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
	AL11964867	A. BUILDING: _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERNANDEZ & SONS ALF INC	7265 NW 5 STREET MIAMI, FL 33126

(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 AMENDED A Complaint Investigation (Complaint #2021016088) was conducted at Hernandez & Sons ALF Inc. on . . . . . and concluded on . A deficiency was identified at the time of the investigation.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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
	AL11964867	A. BUILDING: _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERNANDEZ & SONS ALF INC	7265 NW 5 STREET MIAMI, FL 33126

(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 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a general awareness of one out of six sampled residents (#6). The resident left without staff's knowledge, on the street and sustained serious injures. Findings included: A review of a facility incident report revealed that on , a neighbor found Resident # 1, on the floor at approximately two blocks away from the facility. The report further stated that the neighbor call the rescue and the resident was	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964867	A. BUILDING: _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERNANDEZ & SONS ALF INC	7265 NW 5 STREET MIAMI, FL 33126

(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 025	Continued From page 2 then taken to a local hospital. Review of Resident's record showed that he was admitted on . His health assessment dated showed medical history and diagnoses of , , Type ( ), or Behavioral Status, alert and oriented times three. The resident needed assistance with self-administration of medication, precautions. The resident was not identified as an elopement risk The resident was independent with all activities of daily living except Self-care (grooming), where he needed assistance. On at 8:05 AM Staff C (live in caregiver) stated she was working on , when Resident #1 left without staff knowledge. She stated that she had checked at around 2:00 AM and Resident #1 was still in bed. She further stated that when she got up at around 5:30 AM and got ready to take care of the residents, at around 6:00 AM, Resident #1 was not in his room, and she called the administrator. The administrator came to the facility and started looking for him. A review of Resident #1's hospital record showed that, according to the resident's accounts given to Fire Rescue and the Emergency Room staff, he on the street at around 1:00 AM on , when he was about a away from the Assisted Living Facility. He was badly injured and could not get up. He laid there until 7:37 AM, when he was picked up by fire rescue and transported to the hospital. A review of hospital records showed that the resident was found to have rhabdomyolysis due to his injuries. According to the Centers for	A 025		

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
	AL11964867	A. BUILDING: _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERNANDEZ & SONS ALF INC	7265 NW 5 STREET MIAMI, FL 33126

(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 025	Continued From page 3 Control, "Rhabdomyolysis is the breakdown of damaged which results in the release of contents into the . The proteins and , released into the can cause organ damage. Risk factors include heat exposure, physical exertion, and direct (e.g., crush injury from a). Rhabdomyolysis can cause , damage or , dangerous , and , permanent , or ." Further review of the hospital record showed that the resident suffered acute , injury, went into , and required , The resident was also diagnosed with Acute ST-elevation , infarct (a type of that is more serious and has a greater risk of serious complications and)., The resident had acute hypoxic , , failure (not exchanging in the due to , or damage), hyperkalemia (high , level caused by the , ' inability to excrete it). The record stated the Resident sustained multiple in the and extremities and complained of , all over. The resident was hospitalized for 12 days before being sent to a rehabilitation center. The center did not allow him to stay because he was unstable, and his conditions required acute care. He was immediately transported to the hospital, where he of 29 days later. On at 12:30 PM The Administrator stated "I cannot tell you exactly the time when Resident #1 eloped because I based my progress notes and the incident report on what Staff C told me. I just can tell you that as soon as she called me at around 5:30 AM, I was here and started to look for him. The reason why I did not find him	A 025		

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
	AL11964867	A. BUILDING: _____ B. WING _____	02/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERNANDEZ & SONS ALF INC	7265 NW 5 STREET MIAMI, FL 33126

(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 025	Continued From page 4 before the rescue was because I went straight to the gas station where he used to go and buy cigarettes. Based on what I know, a neighbor found him on the floor and that is why they call the rescue." When ask if she could provide the phone number of the neighbor for an interview, she stated, 'I do not know which neighbor, neither do I know the phone number.' Class III	A 025		