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
	AL11966431	A. BUILDING: _____ B. WING _____	03/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIZI HOME CARE II, INC	4521 SW 135 AVENUE MIAMI, FL 33175

(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 Lizi Home Care II, Inc on and concluded on . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=D	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 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	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 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 interview and record review, the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for four out of six sampled residents (Residents #). Three Residents (#) within the same month, Residents #1 and #3 tested positive for COVID-19 and Resident #2 had a . Resident #4 tested positive for COVID-19 was transferred to the hospital and later to a rehabilitation center. Findings included: 1) During an control monitoring on	A 025		

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A 025	Continued From page 2 at 9:41 AM the Administrator informed that Resident #1 had , in the hospital on due to advanced . Medical Records revealed that Resident #1 was admitted to the hospital from to for a decreased in mental status, , generalized and functional decline. In addition, medical records of Resident #1 revealed a second hospitalization on for general , decreased mentation, and . At the hospital Resident #1 was diagnosed with , , failure, acute failure, , and COVID-19. Resident #1 on . During a telephone interview on at 3:25 PM the Administrator stated that Resident #1 did not improve after returning from the hospital. She further stated that Resident #1 was not eating or drinking, was and depressed. So, she called the doctor who recommended to send Resident #1 to the hospital where she tested positive for COVID-19 and . Review of Resident #1 's health assessment completed on showed medical history and diagnoses of , Atherosclerotic (ASCVD), , ( ), high , (HBP), and . Resident #1 needed assistance in all Activities of Daily Living (ADL). Further review of Resident #1 's record revealed no documentation of the two hospitalizations and causes of her . 2) On at 10:07 AM the Administrator	A 025		

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A 025	Continued From page 3 stated that Resident #2 had a [redacted] and in the hospital on [redacted]. Medical records revealed that on [redacted] at 9:38 AM paramedics arrived at the facility and started [redacted] ([redacted]) on Resident #2. Then, she was transferred to the hospital in an ambulance where she [redacted] at 10:24 AM. On [redacted] at 4:36 PM, the Administrator stated that on [redacted] Resident #2 was doing fine, she took a bath at around 8:00 AM and had breakfast at around 8:30 AM. The Administrator further stated that at around 9:30 AM she noticed that Resident #2 was breathing with difficulty, so she called 911 and the ambulance arrived in less than 5 minutes. Review of Resident #2 's health assessment completed on [redacted] showed medical history and diagnoses of [redacted] type 2, [redacted], high [redacted] (HBP), and [redacted]. Resident #2 was independent in eating and needed assistance in ambulation, self-care (grooming), [redacted], toileting, bathing and transferring. Further review of Resident #2 's record revealed no documentation of the incident. 3) On [redacted] at 10:12 AM the Administrator informed that Resident #3 [redacted] on [redacted], she was very [redacted], was not eating or drinking water. She was transferred to the hospital and tested positive for COVID-19 Medical Records of Resident #3 revealed that on [redacted] she was transported to the hospital in an ambulance due to decreased responsiveness.	A 025		

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A 025	Continued From page 4 Resident #3 was placed under hospice, had COVID-19 and on . A review of Resident #3 's health assessment completed on showed medical history and diagnoses of , , , , , left hypertrophy (LVH) and , ( ). Resident #3 needed assistance in all Activities of Daily Living (ADL). Further review of Resident #3 's record revealed no documentation of the hospitalization and . 4) On at 9:15 AM the Administrator informed that Resident # 4 was transferred to the hospital on for a . A few days later Resident #4 tested positive for COVID-19 and was currently in a rehabilitation center recovering from the . Medical Records of Resident #4 revealed a hospital admission from to . Resident #4 was transferred to the hospital in an ambulance due to ( ). The resident had severe , , and , secondary to COVID-19, severe , acidosis. Later, she was transferred to an acute rehabilitation COVID-19 unit. A review of Resident #4 's health assessment completed on showed medical history and diagnoses of , , , high , (HBP), Atherosclerotic (ASCVD) and (OA). Resident #4 needed supervision in eating and ambulation and needed assistance in self-care (grooming), , toileting, bathing and transferring.	A 025		

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A 025	Continued From page 5 Further review of Resident #4 's record revealed no documentation of the hospitalization for COVID-19. On [redacted] at 10:09 AM, the Administrator acknowledged that there were no documentation of the incidents and stated, "I know is not there, it is because the consultant has not come to update the records." Class III	A 025		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [redacted], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [redacted], or	A 162		

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A 162	Continued From page 6 other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an [illegible] recipient, a copy of	A 162		

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A 162	Continued From page 7 the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident	A 162		

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A 162	Continued From page 8 participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain in records a health assessment (AHCA Form 1823) for one out of six sampled residents (Resident #2). Findings included: A review of Resident's # 2 records showed there was no documentation of a health assessment completed by a healthcare professional. Resident # 1 was admitted on . On at 10:11 AM the Administrator stated that if the Health Assessment was not on file probably the family took it without consent because they were dealing with some legal issues. Class III	A 162		