

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967626	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/07/2021
NAME OF PROVIDER OR SUPPLIER RESTORED LIVING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1470 NW 174 STREET MIAMI, FL 33169		
(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 monitoring was conducted at Restored Living Facility on . A deficiency was identified at the time of visit.	A 000			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 152	Continued From page 1 use. (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 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe living environment free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order. Findings including: Observation on _____ at 11:00 AM showed part of the building roof was covered with a blue tarp. At 11:08 AM, observed a big hole on the ceiling in the common area. At 11:06 AM, observed a hole on the wall next to the fire control panel. A piece of the wall was cut and removed. On _____ at 11:06 AM, the owner stated, "I replaced the old fire panel to this new one. This one is smaller and could not fit in the spot of the old one; that's the reason you see this hole. You can see I have a new panel, new fire detector. They have not finished the job yet. The contractors is coming to repair it. On _____ at 11:08 AM, the administrator stated, "the reason for the blue tarp was because the house was leaking last week. I had a contractor come to cover the roof, and started to work on repairs inside the facility, like the ceiling. You can see how they cut this part, so they can repair it. They should finish by next weekend."	A 152			

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A 152	Continued From page 2 Review of the facility record found there was no contract documentation to confirm repairs was in the process of being done to the facility. Class III	A 152			