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
	AL11967486	A. BUILDING: _____ B. WING _____	R 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHALET AT OLD CUTLER (THE) LLC	7210 SW 148 TERRACE MIAMI, FL 33158

(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 revisit to a biennial survey was conducted at Chalet At Old Cutler, LLC on . . . . . . Deficiencies were identified at the time of survey.	{A 000}		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . . . . . . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the . . . . . applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of . . . . . , or decline in mobility or function related to the use of the prescribed . . . . . . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a written care plan for the use of the physical developed within 14 days of the device being prescribed and prior to use on the resident for one out of two sample residents	A 033		

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A 033	Continued From page 1 (Resident #4). Finding include: A review of Resident #4's facility record showed a medical order from the resident's primary care provider dated . . . . . for ½ bed rails. A review of Resident #4's Hospice Record dated showed the physician's order stated, "maintain bed at lowest position with full rails". A review of the facility's "Physical Restrain Policy" in Resident #4's record Resident #4's showed the form was not signed or dated by the resident's legal guardian or the facility administrator. . A review of the "Resident Consent to the use of physical . . . . " form in Resident #4's record showed that it was not signed or dated by the resident's legal guardian or the facility administrator. A review of the "Care Plan for Physical . . . . . " in Resident #4's record showed that the care plan was not signed or dated by the physician or the facility administrator. In an interview with the Administrator on at 3:00 PM, regarding why the forms were not signed, she stated that that the resident's wife was on a trip. Class III	A 033		