

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969646	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/12/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KENDALL HAVEN ALF LLC

**13258 SW 62 TERR
KENDALL, FL 33183**

(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 bed expansion licensure survey was conducted at Kendall Haven ALF, LLC on _____ thru _____. The provider had deficiencies identified at the time of the visit.	A 000		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 6-25 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	A 079		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 079	Continued From page 1 serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and _____. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least _____ must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day	A 079		

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A 079	Continued From page 2 operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the	A 079		

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A 079	Continued From page 3 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to have an accurate staffing schedule. Findings included:	A 079		

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A 079	Continued From page 4 Review of the facility's roster showed four staff members. On _____ at 11:27 AM observation showed caregivers Staff C and Staff D were the only staff in the facility with six residents. A review of the facility's staffing schedule for _____ showed the Administrator, Staff C and Staff D were scheduled to work from Monday to Sunday and Staff B was not listed. The schedule did not show the hours that any of the staff would work. On _____ at 12:30 PM, the Administrator stated that Staff C and Staff D lived in the facility, and Staff B and he were always at the facility assisting the residents as needed. Class III	A 079		
A 151 SS=D	59A-36.014(2) FAC Physical Plant - Existing Facilities (2) EXISTING FACILITIES. (a) An assisted living facility must comply with the rule or building code in effect at the time of initial licensure, as well as the rule or building code in effect at the time of any additions, modifications, alterations, refurbishment, renovations or reconstruction. Determination of the installation of a fire sprinkler system in an existing facility must comply with the requirements described in section 429.41, F.S. (b) A facility undergoing change of ownership is considered an existing facility for purposes of this rule. This Statute or Rule is not met as evidenced by:	A 151		

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A 151	Continued From page 5 Based on observation and interview, the facility failed to comply with the building code at the time of a requested alteration and bed increase. The facility, licensed for six beds, requested a capacity increase to accommodate eight beds when the available floor space did not allow 60 square . . . of usable space per person in each bedroom. Findings: 1) Observation on . . . between 11:27 am and 2:21 pm revealed that the facility's bedrooms measured as follows: # - 129 in x 130.5 in = 16,834.5/144 = 116.91 sq. ft # - 130 in x 128 in = 16, . . . = 115.56 sq. ft # - 129.5 in x 129 in = 16,705.5/144= 116.01 sq. ft # - 170.5 in x 163.5 in = 27,876. . . = 193.59 sq. ft A review of the Florida building code requirements for assisted living facilities showed that, "Resident sleeping rooms designated for single occupancy shall provide a minimum inside measurement of 80 square . . . (7 m2) of usable floor space. Usable floor space does not include closet space or bathrooms, and that resident bedrooms designated for multiple occupancy shall provide a minimum inside measurement of 60 square . . . (6 m2) of usable floor space per room occupant." 2) On . . . at 11:45 AM, observation showed an accordion shutter installed in the middle of . . . # to divide the room.	A 151		

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A 151	Continued From page 6 On at 12:05 PM, the Administrator stated that he installed the panel in case of a positive COVID-19 case so there would be a room for isolation. On at 4:23 PM during a telephone interview, the Administrator stated that he would remove the panel. Class III	A 151		