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
	AL11965204	A. BUILDING: _____ B. WING _____	04/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAFFA CORP	13961 SW 75 STREET MIAMI, FL 33183

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A 000	Initial Comments A biennial re-licensure survey was conducted at Raffa Corp on , ... Deficiencies were 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, interview and record review, the facility failed to ensure policies and procedures were implemented that included the requirements and methods for assessing the physical condition of the assistive device for one out of 4 sampled residents (Resident #2). Findings included: Observation on at 7:55 AM revealed Staff	A 034		

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A 034	Continued From page 1 B transferred Resident #2 in a wheelchair to a recliner chair. Staff B observed placing a walker in front of Resident #2. Review of Resident #2's record revealed no documentation of policies and procedures that included the requirements and methods for assessing the physical condition of the assistive device. During an interview on [redacted] at 9:40 AM, the assistant administrator acknowledged there was no documentation of policies and procedures for assessing the physical condition of the assistive device. Class III	A 034		
A 054 SS=D	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 [redacted] the resident may have;	A 054		

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A 054	Continued From page 2 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 record review and interview the facility failed to ensure the the medication observation record (MOR'S) was immediately updated each time the medication is offered or administered for 2 out of 4 sampled residents (Resident #1 and #2). Findings included: Review of the medication observation record on at 6:49 AM revealed: Resident #1 had the following medications signed as given: , 5 mg tab, Mirtazipine 15 mg tab, and , 25 mg tab; the medications were scheduled to be given at 7 PM on , 20 mg tab, , 20 mg tab, hl 500 mg tab were scheduled to be given on at 7 AM. Review of Resident #2 MORS had the following medications signed as given: , 25 mg tab, , 50 mg tab; the medication was scheduled to be given on at 7 PM and 500 mg tabs were scheduled to be given on at 7pm and at 7 am.	A 054		

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A 054	Continued From page 3 On at 7:33 AM, The Administrator stated "MP is my initial. I gave the medication. I signed in the wrong spot." Class III	A 054		
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 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	A 078		

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A 078	Continued From page 4 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. (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 staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation and experience	A 078		

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A 078	Continued From page 5 for one out of three sampled staff (Staff B). Staff B did not know how to adequately perform (, ,). Findings included: Review of Staff B's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. During an interview on at 7:18 AM , when describing , Staff B stated "I do first aid, I check the , I check if they are breathing, then I do giving them breaths and a massage if they have , I call the administrator first and then 911, I do the massage for 30 seconds and I stop when the patient revives, if they don't revive I call 911." According to the American Association, should be performed at 30 , and 2 breaths and continued until the victim revives or help arrives. Class III	A 078		
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. , 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 ,	A 162		

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A 162	Continued From page 6 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 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	A 162		

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A 162	Continued From page 7 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, 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,	A 162		

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A 162	Continued From page 8 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, 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 an accurate health assessment for one out of four sampled residents (Resident #1). Findings Included: Review of Resident #1's health assessment (AHCA Form 1823) completed on revealed physical limitations, nursing services and precautions were left blank. Further	A 162		

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A 162	Continued From page 9 review revealed Resident #1 required assistance with all activities of daily living, including ambulation, bathing, eating, grooming, toileting, and transferring and the resident required assistance with self administration of medication, and resident had a bland low diet. Review of Resident #1's record revealed an order signed by the physician on for crushed medications, a puree diet, and full bed rails. Further review of Resident #1's record revealed she was admitted to hospice on . During an interview on at 8:45 am, the administrator stated "I give the crushed medications to Resident #1 in the morning because I have the license. She cannot take medications on her own. She is completely bed bound. I don't know why the doctor left those things blank on her 1823. That is her most recent health assessment. She started hospice in , of 2021. I don't know why it did not say anything about it on her health assessment. She is total care. I need to get a new health assessment." Class III	A 162		
A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining	A 182		

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A 182	Continued From page 10 communication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all staff were trained in their duties and would be responsible for implementing the emergency management plan. Staff B was unable to start the alternate power source (a portable generator) that would be used to cool the facility in the event of a loss of primary power. Findings Included: Observation on at 7 AM revealed a Champion Dual Fuel portable generator inside of a shed outside of the facility. During an interview on at 7:06 AM, Staff B stated "I can't see well to operate the generator. Further observation revealed Staff B unable to operate the generator. Observation on at 7:24 AM revealed the administrator successfully operated the generator. During an interview on at 7:24 AM the administrator stated "Staff B could not see where to put the key to start the generator. She needs to go to the doctor." Review of personnel records revealed Staff B had training on comprehensive emergency management/implementing emergency management plan/understanding facility's emergency environmental control plan on Class III	A 182		