

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/13/2021
NAME OF PROVIDER OR SUPPLIER DAYLIEN'S LIVING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 SW 12 STREET MIAMI, FL 33135			
(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 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ 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 _____ 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; _____; 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 record review and interview, the facility failed to obtain an updated Level II background screening for one of four sampled staff who had a break in service lasting more than 90 days (Staff E). Findings include:	CZ814			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DAYLIEN'S LIVING FACILITY

**2920 SW 12 STREET
MIAMI, FL 33135**

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CZ814	Continued From page 1 During an interview on _____ at 9:55 AM, Staff E stated, "I started working here on the 2nd. I'm covering for [Staff D]." A review of the background screening database showed Staff E stopped working at her last employment on _____. The staff had a break in service for more than 90 days. In an interview on _____ at 11:18 AM, the Administrator acknowledged that Staff E needed a new background screening. Unclassified	CZ814		

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A 000	Initial Comments A Complaint investigation (2020007484) was conducted at Daylien's Living Facility on _____ to _____. Deficiencies were identified at the time of the survey.	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			

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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 record review and interview, the facility failed to maintain a general awareness of the residents' whereabouts for one out of six sampled residents (Resident #1). Findings include: A review of the adverse incident showed on _____, at 1:00 AM, the resident approached the caretaker and stated that he was leaving to get a drink. The caretaker then informed the resident that it was not an appropriate thing to do. The resident then responded that he was independent and could go in and out as he pleases. The caretaker tried to convince the resident for about 15 minutes, and the resident	A 025			

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A 025	Continued From page 2 was becoming aggressive. The caretaker then contacted the administrator to inform her that Resident #1 was trying to leave the facility. At 1:30 AM, the administrator arrived at the facility; however, the resident was already gone. At 1:32 PM, the administrator began searching for the resident until 4:30 AM, but the resident was not found. At 4:45 AM, the administrator arrived at the facility, and the police were called at 10 AM. A review of progress notes dated 11/03/2019 showed, "[Resident #1] didn't want to stay at the facility last night. He wanted to go out to drink. We talked with him to try to convince him, but he refused. He left around 1 AM. At the time, the administrator went to look for him and couldn't find him. We call the police in the morning, and he appeared at the hospital." A review of Resident #1's hospital records dated _____ showed a 'History of Present Illness' that showed the patient with a past medical history of _____ and _____, and _____ insufficiency resolved presents under _____ content to crisis due to " _____ in and out of traffic unaware to his name date and diagnosis." A review of Resident#1's record showed he was admitted on _____. The health assessment completed on _____ showed the resident had a diagnosis and medical history of acute _____ injury, history of _____, hearing _____, and high _____. The resident was independent with all activities of daily living and needed assistance with self-administration of medication. The health assessment documented that the resident was not an elopement risk at the time of admission.	A 025		

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A 025	Continued From page 3 A review of Resident#1's record showed he was admitted on _____. The health assessment completed on _____ showed the resident had a diagnosis and medical history of acute _____ injury, history of _____, hearing _____, and high _____. The resident was independent with all activities of daily living and needed assistance with self-administration of medication. The health assessment documented that the resident was not an elopement risk at the time of admission. In an interview on _____ at 11:54 AM, the administrator stated, "Me and [Staff B] were working that night. The resident was only here for three days, no more than a week. That night he told [Staff B] that he was going out and get a drink. [Staff B] told him that it was too late for him to leave. [Resident #1] then stood by the door and told [Staff B] that he was leaving, that he was independent, and no one could force him to stay. [Staff B] called me and told me to come because the resident was acting very aggressive. When I got there, it was like 1:30 AM. He was already gone. [Staff B] told me which way he went, and I looked for him in my car. I looked until like 4 AM, but I couldn't find him. At 10 AM, I called the police. They found him in the street drunk and sent him to [hospital]." On _____ at 12:15 PM, when asked about the day that Resident #1 left the facility, Staff B could not recall the incident and stated, "It was a long time ago." Class III		A 025		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards		A 032		

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A 032	Continued From page 4 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response	A 032			

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A 032	Continued From page 5 Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct at least two elopement drills per year. A review of the facility's records showed the last elopement drill was conducted on On at 11:47 AM, when asked whether the facility conducted elopement drills, the administrator stated, "Because of COVID-19, I didn't do any drills." Class III	A 032			

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A 092 A 092 SS=D	Continued From page 6 59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1) (a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and	A 092 A 092			

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A 092	Continued From page 7 interview, the facility failed to ensure that one of five sampled staff staff was trained before preparing food for residents (Staff E). Findings include: On at 11:00 AM, observed Staff E preparing lunch in the facility's kitchen. A review of the facility's staff schedule showed Staff E was not listed. A review of the personnel records found that there was none for Staff E. There was no documentation onsite of food service training for the staff person. On at 11: 17 AM, the Administrator acknowledged that the work schedule was inaccurate. Class III	A 092			
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015	A 161			

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A 161	Continued From page 8 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.	A 161			

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A 161	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a complete staff record for one out of seven sampled staff members (Staff E). Findings include: On at 11:00 AM, observed Staff E preparing lunch in the facility's kitchen. A review of the facility's employee records showed no personnel file for Staff E. Further review revealed no evidence of an employment application with references furnished, documentation verifying freedom from signs or symptoms of communicable, documentation of compliance with level 2 background screening, a signed copy of a Compliance Attestation form, nor documentation of compliance with all staff training. On at 11:06 AM, when asked why Staff E had no record, the administrator stated, "[Staff E] started this week because [Staff D] went out of the country." Class III	A 161			
A 165 SS=D	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily	A 165			

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A 165	Continued From page 10 establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s	A 165			

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A 165	Continued From page 11 investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) _____, neglect, or _____ must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and	A 165			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/13/2021
NAME OF PROVIDER OR SUPPLIER DAYLIEN'S LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2920 SW 12 STREET MIAMI, FL 33135		
(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 165	Continued From page 12 are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide, within one business day after the occurrence of an elopement, a preliminary report to the Agency for Health Care Administration about the event. Findings: A review of an report submitted by the facility on showed that Resident #1 eloped from the facility on Interviewed on, the Owner stated, "It was a long time ago. I don't remember." Class III	A 165			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/13/2021
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