

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

J H PUIG INVESTMENTS INC

**3144 SW 21 STREET
MIAMI, FL 33145**

(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 Complaint Investigation (complaint number 2021015230) was conducted at J H Puig Investments, Inc. on _____ through _____. 2021. A deficiency was identified at the time of the survey.	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	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 commodities must be provided with privacy during 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 maintain a safe living environment for all current residents and staff. The facility had a rodent infestation. Findings included: On at 9:18 AM, observed in, objects resembling rodent droppings by the entrance of the room on the floor, right side of floor by baseboard. At 9:20 AM, observed that the exterminator had put a rodent trap in a corner of the hallway bathroom floor. At 9:30 AM, inside the facility's office located by the kitchen, observed a closet with the central air conditioning, and on the floor by the wall, observed objects resembling rodent droppings. At 9:40 AM, observed objects resembling rodent droppings by the dining area wall that belongs to the kitchen. At 9:43 AM, observed inside the lower kitchen cabinet on the right side, objects resembling rodent droppings by the wall. On at 9:50 AM, during a phone interview with the exterminator, he stated, "They called me at the end of last month asking me to pass by the property because they received a complaint and wanted me to check if the property had mice. I put traps in the bathrooms, closets, and some corners; if they are having a problem, they should take photos, send them to	A 152		

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A 152	Continued From page 2 me, clean the areas and check again in two or three days to see if they see the droppings again. I will check again with them. Years ago, they had a similar problem, but it was fixed." Review of the exterminator's receipts showed: Pest control services. Pest control services. Pest control services/Rat treatment Pest control services/2nd visit for rat treatment 10:25 AM, Staff A (caregiver) stated, "The health department came because they received a complaint, but they did not find anything. We remodeled one of the bathrooms, everything is new. We replaced the sink cabinet, the floors, the shower, the toilet, everything. We did it because the floor was broken under the sink." At 10:30 AM, observed Staff A taking photos of the droppings. Review of an unsatisfactory report from the Department of Health dated confirmed that rodent droppings and evidence of a rodent infestation were found. Class III	A 152			