled in the Emergency Department on . . . . . at 5:14 PM. Review of Resident # 3's record revealed, a progress note dated , which documented, 'at 2:35 PM, The resident was sent to the [hospital] because resident had a . .	A 025		

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A 025	Continued From page 8 episode'. A second progress note dated showed, 'The resident is OK'. Further review of Resident # 3's record showed an admission date to the facility of and a health assessment dated . Although the resident was admitted on , the health assessment found was from a different assisted living facility and from a different doctor. The health assessment revealed, a medical history and diagnoses included , , , , , , , , Displaced of right . Under the section for 'Physical or Sensory Limitations: Limitations to ROM (range of motion) in lower extremity'. Resident needed supervision in Ambulation, Eating, Toileting, and Transferring and assistance in Bathing, , and Self - Care (grooming). Resident need precaution. During an interview on at 12:45 PM, the Administrator stated, regarding Resident # 3's , "[Staff B (caregiver)] called me on and reported, the resident went to get up from the bed and and hit his . This was around 2:30 PM in the afternoon. I knew he had hit his against the nightstand because you could see on the corner of the nightstand. [Staff B] put a piece of gauze on [Resident # 3]'s because he was . I was at the [local supermarket] buying things for the house and immediately came home and called 911". The Administrator also stated, "Rescue took him to the closest hospital. The resident received stitches while at the emergency room. He returned to the facility the same day. In the next week, I called home health, and someone came to the facility and took out the stitches. I do not have any documentation of the home health	A 025		

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A 025	Continued From page 9 company or when the stitches were removed. Here he has like 20 times because he didn't have stability. [sic] He would walk and go to the side and . We would give him the walker and he would let it go. He would in front of you". The Administrator stated the resident was not injured from the previous . . . During the review of Resident # 3's record it didn't reveal any documentation of precautions being put in place to prevent further . . . There was no documentation of any of the previous the Administrator had reported, there was no documentation the residents legal guardian or the Primary Care Physician (PCP) was notified of and there was no documentation of when Resident # 3 received follow up care from the Emergency Department. Also, there was no documentation from the home health agency who removed Resident # 3's stitches. During an interview on at approximately 10:45 AM, Staff B (Caregiver) stated, "[Resident # 3] , he hit his on the corner of the nightstand. I called the Administrator immediately. The Administrator arrived first, then she called the rescue, then the rescue arrived. She (the Administrator) lives very close like five minutes away. He during the morning trying to get out of bed. He was , and I put a small little towel on his and put a pillow under his until the Administrator arrived. Rescue picked him up from the floor and took him". A review of Staff B's personnel record showed a hire date of and there was no documentation of a First Aid certification or control and , trainings in the file.	A 025		

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A 025	Continued From page 10 On . . . . . at 11:57 AM, Resident # 3's Primary Healthcare Provider was interviewed and stated, "No. I didn't know [Resident # 3] had . . . . I don't have any notes on is chart about a ". A review of Resident # 3's hospital records dated . . . . . revealed Resident # 3 was discharged to a rehabilitation center on . 2) A review of Resident # 1's record showed a facility admission date of . . . . . and there was no documentation of a health assessment in the record. Further review of Resident # 1's record revealed a progress note dated , that documented, 'The resident was sent to the hospital because she from the bed and had hit her . . . '. During interview on . . . . . at 12:45 PM, the Administrator stated, "[Resident # 1] trying to get out of bed on . . . . . of last year". The Administrator further stated, "[Staff B] called me and tells me that [Resident # 1] . . . . . first. [Staff B] placed a bag of ice on [Resident # 1]'s . . . until I arrived. I came to the house and picked her up and sat her down and she had an injury to the . . . . I touched her . . . and her , and she would tell me nothing hurts. I took pictures of the . . . , and sent it to the nephew. The nephew told me that it was nothing new and to just put some ice on her . . . , but I said, no because if an inspector comes and sees her with . . . . . , I'm going to get in trouble. I was the one that decided to send her to the hospital. I called the ambulance and they came and picked her up". [sic] On at approximately 1 PM, the Administrator also stated, regarding Resident # 1's , "The day [Resident # 1] , I remember	A 025		

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A 025	Continued From page 11 leaving the facility to buy groceries. [Supermarket] is no less than 20 minutes away. I always call the families first unless the resident is not . . . . When I arrived at the facility, I saw [Resident # 1] . . . . . and awake and she told me nothing hurts". The Administrator was unable to remember how long it took her to get from the supermarket to the facility when Staff B had called her to notify her that Resident # 1 had . On at 1:19 PM, when asked what had the facility implemented to prevent Resident # 1 from falling, the Administrator stated, "Supervision. We would always be there when she (Resident # 1) would get up. We would always be attentive to her. We would bathe her, dress her, sit her in this chair, and keep an , on her. Before she came to this house, her nephew told me that she has multiple times in her own home and that's why she needed to be here". There was no documentation in Resident # 1's record and no documentation were provided that resident #1 was assessed for precautions or if the legal guardian and PCP were notified about the residents . . On . . . . . at 10:45 AM, Staff B (Caregiver) stated, "That day I was there when [Resident # 1] on . . . . . This was in the morning, like at 9:00 am in the morning. When I went to go see her, she was getting up to go use the little toilet (commode) and I found her on the floor. I called the Administrator right away and waited until she arrived. I asked her (Resident # 1) if anything hurt and she said, no, so I placed a pillow under her and she was heavy, so I couldn't pick her up on my own. The Administrator arrived and we both picked her up. She had a couple of .	A 025		

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A 025	Continued From page 12 and the Administrator contacted her family and she was taken to the hospital". Staff B further stated, "The Administrator lives 5 minutes away and always comes quickly". Staff B was unable to remember how long the Administrator took to arrive at the facility on when Resident # 1 During an interview on at approximately 1:20 PM, the Administrator stated when asked how long did it take to get to the facility from the grocery store, "I wouldn't take long. [Supermarket] is no more than 20 minutes away from here and I would get here quickly. I don't remember how long it took me". A review of Resident # 1's hospital record dated showed, 'HPI (history of present illness) - This is a with a past medical history of , who was brought to the ED (emergency department) as reported patient was getting up asking for psych medications and suddenly she on her '. Further review of the hospital record showed Resident # 1's discharge diagnosis was 'Acute hypoxic failure, likely due to HCAP (hospital community acquired) in the setting of and , Nondisplaced right bone . Anterior frontal , hematoma'. The resident returned to the facility on . 3) On at 1:36 PM, when the Administrator was asked the frequency of the rounds and how often she checked on the residents, the Administrator stated that there were no specific timeframe's for rounds and residents are "constantly checked throughout the day". The Administrator also stated, "it depends what one is	A 025		

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A 025	Continued From page 13 doing. If you're cooking in the kitchen, you're cooking. You can't see them 24 hours a day. There're no scheduled hours to do rounds. If someone , a resident will say something". A review of the facility's precautions policies and procedures, (the policy was undated), revealed, 'The Administrator or designated will assess each resident upon admission via the health assessment and intake questionnaire to determine needs of resident(s) and cautions that should be taken into account'. Under 'Interventions', the procedure showed, 'Contact the resident's doctor and guardian' and 'Document all findings and reports in the resident's chart and continue to coordinate with doctor as to continued treatment or discharge'. Additional review of Resident #1's and 3's records showed no documentation of an intake questionnaire or any interventions put in place to prevent Resident # 1 and 3 from falling again. Class 1	A 025		
A 027 SS=H	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , , , , , , , , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and	A 027		

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	AL11967094	A. BUILDING: _____ B. WING _____	03/05/2021

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A 027	Continued From page 14 agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist with the arrangement of healthcare services for two out of five sampled residents (Resident # 2 and # 3). Resident # 2 was experiencing , , , and for two days without any medical attention before being hospitalized and diagnosed with COVID-19. Resident # 3 sustained a to the , after falling; however, the facility had no documentation of any follow-up care Resident # 3 received post . Findings Include: 1) Review of Resident # 2's hospital records dated showed 'Chief Complaint: (Patient) brought to ED (Emergency Department) by his son with c/o (complaint of) , , , and ( ) x (for) 2 days'. During an interview on at 9:15 AM, the Administrator stated, "On the night of , ( ), [Resident # 2]'s son called me and told me [Resident # 2] tested positive for COVID-19. The night before, I had called the son and told him that I didn't see [Resident # 2] looking good since he was and the son came the next morning and took him to the hospital". Review of Resident # 2's record revealed, a progress notes dated , which documented 'The resident does not look well. He's , I called the son and I explained the	A 027		

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A 027	Continued From page 15 situation, he took him to the hospital, later he called me and told me that he was positive with COVID'. A second progress note dated ..... showed, 'The resident is OK'. Record review for Resident #2 showed was no documentation that he received any medical care regarding the , , , and ..... for two days prior to being hospitalized. There was also no documentation that showed the facility contacted Resident # 2's Primary Care Physician (PCP) about his change of condition two days prior to being hospitalized. Further review of Resident # 2's hospital records showed a discharge summary dated , which documented 'The patient was admitted to ER (Emergency Room) with , distress, , positive for COVID-19, , and , failure. saturation continued deteriorating the ( ) where continue with support, the patient continues the treatment and was a started process of from and was transferred to [Rehabilitation] to continue level of care'. Further review of the discharge summary showed 'Course in the Hospital: Patient was treated initially by Bil ( ) by COVID-19, Patient then had all complications of COVID-19 with Failure, Acute and Persistent Acute Resp. (,) failure, Patient continued Deteriorating, Progressive Decline, and Multiorgan Function Failure'. Review of Resident # 2's rehabilitation records showed Resident # 2 was admitted to the rehabilitation center on and on .	A 027		

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A 027	Continued From page 16 Review of Resident # 2's health assessment dated showed a medical history and diagnoses of 's , Dyslipidemia, , ( ), Sleep , , and affect / disc . Resident # 2 needed precautions, was an elopement risk, and needed supervision with Ambulation, Bathing, , Eating, Self - Care, Toileting, and Transferring. 2) Review of Resident # 3's record revealed a discharge summary dated from an Emergency Care Center which showed a diagnosis of ' injury without concussion or , , , '. The discharge summary showed a follow - up , , scheduled in the Emergency Department on at 5:14 PM. Review of Resident # 3's record revealed, a progress note dated , which documented, 'at 2:35 PM, The resident was sent to the [hospital] because resident had a episode'. A second progress note dated showed, 'The resident is OK'. According to Johns Hopkins Medicine, a refers to a skin . Treatment for a involves stopping the , cleaning, and the . Deeper cuts may need stitches to stop and reduce scarring. During an interview on at 12:45 PM, the Administrator stated, regarding Resident # 3's , "[Staff B (caregiver)] called me on and reported, the resident went to get up from the bed and and hit his . This was around 2:30 PM in the afternoon. I knew he had hit his	A 027		

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A 027	Continued From page 17 against the nightstand because you could see on the corner of the nightstand. [Staff B] put a piece of gauze on [Resident # 3]'s because he was . The Administrator also stated, "Rescue took him to the closest hospital. The resident received stitches while at the emergency room. He returned to the facility the same day. In the next week, I called home health, and someone came to the facility and took out the stitches. Review of Resident # 3's record revealed no documentation of when Resident # 3 received follow up care from the Emergency Department. Also, there was also no documentation from the home health agency who removed Resident # 3's stitches. On at 11:57 AM, Resident # 3's PCP stated, "No. I didn't know [Resident # 3] had . I don't have any notes on his chart about a ". Class II	A 027		
A 030 SS=L	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	A 030		

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A 030	Continued From page 18 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. (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	A 030		

Agency for Health Care Administration

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A 030	Continued From page 19 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 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	A 030		

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A 030	Continued From page 20 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 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	A 030		

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A 030	Continued From page 21 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 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	A 030		

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A 030	Continued From page 22 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 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.	A 030		

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A 030	Continued From page 23 (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 interview and record review, the facility failed to maintain adequate control procedures to prevent the spread of COVID-19 to ensure staff , after testing positive for COVID-19. One of five sampled residents became ill and was diagnosed with COVID-19 (Resident #2). Three out of five sampled residents (Resident # 3, # 4, and # 5) were exposed to COVID-19 after the Administrator tested positive, returned to the facility, and provided care to them. Residents #3, #4 and #5 tested positive for COVID 19. Findings Include: During an interview on at 9:15 AM, the Administrator stated, on , Resident # 2's son called her and reported [Resident # 2] tested positive for COVID-19. She stated, on , she told the son, the resident did not look good and he had . The administrator stated, the resident's son visited the facility on , and transported the resident to the hospital. The Administrator stated, later that night she was not feeling well, and she called Staff C (Caregiver) to take care of the residents while she went to the hospital to get checked out. The	A 030		

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A 030	Continued From page 24 Administrator further stated, she tested positive for COVID-19 and the doctor recommended for her to remain in the hospital for observation. The Administrator stated, she refused to remain in the hospital and returned to the facility to care for the residents. According to the Centers for Control and Prevention (CDC) COVID-19 guidelines, dated and reviewed on , COVID-19 was defined as "A , , illness that can spread from person to person. There are many types of human coronaviruses, including some that commonly cause mild upper- , tract illnesses. An individual who is actively sick with COVID-19 can spread the illness to others. It's recommended that these individuals be either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of others. The duration of when someone is actively sick can vary. The decision on when to release someone from isolation must be made on a case-by-case basis in consultation with physicians, prevention and control experts, and public health officials. These health professionals will consider specifics of each person including severity, illness signs and symptoms, and results of laboratory testing for each individual". A review of the CDC guidelines updated on and reviewed on , showed "Who needs to , ? People who have been in close contact with someone who has COVID-19' and 'What counts as close contact? You were within 6 of someone who has COVID-19 for a total of 15 minutes or more; You provided care at home to someone who is sick with COVID-19; You had direct physical contact with the person;	A 030		

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A 030	Continued From page 25 You shared eating or drinking utensils; They sneezed, coughed, or somehow got , , droplets on you". A review of the facility's COVID-19 policies and procedures, the policy was undated and revealed: 'Scenario # 4: If Staff tests positive for COVID-19 and displays all symptoms: 2 - Staff will be removed from resident contact immediately up until the test results are received. Facility will replace staff shift with another staff member who meets the requirements. 3 - Once positive COVID-19 test results are received staff will remain absent from duties until two other subsequent test result in negative outcome at which time the staff may return to work'. On at 2:19 PM, the Administrator stated, "When I returned from the ER (emergency room) on at around 2 am, the residents were all sleep and I sent the caregiver home. The Administrator stated that she started at around 6am to change the resident's briefs since they were all . She further stated that she bathed and dressed the residents and cooked and gave medications. During an interview on at 12:47 PM, Resident # 3's Hospice Case Manager stated, "He was admitted to hospice on due to and I saw him for the first time on and on the 1st of , I had already saw him with a bit of a and the doctor prescribed him and (syrup). I remember my coworker called me on the 2nd of to tell me that he was out of breath and still coughing. The Administrator had already informed us that she was positive for COVID-19 and another resident had COVID-19. We decided it was best	A 030		

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A 030	Continued From page 26 to transfer him to the hospital". [sic] The resident was sent to the hospital on VIA . A review of Resident # 3's health assessment dated showed a medical history and diagnoses of , Hyperplasia, , , and Displaced of right . The health assessment showed Resident # 3 had limitations to range of motion in lower extremities, precautions, and needed assistance with Bathing, , and Self - Care. Resident # 3 also needed supervision with Ambulation, Eating, Toileting and Transferring. A review of Resident # 4's health assessment dated showed a medical history and diagnoses of , Major , , Dyslipidemia, history of , ( ), , and Gait Disturbance. The resident needed precautions. The resident needed assistance with ambulation, bathing, , grooming, toileting, and transferring and supervision with eating. A review of Resident # 5's health assessment dated showed a medical history and diagnoses of , (, , Gait Disturbance, . The resident needed precautions and assistance with ambulation, bathing, , self-care/grooming, toileting, transferring and supervision with eating. A review of Resident # 3, # 4, and # 5's facility record showed the last COVID-19 test was conducted on . There was no	A 030		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERE'S SENIOR CARE	17950 SW 155 COURT MIAMI, FL 33187

(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 030	Continued From page 27 documentation that showed Residents # 3, # 4, and # 5 were tested after . The Administrator returned to the facility after testing positive for COVID-19 on . Review of Resident #3 hospital record showed she arrived at the emergency room on . . . . . and admitted on . The hospital record showed resident tested positive for COVID-19 on . Review of Resident #4 hospital record showed he was admitted on . . . . The hospital record showed resident tested positive for COVID-19 on . . . . . . Review of Resident #5 hospital record showed she was admitted on . The hospital record showed resident tested positive for COVID-19 on . Class I	A 030		
A 056 SS=F	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the	A 056		

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A 056	Continued From page 28 container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or	A 056		

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A 056	Continued From page 29 electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain a written medication order from a healthcare provider for three out of five sampled residents (Resident # 1, # 3, and # 5). Residents who experienced persistent , during a deadly pandemic would receive an Over the Counter (OTC) dietary supplement that supports the , system	A 056		

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A 056	Continued From page 30 without a written order or any documentation that their symptoms were treated by a healthcare provider. Findings Include: On at 10:13 AM, observation revealed a full bottle of 'Balsamic Honey' on top of the facility's dining table. The bottle was labeled as 'Balsamic Honey With And Eucalyptus Dietary Supplement, 100 % Honey Bee, Oral Use. Supports the , , System, Net Content 8.32 fl. Oz. (fluid ounces)'. Further observation of the bottle revealed its supplement facts documented as 'Servings Size: 1 tsp (teaspoon) 5mL'. The bottle also had instructions and dosage for 'Adults: 1 Tbsp (tablespoon) every 6 hour' and 'Children over : 1 tsp every 6 hour'. During an interview on at approximately 10:10 AM, the Administrator stated, "The residents usually coughed at night. [Resident # 4] was the one that coughed the least. [Resident # 3] was the one that coughed the most because of his ( ). But because I knew that they coughed a lot, I increased the air conditioner and gave them a spoonful of the honey syrup with eucalyptus that is the best thing out there for . After I gave them the honey syrup, they would stop coughing. I found this syrup through someone; I don't remember who". During an additional interview with the Administrator on at 10:10 AM, the Administrator further stated, "I would give it to the residents that would . I don't remember if I consulted with their doctor. The doctor knew that	A 056		

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A 056	Continued From page 31 [Resident # 5] had . . . . years ago, but he told me that the ␣ was due to her old age. All of the resident's families knew about this syrup, I would give them the syrup too when they would come visit their families. All of them gave me consent to give it to the residents". On at 1:54 PM, Resident # 1's nephew stated, "Honey syrup? No, I don't know anything about her getting a honey syrup". A review of Resident's # 1, # 3, and # 5's records showed no documentation from the resident or legal guardian providing consent to receive the OTC dietary supplement. A review of Resident's # 1, # 3, and # 5's Medication Observation Record (MOR) also showed no documentation of a written order for the dietary supplement from a healthcare provider. During an interview on . . . . at 2:19 PM, the Administrator stated, "[Resident # 5] usually coughed once or twice at night. It was more of a dry ␣ . She told me that she had years ago and always had a dry . . ␣ , but that ␣ wasn't related to COVID-19 because she's always had that . . ␣ since she's arrived. I barely noticed [Resident # 4] ␣ . I would give it the most to [Resident # 5] and her nephew said it was okay. I would also give the syrup to [Resident # 1]. During an interview on . . . . . at approximately 12 PM, the residents' Primary Care Physician (PCP) stated, "She called me once and told me about the syrup. I didn't prescribe anything because she told me it was just Balsamic honey. The conversation was verbal, there were no written	A 056		

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A 056	Continued From page 32 orders, or anything written". A review of Resident # 1's records showed she was admitted on and no documentation of a health assessment. However, hospital discharge documentation dated showed a medical history and diagnoses of Acute Hypoxic , Failure, likely due to Hospital Community Acquired in the setting of , and , Nondisplaced right bone , anterior frontal , hematoma, Advanced , , and Hypomagnesemia. Further review of Resident # 1's records showed no documentation of Resident # 1's coughing or documentation of any efforts made to have the coughing treated by a healthcare provider. A review of Resident # 3's health assessment dated showed a medical history and diagnoses of , , , Hyperplasia, , , , , and Displaced of right . There was no documentation of a diagnosis related to the , system such as . Further review of the health assessment revealed that the health assessment was from a different assisted living facility and missing the page with the healthcare providers' credentials. A review of Resident # 3's progress notes dated showed 'The resident suffered a change of condition, has not wanted to walk as of 4 days ago, spoke with the doctor and daughter, and was placed in hospice, also he was with due to the ( ) he's had years ago'. There was no documentation in Resident # 3's records	A 056		

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A 056	Continued From page 33 that showed the nights that Resident # 3 would and receive the syrup. On at 1:47 PM, Resident # 3 PCP's secretary stated that she did not have any diagnoses in Resident # 3's chart. On at 11:57 AM, Resident # 3's PCP stated, "I don't see a health assessment for him in his chart". A review of Resident # 5's health assessment dated showed a medical history and diagnoses of ( ), , Gait Disturbance, . A review of Resident # 5's progress notes showed no documentation of the times Resident # 5 would nor any documentation that showed she was seen by a healthcare professional for the constant coughing. Class III	A 056		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another	A 078		

Agency for Health Care Administration

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A 078	Continued From page 34 when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility	A 078		

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A 078	Continued From page 35 and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff have an annual negative examination. The facility failed to remove staff from duties after suspected of having, a communicable and until a written statement is submitted from a health care provider that the individual does not constitute a risk of transmitting a communicable . . . . . for one out of three sampled staff (Administrator). Findings Include: On at 9:15 AM, the Administrator stated, on . . . . . , ... she tested positive for COVID-19 and returned to work the same day. A review of the Administrator's personnel records showed the last negative . . . . . exam conducted was on . There was no documentation or a statement from a healthcare provider that showed the Administrator is free of any communicable . . . . . in file. On at approximately 1 PM, the Administrator stated, "My son was the one that	A 078		

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A 078	Continued From page 36 sent it to me on the phone when I tested negative, I don't know how to find it". Class III	A 078		
A1300 SS=D	Dem Emerg Order 20-011 Visitation 1. Every facility must continue to prohibit the entry of any individual to the facility, except in the following circumstances: A. Family members, friends, and individuals visiting residents in end- of-life situations including any resident enrolled in hospice; B. Hospice or [redacted] care workers caring for residents in end-of-life situations including any resident enrolled in hospice; 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 [redacted] Control and Prevention (CDC) requirements for personal protective equipment (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; D. Facility staff; E. Facility residents; F. Attorneys of Record for residents in Adult Mental Health and Treatment Facilities or forensic facilities for court-related matters if virtual or telephonic means are unavailable; G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), and their professional staff pursuant to subsection 744.361(14), Florida Statutes; H. Attorneys and their legal staff who are acting in their capacity as the legal	A1300		

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A1300	Continued From page 37	A1300		

representatives of residents where (a) the residents and lawyers are engaged in an active attorney-client relationships, (b) the visit is related to representation in legal proceedings or in consultation on legal matters, and (c) virtual or telephonic means are unavailable;

l. Representatives of the federal or state government seeking entry as part of their 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 [redacted], 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;

J. Compassionate care visitors who meet the following definitions and satisfy the following criteria:

i. Compassionate care visitors provide support, including emotional support, to help residents deal with difficult transition or loss, upsetting events, end-of-life situations, significant changes (such as recent admission to the facility), the need for assistance, cueing or encouraging with eating or drinking, or emotional distress or decline.

ii. Regarding compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of compassionate care visitors;

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;

3. Develop an agreeable schedule in concert with the residents and visitors, including

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evening and weekends, to accommodate work or childcare barriers;

4. Provide instructional signage throughout the facility and prevention and control education, including education on proper use of PPE, hygiene, and social distancing;

5. Designate key staff to support prevention and control training;

6. Screen compassionate care visitors to prevent possible introduction ofCOVID-19;

7. Maintain a visitor log for signing in and out;

8. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing, especially for those who may have difficulty with compliance such as children; and

9. After attempts to mitigate concerns, restrict or revoke visitation if the compassionate care visitor fails to follow prevention and control requirements or other COVID-19-related rules of the facility.

iii. Compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for compassionate care visitors must be consistent with the most recent CDC guidance for health care workers;

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;

3. Comply with facility-provided COVID-19 testing, if offered;

4. Visit in the resident's room or in facility-designated visitation areas within the building; and

5. Maintain social distance of at least six

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A1300	Continued From page 39 . . . with staff and other residents and limit movement in the facility except compassionate care visitors are not required to maintain social distance from the resident being visited. . The facility may require 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. K. General visitors, i.e. individuals other than compassionate care visitors, under the criteria detailed below: i. To accept general visitors, the facility must meet the following criteria: 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; 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; 3. Sufficient staff to support management of visitors; 4. Adequate PPE for staff, at a minimum; 5. Adequate cleaning and . . . . . supplies; and 6. Adequate capacity at referral hospitals for the facility. ii. General visitors must: 1. Wear a mask and perform proper . hygiene; 2. Sign an acknowledgement form noting receipt and understanding of the facility's visitation and prevention and control policies.	A1300		

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A1300	Continued From page 40 3. Comply with facility-provided COVID-19 testing, if offered; 4. Visit in a resident's room or other facility-designated area; and 5. Maintain social distance of at least six with staff and residents, and limit movement in the facility. iii. Before allowing general visitors, the facility shall: 1. Set a policy to 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; 2. Screen general visitors to prevent possible introduction of COVID-19; 3. Establish limits on the total number of visitors allowed in the facility, or with a resident at one time based on the ability of staff to safely screen and monitor visitation; 4. Establish limits on the length of visits, days, hours, and number of visits allowed per week; 5. Schedule visitors by , , only; 6. Maintain a visitor log for signing in and out; 7. Immediately cease general visitation if a resident--other than in a dedicated wing or unit that accepts COVID-19 cases from the community--tests positive for COVID- 19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the prior ten (10) days tests positive for COVID-19; 8. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing; 9. Notify and inform residents and their representatives of any changes in the facility's	A1300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967094	A. BUILDING: _____ B. WING _____	03/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERE'S SENIOR CARE	17950 SW 155 COURT MIAMI, FL 33187

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visitation policy;

10. Clean and visiting areas between visitors and maintain handwashing or sanitation stations; and

11. Designate staff to support -prevention and control education of visitors on use of PPE, use of masks, . . sanitation, and social distancing.

. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:

1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed. The provisions of K.(i) (1) and (2) are not applicable to outdoor visitation.

2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

v. Limit the number of visitors per resident at one time,

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.

L. Barbers and beauty salons may resume services to residents with the following precautions:

i. Services are permissible only if:

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

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

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prior to the positive test.

ii. Barbers and salon staff must wear surgical masks, gloves, practice proper hygiene, and follow the same requirements as compassionate caregivers;

iii. Waiting customers must follow social distancing guidelines;

. Residents receiving services must wear masks;

v. Services are only provided to facility residents, not outside clients or guests;

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

vii. Service and salon areas must be properly cleaned and , and equipment must be sanitized between residents.

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:

A. Any person with COVID-19 who does not meet the most recent criteria from the CDC to end isolation.

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.

C. Any person who has been in close contact with any person(s) known to be with COVID-19, who does not meet the most recent criteria from the CDC to end .

3. All facilities must require any individual who is

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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. All facilities are encouraged to provide regular COVID-19 testing for staff and visitors.

4. Any resident leaving the facility temporarily for medical , , or other activities, and any resident receiving visits from health care providers, must wear a mask, if tolerated by that 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.

5. 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.

6. Documentation showing compliance with the following requirements must be kept for all visitation within a facility:

A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation.

B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:

i. Name of the individual entering the facility;

ii. Date and time of entry; and

iii. The screening mechanism used by the facility to conclude that the individual did not meet

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A1300	Continued From page 44 any of the enumerated COVID-19 screening criteria. This documentation must include the screening employee's printed name and signature. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain documentation of all non - resident individuals entering the facility that contained at least their name, data and time of entry, and a COVID-19 screening mechanism. Findings Include: On at 9 AM, observation revealed a red folder labeled 'To Our Residents, Family Members and Visitors 2021' that contained a COVID-19 consent form in Spanish, a yellow folder that contained empty screening questionnaires, and a blue folder labeled 'Visitors/Medical Staff' with only one entry dated from a fire inspector. A review of the facility's visitor's sign in/sign out log showed no documentation visitors such as family members and healthcare workers were signed in nor screened for the month of On at approximately 12:30 PM, the Administrator stated, "Everything from 2020 I threw away. I made everything new for 2021. I don't have the papers from , I remember throwing it away". Class III	A1300		