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
	AL11968520	A. BUILDING: _____ B. WING _____	03/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALACE AT CORAL GABLES, THE	1 ANDALUSIA AVE CORAL GABLES, FL 33134

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

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A 033	Continued From page 1 maximum amount of time the resident is to have the each day for three out of twelve sampled residents (Resident #1, #2, and #3). Findings Included: Review of Resident #1's record revealed a health assessment completed on with hospice and bed rails. Further review of Resident #1's record revealed no documentation of a care plan for physical .... (bed rails). Review of Resident #2's record revealed a prescription for full bed rails completed on . Further review of Resident #2's record revealed no documentation of a care plan for physical .... (bed rails). Review of Resident #3's record revealed a prescription for full bed rails completed on . Further review of Resident #3's record revealed no documentation of a care plan for physical .... (bed rails). During an interview on ..... at 1:42 PM the administrator acknowledged there was no care plan for the use of the bed rails and stated " we thought all we needed was the evaluation signed by our nurse." Class III	A 033		