Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910963	A. BUILDING: _____ B. WING _____	R 12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAZEL CYPEN TOWER	5066 NORTHEAST 2ND AVENUE MIAMI, FL 33137

(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} SS=D	429.23(&) FS Risk Mgmt & QA 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 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	{A 165}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 165}	Continued From page 1	{A 165}		

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 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

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{A 165}	Continued From page 2 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 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility continued to fail to submit an adverse incident report within 15 days of an incident to the Agency for Healthcare Administration (AHCA) for one out of 23 sampled residents (Resident #5). Findings Included: Review of Resident #5's record revealed she at the facility and was hospitalized on . . . . . . A review of the online Adverse Incident Reporting System (AIRS) showed no evidence of an incident report filed within 15 days for Resident #5. During an interview on at 8:32 AM, The Director of Resident Services (Staff B) stated "If any adverse incident is not in the facility's control then it does not meet the criteria for adverse incident. We will report any incident that resulted in injury, but if the facility was not in control then we withdraw the adverse incident that's why we did not complete the 15 day report for Resident #5." Review of Resident #5's record revealed	{A 165}		

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{A 165}	Continued From page 3 progress notes completed on stating "Received a call from nurse stating resident was found on floor with in and ." During an interview on at 8:39AM, the Director of Resident Services (Staff B) stated that "Resident #5 was in the room with her PDA (private duty aide, non staff) at the time of the . The resident was admitted to [ ]Hospice on ." Review of Resident #5's record revealed she was discharged from the facility on . Review of Resident #5's health assessment (AHCA Form 1823) completed on revealed diagnoses of Right , , history of , , , surgery, and , . Resident #5 needed precautions and physical limitations of ambulating with a rolling walker with max assistance. Further review of Resident #5's health assessment revealed she needed assistance with all activities of daily living (ambulation, bathing, , eating, grooming, toileting, and transferring) and assistance with self administration of medication. Uncorrected Class III	{A 165}		

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A 000	Initial Comments A Revisit Survey was conducted in conjunction with a Complaint Survey (#2021014781) at Hazel Cypen Tower on 06, 2021. Deficiencies were identified at the time of the survey.	A 000		

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