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
	AL11966601	A. BUILDING: _____ B. WING _____	R 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BJ HOME CARE INC	2218 SW 26 LANE MIAMI, FL 33133

(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
{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to register with the background screening clearinghouse and maintain an updated employment status for two out of six sampled staff (Staff C and Staff E). Findings included:	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ814}	Continued From page 1 On at 1:33 PM, Staff A (caregiver) stated that Staff E (caregiver) was not working in the facility since . On at 1:48 PM, during an interview, Resident #12 stated that he had lived in the facility since or of last year. Per his knowledge, the facility's Owner was Staff C and that she would come to the facility occasionally. On at 1:52 PM, Resident #14 stated that he had lived in the facility for about 3 months and that Staff C was the Owner. He further stated that Staff C would come to the facility once in a while. A review of the background screening clearinghouse database showed that the facility's employee roster showed Staff E was listed as an active member with a hire date on and Staff C was not listed. Uncorrected Unclassified	{CZ814}		

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{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.	{A 058}		

AHCA Form 3020-0001

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{A 058}	Continued From page 1 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to employ the consultant services of a licensed pharmacist or a licensed registered nurse to provide onsite quarterly consultation until the Agency for Health Care Administration determines that such consultation services are no longer required. The facility was required to employ the consultant services of a licensed pharmacist or a licensed registered nurse due to failure to correct previous deficiencies regarding medication records and medication storage. Findings included:	{A 058}		

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{A 058}	Continued From page 2 1) A review of Medication Observation Records (MOR) for Residents #1 and Resident #4 revealed that staff did not initial the MOR for the morning medications on . The schedule on the MOR for the morning medications was at 8:00 AM. During an interview on at 8:45 AM, Staff A stated, "All the residents took their medication. I give the medication then I sign it later. Let me sign it now." A review of Resident #5's MOR revealed the name of the resident's healthcare provider, and the provider's phone number was missing. A review of Resident #6's MOR revealed the name of the resident's healthcare provider, and the provider's phone number was missing. In an interview on at 10:46 AM, Staff C confirmed that the MOR did not indicate the physician's information. During a revisit on review of Resident #11's medication observation record showed it was missing the frequency the resident had to take the medications, the name of the resident's healthcare provider, and the provider's phone number and whether the resident had . On at 12.25, Staff A acknowledged Resident #11's MOR was incomplete and it did not indicate the frequency resident had to take the medications, the physician's information and whether resident had any . 2)	{A 058}		

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{A 058}	Continued From page 3 Observation on . . . . . at 8:15 AM during facility tour showed a bottle of , and three unlocked bottles of medication labeled with Resident #3 ' s name on top of the nightstand in . . #. . On . . . . . at 8:25 AM observation showed a bottle of . . . . . 10 mg and a bottle of . . . . . on top of one of the nightstands in # . Observation on at 1:40 PM showed unlocked medication inside the refrigerator. Medication included a comfort kit from hospice that belonged to Resident #9 and . . prescribed to an unknown person. On at 9:20 AM, observation showed the metal medication box placed in the refrigerator was unlocked. The box contained . . . boxes for Residents #1, #7, #11, #12, and #14. Also, on top of the medication cabinet located in the kitchen were the following over the counter products: a bottle of rub, a bottle of . . . and . . nighttime syrup, a bottle of . . . 50 mg, a bottle of , and a bottle of C 100 mg. Also, on top of the dresser in # were a tube of , reliever and a tube of Voltaren gel. None of the products were labeled. Review of facility's records showed no documentation that the facility had employed the consultant services of a licensed pharmacist or a licensed registered nurse to provide onsite quarterly consultation until the Agency for Health Care Administration determined that such consultation services were no longer required. On at 2:21 PM, Staff A (caregiver) stated that she did not anything about a nurse,	{A 058}		

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{A 058}	Continued From page 4 and that they did not hire a nurse. Uncorrected Class III	{A 058}		
A 077 SS=I	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be	A 077		

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A 077	Continued From page 5 under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:	A 077		

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A 077	Continued From page 6 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at:	A 077		

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A 077	Continued From page 7 http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to have an administrator capable of handling the operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents. The facility failed to appoint an acting administrator while the Administrator was absent. Findings included: A review of the background screening database showed that the facility did not have an Administrator assigned. Facility's roster showed the Administrator with a hire date and end date on [redacted] and hired as Owner on [redacted]. On [redacted] at 10:38 AM, Staff A (caregiver) stated that the Owner got a partnership since [redacted] with a person who was taking care of things at the facility. On [redacted] at 11:08 AM, the person who Staff A informed had a partnership with the Owner arrived at the facility. On [redacted] at 1:07 PM, the Owner's " business partner" stated that she was the Assistant Administrator since [redacted], and that the Owner was out of the country since [redacted] and would be out for 30 days. Review of facility records showed no documentation that the Owner's "business partner" was listed on the facility's roster.	A 077		

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A 077	Continued From page 8 On at 9:33 AM, when asked about the Owner, Staff A stated that she thought he was traveling and that Staff C (Owner's " business partner") was in charge of the facility. She added that the Owner came in and left in . On at 11:40 AM, Staff C (Owner's " business partner") arrived at the facility. On at 11:58 AM, Staff C stated that she had another facility, and she was helping the Owner because his mother was very sick in his country, and he had been traveling. Review of Florida Health Finder database revealed that Staff C was the Owner and Administrator of another facility. Observation on at 9:30 AM, showed Staff A and Staff B (caregivers) were the only staff on duty caring for 7 residents. On at 9:46 AM, Staff A stated when asked about the Owner that he was traveling. She further stated that he came and left, he was in the facility around 15-20 days earlier, at the end of . Staff A stated that the Owner said that he came to see how things were and had to leave because he had problems. Staff A stated that she said to him that everything was fine. Also, Staff A stated that she rarely communicated with him, but had talked to him the other day. Record review revealed a document posted in the facility's board for "Administrator's Delegation of Authority" in which the Owner assigned duties and responsibilities to Staff E.	A 077		

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A 077	Continued From page 9 On at 1:33 PM, Staff A stated that Staff E did not work in the facility since . Staff A further stated that the Owner was her supervisor when he was "here" and if he was not, it was Staff C. A review of the background screening clearinghouse database showed that Staff C was not listed on the facility's employee roster and showed that Staff E was listed as an active member with a hire date on . On at 1:48 PM, during and interview, Resident #12 stated that he had lived in the facility since or of last year [2021] and the person in charge of the facility is the owner Staff C. When asked about the Owner he stated that he did not know who that person was and had never seen him. On at 1:52 PM, during and interview, Resident #14 stated that he had lived in the facility for about 3 months and that Staff C was the owner. When asked about the Owner he stated that he did not know who that person was. On at 3:17 PM, during a telephone Interview with Resident #6's daughter, she stated that her mother had been in the facility since and the last time she spoke with the Owner was last year [2021]. She further stated that long time ago, could not remember the exact date, she received a text message from the Owner informing her that he got into a business partnership with someone, but she had not met the new owner and could not remember her name. Resident #6's daughter also stated that she visited her mother often, once or twice a week, and since the Owner was not in charge,	A 077		

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A 077	Continued From page 10 she only had dealt with Staff A (caregiver). A review of the Agency for Health Care Administration's records revealed that during a complaint investigation conducted from to , the facility was cited for 11 deficiencies. During a second complaint investigation conducted from to for alleged the facility was cited for 9 deficiencies. During the first revisit on , the facility had 14 uncorrected deficiencies and during the second revisit on , the facility still had 11 uncorrected deficiencies. Class II	A 077		
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 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	A 078		

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A 078	Continued From page 11 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. (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.	A 078		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BJ HOME CARE INC	2218 SW 26 LANE MIAMI, FL 33133

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A 078	Continued From page 12 (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 provide documentation of a negative . . . . . examination on an annual basis for two out of six sampled staff (the Owner and Staff A). Findings included: Personnel records review for the Owner showed that he had the last negative . . statement on . . . . . . Personnel records review for Staff A (caregiver) showed that she had the last negative . . . . . statement on . . . . . . On . . . . . at 1:33 PM, Staff A stated that she went to the doctor and did the test last year but could not remember exactly when. Class III	A 078		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S.,	A 084		

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A 084	Continued From page 13 prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an	A 084		

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A 084	Continued From page 14 "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications	A 084		

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A 084	Continued From page 15 and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have up-to-date training on assisting with self-administration of medication for one out of six sampled staff (Staff A). Findings included: On . . . . . at 1:00 PM, observation showed Staff A (caregiver) assisted Resident #12 with self-administration of medication. Personnel records review for Staff A showed no documentation of a completed initial 6-hour	A 084		

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A 084	Continued From page 16 training on assisting with self-administration of medication. Staff A's hire date was . On at 1:38 PM, Staff A stated that she had completed the initial 6-hour training since she had been working for 10 years but did not know where the certificate was. Class III	A 084		
A 085 SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure 2 hours of continuing education related to nutrition and food annually for two out of six sampled staff who was responsible for supervision of food service staff and responsible for food service (Owner and Staff A). Findings included:	A 085		

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A 085	Continued From page 17 Personnel records review for the Owner showed that he completed 2-hour training on Nutrition and Food Service on . Personnel records review for Staff A (caregiver) showed that she completed 2-hour training on Nutrition and Food Service on . On at 11:00 AM, observation showed Staff A handling food to prepare lunch. On at 1:33 PM, Staff A stated that the Owner was her supervisor. On at 1:38 PM, Staff A stated that she completed the nutrition training, but the dietician might have the certificate with her. Class III	A 085		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this	AL243		

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AL243	Continued From page 18 part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,	AL243		

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AL243	Continued From page 19 ( ) Crisis services and the . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a minimum of 3 hours of continuing education biennially in subjects dealing with mental health diagnoses; and mental health treatment such as: mental health needs, services, behaviors and appropriate interventions for two out of six sampled staff (Owner and Staff A). Findings included: Review of Florida Health Finder database revealed that the facility had a license with a limited mental health specialty component. Personnel records review for the Owner showed	AL243		

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AL243	Continued From page 20 that he completed 4-hour training on limited mental health on . Personnel records review for Staff A (caregiver) showed that she completed 3-hour training on limited mental health on . On at 1:33 PM, Staff A stated that she completed the limited mental health training update, around 1 or 2 years earlier when someone came to the facility to give the training. Class III	AL243		
(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	(A 152)		

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{A 152}	Continued From page 21 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 commodes 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 and interview, the facility failed to provide a safe living environment to residents and to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order. Findings included: During the tour of the facility on . . . . . between 9:30 AM to 9:45 AM observations revealed: 1- A pile of old doors in the facility's yard. 2- Clothes were hanged in the porch rails and fence and porch rail had peeling paint. 3- Gutter next to front door was from the downspout, and soffits at side front and . . . were rotten. 4- Front door was missing the backplate. 5- There was a crack in ceiling of front door entrance and in # . 6- There were two chairs in dining room tied to	{A 152}		

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{A 152}	Continued From page 22 each other with a yellow tape around them. 7- In the living room, there was a staked washer-dryer machine, a cardboard box with a toilet, two containers of paint and a vacuum cleaner. 8- Walls and baseboards in the hallways and common areas had scuff marks that included a black mark in wall in the living room and around the entrance's door. 9- Wall in # had peeling paint and doors in all rooms had black marks. 10- Bathroom in hallway next to # door had peeling paint, the door' striker plate was missing, the vent in the ceiling was leaking and had black spots, tiles around the window were broken and bathroom tiles and grab bar had oxidation. 11- Bathroom in hallway in front of # had broken tiles around the window and black marks and oxidation in the tiles. On at 9:59 AM, Staff A (caregiver) stated that the clothes were drying out in the porch's fence because the dryer was broken and the washer-dryer duo in the middle of the living room would be installed in a shed, so workers have to complete the installation. On at 2:24 PM, Staff A (caregiver) acknowledged that the facility was in disrepair. Uncorrected Class III	{A 152}		
{A 160} SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available	{A 160}		

Agency for Health Care Administration

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{A 160}	Continued From page 23 at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.	{A 160}		

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{A 160}	Continued From page 24 (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures.	{A 160}		

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{A 160}	Continued From page 25 (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 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 have readily available onsite all completed survey, inspection and complaint investigation reports, and notices of sanctions issued by the Agency for Health Care Administration within the last 5 years. Findings included: A review of the Agency for Health Care Administration records revealed that during a complaint investigation conducted from to , the facility was cited for 11 deficiencies. During a second complaint investigation conducted from to for alleged the facility was cited for 9 deficiencies. During the first revisit on , the facility had 14 uncorrected deficiencies. On , during a second revisit, review of facility records showed that the latest statement of deficiencies in the facility were dated and . Further review showed no documentation of any of the agency's completed reports during the survey visits on , and . On at 11:29 AM, Staff A (caregiver)	{A 160}		

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(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 160}	Continued From page 26 stated that Staff C (Owner's " business partner") received the reports at the fax in Staff C's facility and had not brought them. Staff A also stated that she believed that Staff C submitted a plan of correction to the agency. Uncorrected Class III	{A 160}		
{A 162} SS=E	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. . . , 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 . . . , 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, ... , 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	{A 162}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966601	A. BUILDING: _____ B. WING _____	R 03/22/2022

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(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 162}	Continued From page 27	{A 162}		

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 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 recorded semi-annually.
(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

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{A 162}	Continued From page 28 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 [illegible] of a health care surrogate, health care proxy, 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 [illegible], 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	{A 162}		

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{A 162}	Continued From page 29 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, 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 have a completed health assessment and a completed resident demographic form for three of eight sampled residents (Residents #2, #3, #7). Findings include : A review of Resident #2's health assessment showed the health care provider did not date it. A review of Resident #3's health assessment dated showed that the nursing/treatment/ . , , service requirements section was left blank. On Review of Resident #7's record showed that it did not have the demographic information on file. On at 1:42 p.m. Staff B acknowledged the records of Resident #7 was incomplete and it was missing the required demographic sheet.	{A 162}		

Agency for Health Care Administration

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{A 162}	Continued From page 30 Uncorrected Class III	{A 162}		
{A 167} SS=F	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the	{A 167}		

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{A 167}	Continued From page 31 resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,	{A 167}		

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{A 167}	Continued From page 32 (m) The facility's policies and procedures related to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least	{A 167}		

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{A 167}	Continued From page 33 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or . . . . . facility, the resident or his or her responsible party shall notify the licensee of any change in status that would	{A 167}		

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{A 167}	Continued From page 34 prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or	{A 167}		

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{A 167}	Continued From page 35 more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a contract executed by the resident or the resident's legal representative before or at the time of admission for six out of the eight sampled residents (Residents #1, #2, #7, #11, #12, and #14). Findings include: A review of Resident #1, #2, #7, #11, #12, and #14's records showed the residents agreement had not been signed and dated by the resident or resident guardian and the facilitys' administrator. Further review showed: Resident #1 Admitted Resident #2 Admitted Resident #7 Admitted Resident #11 Admitted Resident #12 Admitted Resident #14 Admitted On at 2:30 p.m. Staff B (Caretaker) acknowledged that the contracts for Residents #1, #2, #7, #11, #12, #14 had not been executed. Uncorrected Class III	{A 167}		
{A 000}	Initial Comments A second revisit to a complaint investigation (complaint number 2021007243) survey was	{A 000}		

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{A 000}	Continued From page 36 conducted at BJ Home Care, Inc on . . . . . . The provider had deficiencies identified at the time of the survey.	{A 000}		
{A 009} SS=F	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in rule	{A 009}		

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{A 009}	Continued From page 37 59A-36.007, F.A.C.; 11. The facility policy concerning [redacted] pursuant to section 429.255, F.S., and rule 59A-36.009, F.A.C., and Advance Directives pursuant to chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with [redacted] 's [redacted] and related [redacted], a written description of those special services as required in section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated	{A 009}		

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{A 009}	Continued From page 38 documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a completed and signed admission package including the resident's contract and the resident's bill of rights before or at the time of admission for seven out of the eight sampled residents (Residents #1, #2, #3, #7, # #12, and #14). Findings include: A review of resident records showed that seven residents had incomplete and unsigned admissions packets, and contained no residents' bill of rights- Resident #1, admitted . Resident #2, admitted .	{A 009}		

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{A 009}	Continued From page 39 Resident #3, admitted . Residents #7, admitted . Resident #11, admitted . Resident #12, admitted . Resident #14, admitted . On at 2:30 p.m. Staff B (Caretaker) acknowledged residents' records were incomplete. Uncorrected Class III	{A 009}		
{A 054} SS=E	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known	{A 054}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966601	A. BUILDING: _____ B. WING _____	R 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BJ HOME CARE INC	2218 SW 26 LANE MIAMI, FL 33133

(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 054}	Continued From page 40 . . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure that the residents' medication observation records (MOR) included the name of the resident's health care provider, and the health care provider's telephone number, for one out of eight sampled residents (Resident #6). Findings include: A review of Resident #6's medication observation record showed it was missing the name of the resident's healthcare provider, and the provider's phone number. On at 2:40 p.m. Staff B acknowleged Resident #6's MOR was incomplete and it did not include the health care provider, and the health care provider's telephone number. Uncorrected. Class III	{A 054}		