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
	AL11969903	A. BUILDING: _____ B. WING _____	R 04/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
I & R SENIOR CARE LLC	9700 SW 106TH CT MIAMI, FL 33176

(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 revisit to a Limited Mental Health (LMH) expansion licensure survey was conducted at I & R Senior Care, LLC on , . . The provider had deficiencies identified at the time of the survey.	{A 000}		
{A 034} SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have documentation of each assistive device a resident uses included in the resident's record. Findings include: During the tour of the facility on	{A 034}		

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{A 034}	Continued From page 1 between 1:19 PM to 1:25 PM, observations revealed: Resident #2's bed had half bed rails attached in . . . . Residents #3 and #4 were seated in a wheelchair in the television room. Resident #5's bed had half bed rails attached in . . . . A review of Residents #2, #3, #4, and #5 records showed no documentation of the assistive devices each used in the file. On . . . . . at 1:53 PM, when asked why there was no documentation of the resident's assistive devices, Staff C stated, "I must have left them at my office after I sent them to you guys." Class III	{A 034}		