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
	AL11963986	A. BUILDING: _____ B. WING _____	02/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIALEAH ALF INC	158 WEST 8 STREET HIALEAH, FL 33010

(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 re-licensure survey in conjunction with a complaint investigation (#2021016000) was conducted at Hialeah ALF Inc. on . The provider had deficiencies at the time of the survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a resident with history of elopement assessed for Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision residents (# 1).	A 032		

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A 032	Continued From page 2 Findings included: A review of the adverse incident database revealed that Resident # 1 had eloped from the facility on . . . . . . On . . . . . at 8:37 AM Resident # 1 stated, "I jumped the fence because I felt a chill on my body and my mind told me that I had to jump the fence. I jumped that fence, Staff I was telling me not to do it, but I did it anyway. I never told them that I wanted to go out, my told me to do it. I hurt my left arm, look. I went to my sister house and she called the ambulance. She lives 3 or 4 blocks from here on 7 street." On . . . . . at 1:00 PM Resident # 1 stated, "I did not tell them that I wanted to go, my mind told me to jump the fence and I thought that it was easy. I walked to 4 and 7 street to see my sister. When I got there, she was waiting for me, the Assistant Administrator had called her. It is like a ghost is telling me to do things and I cannot listen to anybody else. The lady kept telling not to jump and I did it any way because the voice was stronger. Please I will not do it again, do not take me out of here, I am behaving well, I will not do it again. The voices stopped talking to me." On at 1:03 PM Resident # 7 stated, "I was sitting here as I always do in the afternoons. It was a few months ago. He jumped the fence like a cat, I saw him. He was looking at me and Staff I and not listening. He does not do that anymore. They were always looking after him and they still do." On at 1:40 PM, Staff F stated, "I have known Resident # 1 for 20 years and he used to elope all the time from others assisted living	A 032		

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A 032	Continued From page 3 facilities, even from his sister's house, he likes to go to Miami Beah to walk and then comes . Now he is as calmed as I have never seen him before. The medication change is working and he has not tried to leave anymore. He knows that if he tells us, we open the door for him as long as he tells us where he is going." Review of the resident's health assessment completed on , revealed he had a diagnosis of (, , Type), he was not on elopement precautions. A review of the resident's progress notes revealed that on Resident # 1 had gone home with his sister as he does almost every weekend and she had taken him to church and for a walk and that at 7:20 PM she called the facility to say that he had left her house and that he was used to doing that because he liked to walk and that she had looked for him around the neighborhood and did not see him, but she felt fine because she knew that he was used to doing that and would always come , but the assistant administrator told her to call the police. He returned on to where he used to live before and they called his sister, he was fine and said that he was walking. His sister said that he liked to do that. His was a little uncontrolled, his was a little high. On at 1:05 PM the Assistant Administrator stated, "It happened when he had been here for a few months, he never did it before. Staff I was here working, but she does not work for me anymore. She saw him when he was by the fence and told him not to go, that she would open the door for him, but he did not listen to him because the voices were telling him to jump. Staff F knows him from another ALF and	A 032		

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A 032	Continued From page 4 she said that he used to do the same, but would always come . I gave him a verbal warning that he had to follow the ALF rules and that he was able to go in and out of the facility letting us know where he was going. His sister also spoke to him and stopped coming here to visit him for about 2 weeks as a punishment, and he promised that he would not do it anymore. He has not done that anymore. He told me that you asked him about that day, and he said that he is behaving well and not to get him out. Staff I could not hold him, you know that he is , , and it could be dangerous; she called me and I called his sister. The psychiatrist saw him and changed the medications, and the change is working." On at 1:11 PM, Resident # 1' s sister stated, "He jumped the fence and Staff I saw him and tried to stop him, and he did not care and ran to my house. He did not listen to her; he hurt himself and it did not matter and kept going to my house. He did that only once. I have told him to always ask for permission and he did not do it. He said that he is not going to do it anymore. When he lived with me, he would go out and come , I talk to him a lot. Assistant Administrator called me before he got to my house and I was ready to receive him, he got here after she called me. Staff I had told her." Class III	A 032		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the	A 078		

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A 078	Continued From page 5 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. 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 . 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 . (b) Staff must be qualified to perform their assigned duties consistent with their level of 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.	A 078		

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A 078	Continued From page 6 (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that one out of eight staff (Staff C) had evidence of a negative . . . . . statement annually. Findings included: A review of the employee records revealed that Staff C had the last . . . . . statement dated . On at 10:45 AM the Assistant Administrator stated, "I did not realize the date." Class III	A 078		

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A 162	Continued From page 7	A 162		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually.	A 162		

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A 162	Continued From page 8 (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an . . . recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ... ' ' ( ), CF-ES 1006, . . , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy,	A 162		

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A 162	Continued From page 9 guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020,	A 162		

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A 162	Continued From page 10 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that one out of seven sampled residents (# 1) had an accurate health assessment (Resident # 1). Findings included: A review of the adverse incident database revealed that Resident # 1 had eloped from the facility on . A review of residents' records revealed that Resident # 1 had no elopement risk on his health assessment dated . A review of the resident's progress notes revealed that on Resident # 1 had gone home with his sister as he does almost every weekend and she had taken him to church and for a walk and that at 7:20 PM she called the facility to say that he had left her house and that he was used to doing that because he liked to walk and that she had looked for him around the neighborhood and did not see him, but she felt fine because she knew that he was used to doing that and would always come , but the assistant administrator told her to call the police. He returned on to where he used to live before and they called his sister, he was fine and said that he was walking. His sister said that he liked to do that. His was a little uncontrolled, his was a little high. On at 1:11 PM, Resident # 1' s sister stated, "He jumped the fence and Staff I saw him and tried to stop him, and he did not care and ran	A 162		

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A 162	Continued From page 11 to my house. He did not listen to her; he hurt himself and it did not matter and kept going to my house. He did that only once. I have told him to always ask for permission and he did not do it. He said that he is not going to do it anymore. When he lived with me, he would go out and come . . . , I talk to him a lot. Assistant Administrator called me before he got to my house and I was ready to receive him, he got here after she called me. Staff I had told her." On at 1:40 PM, Staff F stated, "I have known Resident # 1 for 20 years and he used to elope all the time from others assisted living facilities, even from his sister's house, he likes to go to Miami Beach to walk and then comes . Now he is as calmed as I have never seen him before. The medication change is working and he has not tried to leave anymore. He knows that if he tells us, we open the door for him as long as he tells us where he is going." Class III	A 162		