

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967136</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/25/2021</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SOUTH MIAMI SENIOR CARE**

**15592 SW 183 LANE  
MIAMI, FL 33187**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A COVID-19 control monitoring visit was conducted at South Miami Senior Care on . Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 000               |                                                                                                                          |                          |
| A 083<br>SS=D            | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND . . . . .<br>( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br><br>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . . . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br><br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to obtain a new . . . . .<br>( ) training for one of four sampled staff, (Staff D).<br><br>Findings included: | A 083               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967136</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/25/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUTH MIAMI SENIOR CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15592 SW 183 LANE<br/>MIAMI, FL 33187</b> |                                                                                                                          |                                                        |
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| A 083                                                              | Continued From page 1<br><br>Review of Staff D's record showed an expired<br>- training dated .. . . .<br><br>On . . . . . at 11:05 AM, Staff C stated,<br>"She does not work by herself, when the other<br>staff is not here, they call me, and I stay, but it will<br>be done."<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 083                                                                                 |                                                                                                                          |                                                        |
| A 152<br>SS=D                                                      | 59A-36.014(3) FAC Physical Plant - Safe Living<br>Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to<br>section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural,<br>mechanical, electrical and structural systems,<br>and appurtenances are maintained in good<br>working order.<br>(b) Pursuant to section 429.27, F.S., residents<br>must be given the option of using their own<br>belongings as space permits. When the facility<br>supplies the furnishings, each resident bedroom<br>or sleeping area must have at least the following<br>furnishings:<br>1. A clean, comfortable bed with a mattress no<br>less than 36 inches wide and 72 inches long, with<br>the top surface of the mattress at a comfortable<br>... to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging<br>clothes,<br>3. A dresser, ... or other furniture designed for<br>storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor<br>lamp, and waste basket; and, | A 152                                                                                 |                                                                                                                          |                                                        |

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| A 152                                                              | <p>Continued From page 2</p> <p>5. A comfortable chair, if requested.</p> <p>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.</p> <p>Findings included:</p> <p>On , , , , at 10:00 AM, observed the sliding door from the Florida room to the patio not opening properly, it was about 25 inches opened, and was not closing or opening.</p> <p>On , , , at 10:00 AM, Staff B stated, "The handyman already knows about it, something is missing on the bottom to roll properly, he should be coming today to fix it."</p> <p>Class III</p> | A 152                                                                          |                                                                                                                          |                          |                                                        |