

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>AL11967457</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>02/21/2022</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**FLAMINGO CARE LLC**

**1270 NE 174 STREET  
NORTH MIAMI BEACH, FL 33162**

| (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 |
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| {A 000}                  | Initial Comments<br><br>A Revisit Survey was conducted at Flamingo Care LLC on 02/21/2022. Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {A 000}             |                                                                                                                          |                          |
| {A 078}<br>SS=D          | 59A-36.010(2) FAC Staffing Standards - Staff<br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . . .<br>2. If any staff member has, or is suspected of having, a communicable . . . . ., such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . .<br>(b) Staff must be qualified to perform their assigned duties consistent with their level of | {A 078}             |                                                                                                                          |                          |

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FLAMINGO CARE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1270 NE 174 STREET<br/>NORTH MIAMI BEACH, FL 33162</b> |                                                                                                                          |                                                                    |
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| {A 078}                                                      | <p>Continued From page 1</p> <p>education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(f) Level 2 background screening must be conducted for staff, including staff _____ by _____ the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have a statement of freedom from communicable _____ from a healthcare provider within 30 days of hire for one out of for one of six sampled staff (Staff F).</p> <p>Findings Included:</p> | {A 078}                                                                                            |                                                                                                                          |                                                                    |

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| {A 078}                                                      | Continued From page 2<br><br>Review of Staff F's personnel record revealed no documentation of a statement of freedom from communicable . . . . . signed by a healthcare provider. Further review of Staff F's personnel record revealed a hire date of . . . . .<br><br>During an interview on . . . . . at 12:45 PM, the Administrator stated "I thought the form had all of the required information."<br><br>Uncorrected<br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {A 078}                                                                        |                                                                                                                          |  |                                                                    |
| {A 081}<br>SS=E                                              | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training<br>- Staff In-Service<br><br>429.52(1)<br>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.<br><br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single | {A 081}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 081}                                                      | Continued From page 3<br><br>training course.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice<br>orientation of at least 2 hours to all new assisted<br>living facility employees who have not previously<br>completed core training as detailed in subsection<br>(1).<br>(b) New staff must complete the preservice<br>orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility<br>administrator must sign a statement that the<br>employee completed the preservice orientation<br>which must be kept in the employee's personnel<br>record.<br>(d) In addition to topics that may be chosen by<br>the facility administrator, the preservice<br>orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered<br>by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility<br>administrators or managers shall provide or<br>arrange for the following in-service training to<br>facility staff:<br>(a) Staff who provide direct care to residents,<br>other than nurses, certified nursing assistants, or<br>home health aides trained in accordance with rule<br>59A-8.0095, F.A.C., must receive a minimum of 1<br>hour in-service training in _____ control,<br>including universal precautions and facility<br>sanitation procedures, before providing personal<br>care to residents. The facility must use its<br>_____ control policies and procedures when<br>offering this training. Documentation of<br>compliance with the staff training requirements of<br>29 CFR 1910.1030, relating to _____ borne<br>_____ may be used to meet this | {A 081}                                                                                                  |                                                                                                                          |                                                                    |

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| {A 081}                                                      | Continued From page 4<br><br>requirement.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident neglect, and . . . . . The facility must use its prevention policies and procedures when offering this training.<br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies | {A 081}                                                                                                  |                                                                                                                          |  |                                                                    |

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| {A 081}                  | Continued From page 5<br><br>and procedures.<br><br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure that one out of six sampled staff (the administrator) received the in-service trainings required within 30 days of employment.<br><br>Findings Included:<br><br>Review of the administrators personnel record revealed no documentation of elopement training.<br><br>During an interview on ..... at 12:57 PM, the Administrator stated "I thought I was exempt because I am exempt with many other trainings due to being a nurse."<br><br>Uncorrected<br>Class III | {A 081}             |                                                                                                                          |                          |
| {A 182}<br>SS=I          | 59A-36.019(3) FAC Emergency Mgmt - Plan Implementation<br><br>(3) PLAN IMPLEMENTATION.<br>(a) All staff must be trained in their duties and are responsible for implementing the emergency management plan.<br>(b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining                                                                                                                                                                                                                                                                                                                                                                                                           | {A 182}             |                                                                                                                          |                          |

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| {A 182}                                                      | <p>Continued From page 6</p> <p>communication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to ensure that all staff were trained in their duties and would be responsible for implementing the emergency management plan for one out of four sampled residents.</p> <p>Findings Included:</p> <p>Observation on _____ at 11:40AM revealed a fixed generator in the backyard of the facility. Further observation revealed Staff B unsuccessfully attempt to operate the generator.</p> <p>During an interview on _____ at 12:37PM the administrator stated "Because I was retraining all of the staff on the generator, i guess we were running it too much and now it's not working. A technician for the generator company is scheduled to come out to fix it today."</p> <p>During an interview on _____ at 12:40PM the maintenance technician stated "I will have to call the owner. The generator needs another part to be fixed and I will have to order it."</p> <p>Uncorrected<br/>Class II</p> | {A 182}                                                                        |                                                                                                                          |  |                                                                    |