

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>AL11969355</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/08/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RICHMOND HOME CARE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13998 SW 159TH TERR</b><br><b>MIAMI, FL 33177</b>                            |  |                                                                    |
| (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                                           |
| {A 000}                                                            | Initial Comments<br><br>A revisit to a biennial re-licensure and COVID-19<br>control survey was conducted at<br>Richmond Home Care, Inc on<br>Deficiencies were identified at the time of the<br>survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {A 000}                                                                        |                                                                                                                          |  |                                                                    |
| {A 004}<br>SS=D                                                    | 59A-36.004 FAC Licensure - Requirements<br><br>(1) SERVICE PROHIBITION. An assisted living<br>facility may not represent that it provides any<br>service other than a service for which it is<br>licensed to provide.<br>(2) CHANGE IN USE OF SPACE REQUIRING<br>AGENCY CENTRAL OFFICE APPROVAL. A<br>change in the use of space that increases or<br>decreases a facility's capacity must not be made<br>without prior approval from the Agency Central<br>Office. Approval must be based on the<br>compliance with the physical plant standards<br>provided in rule 59A-36.014, F.A.C., as well as<br>documentation of compliance with applicable fire<br>safety and sanitation inspection requirements<br>referenced in rule 59A-36.005, F.A.C.<br>(3) CHANGE IN USE OF SPACE REQUIRING<br>AGENCY FIELD OFFICE APPROVAL. A change<br>in the use of space that involves converting an<br>area to resident use, which has not previously<br>been inspected for such use, must not be made<br>without prior approval from the Agency Field<br>Office. Approval must be based on compliance<br>with the physical plant standards provided in rule<br>59A-36.014, F.A.C., as well as documentation of<br>compliance with applicable fire safety and<br>sanitation inspection standards referenced in rule<br>59A-36.005, F.A.C.<br>(4) CONTIGUOUS PROPERTY. If a facility<br>consists of more than one building, all buildings<br>included under a single license must be on<br>contiguous property. "Contiguous property" | {A 004}                                                                        |                                                                                                                          |  |                                                                    |

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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| {A 004}                                                            | <p>Continued From page 1</p> <p>means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of chapters 408, Part II, 429, Part I, F.S. and rule chapter 59A-35, F.A.C., and this rule chapter.</p> <p>(5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to chapter 408, part II, and section 429.14, F.S., and rule chapter 59A-35, F.A.C.</p> <p>(6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to provide documentation of an annual sanitation inspection.</p> <p>Findings Included:</p> <p>Review of the facility record found no documentation of having completed an annual sanitation inspection.</p> <p>On _____ at 10:45 AM, during a telephone interview, the Administrator stated the facility passed the sanitation inspection but she did not</p> | {A 004}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 004}                                                            | Continued From page 2<br><br>have documentation of the report for Agency<br>review.<br><br>Class III<br>Uncorrected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {A 004}                                                                                       |                                                                                                                          |                                                                    |
| {A 077}<br>SS=D                                                    | 429.176 FS; 429.52( ), 59A-36.01(1) FAC<br>Staffing Standards - Administrators<br><br>429.176 Notice of change of administrator.-If,<br>during the period for which a license is issued,<br>the owner changes administrators, the owner<br>must notify the agency of the change within 10<br>days and provide documentation within 90 days<br>that the new administrator meets educational<br>requirements and has completed the applicable<br>core educational requirements under s. 429.52. A<br>facility may not be operated for more than 120<br>consecutive days without an administrator who<br>has completed the core educational<br>requirements.<br><br>429.52<br>(4) A facility administrator must complete the<br>required core training, including the competency<br>test, within 90 days after the date of employment<br>as an administrator. Failure to do so is a violation<br>of this part and subjects the violator to an<br>administrative fine as prescribed in s. 429.19.<br>Administrators licensed in accordance with part II<br>of chapter 468 are exempt from this requirement.<br>Other licensed professionals may be exempted,<br>as determined by the agency by rule.<br>(5) Administrators are required to participate in<br>continuing education for a minimum of 12 contact<br>hours every 2 years.<br><br>59A-36.010<br>(1) ADMINISTRATORS. Every facility must be | {A 077}                                                                                       |                                                                                                                          |                                                                    |

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| {A 077}                                                            | <p>Continued From page 3</p> <p>under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.</p> <p>(a) An administrator must:</p> <ol style="list-style-type: none"> <li>1. Be at least _____;</li> <li>2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.;</li> <li>3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;</li> <li>4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and,</li> <li>5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C.</li> </ol> <p>Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.</p> <p>(b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:</p> | {A 077}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 077}                                                            | Continued From page 4<br><br>1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,<br>2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.<br>(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.<br>(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.<br>(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: | {A 077}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 077}                                                            | <p>Continued From page 5</p> <p><a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09393">http://www.flrules.org/Gateway/reference.asp?No=Ref-09393</a>.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure the administrator completed the core training, including the competency test within 90 days after the date of employment.</p> <p>Findings Included:</p> <p>A review of the background screening clearinghouse database roster showed the Administrator was listed as the facility administrator, with a hired date of</p> <p>Review of the facility record found no documentation of the Administrator's CORE training certification.</p> <p>On at 11:00 AM during a telephone interview, the Administrator stated she did have the CORE training certificate, because she did not pass the test.</p> <p>Class III<br/>Uncorrected</p> |                                                                                | {A 077}                                                                                       |                                                                                                                          |                                                                    |
| {A 127}<br>SS=D                                                    | <p>429.275(3); 59A-36.01(4); 624.605(1)(b) Fiscal - Liability Insurance</p> <p>429.275</p> <p>(3) The administrator or owner of a facility shall maintain liability insurance coverage that is in force at all times.</p> <p>59A-36.013</p> <p>(4) LIABILITY INSURANCE. Pursuant to section</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | {A 127}                                                                                       |                                                                                                                          |                                                                    |

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| {A 127}                                                            | <p>Continued From page 6</p> <p>429.275, F.S., facilities must maintain liability insurance coverage, as defined in section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage.</p> <p>624.605(1)</p> <p>(b) Liability insurance.-insurance against legal liability for the , injury, or , of any human being, or for damage to property, with provision for medical, hospital, and surgical benefits to the injured persons, irrespective of the legal liability of the insured, when issued as a part of a liability insurance contract.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide documentation of the facility liability insurance coverage.</p> <p>Findings Included:</p> <p>Review of the facility record found no documentation of current liability insurance coverage.</p> <p>On at 11:00 AM the Administrator stated the facility did not have the liability insurance coverage renewed.</p> <p>Class III<br/>Uncorrected</p> | {A 127}                                                                        |                                                                                                                          |  |                                                                    |