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
	AL11969614	A. BUILDING: _____ B. WING _____	05/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOS JAZMINES ALF LLC	1220 SW 126 PLACE MIAMI, FL 33184

(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 with Limited Mental Health specialty was conducted at Los Jazmines ALF on . . . Deficiencies were identified at the time of the survey.	A 000		
A 033 SS=D	59A-36.007(8) PHYSICAL . . . (8) PHYSICAL . . . . . Residents for whom a physician has prescribed a physical . . . . . must have a written care plan for the use of the physical . . . 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 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 , , or decline in mobility or function related to the use of the prescribed (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 . . . . . 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 . . . . . and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review an interview the facility failed to ensure residents for whom a physician had prescribed a physical . . . had a written care plan for the use of the physical	A 033		

AHCA Form 3020-0001

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

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A 033	Continued From page 1 . . . . . (bedrails) for one out of four residents (Resident #1). Findings Included: Observation on at 8:50AM revealed full bed rails on Resident #1's bed. Review of Resident #1 record showed resident had a prescription for the use of half bed rails completed on . . . . . . Further review of Resident #1's record showed there was no documentation a care plan was implemented for the use of the (bedrails). On at 11:41AM, the owner stated he would request Resident #1's care plan for the use of the . Class III	A 033		
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.	A 034		

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A 034	Continued From page 2 (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 provide documentation of policies and procedures for resident's assistive devices for one out of 4 sampled residents (Resident #1). Findings included: Observation on at 9 am revealed Resident #1 ambulate to the dining table using a walker. Review of Resident #1's record revealed no documentation of assistive device policies and procedures. During an interview on at 11:43 AM, the owner acknowledged there was no documentation. 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	A 054		

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A 054	Continued From page 3 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 [illegible] 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 [illegible], 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 keep and accurate medication observation record for 2 out of 6 sampled residents (#4, #6). Findings included: 1) During an interview on at 11AM, the owner stated "Resident #4 goes out with family every weekend. She is usually gone from Friday to Tuesday. She is not [illegible] in the facility yet." Review of the Medication observation record revealed all of the medications scheduled to be	A 054		

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A 054	Continued From page 4 given on . . . . . at 8AM were signed as given. During an interview on . . . . . at 11:39AM the owner stated "You are right, it was signed as a mistake." 2) Review of the Medication Observation Record (MOR) on at 11:22AM revealed all medications were ordered to be given at 8 AM for Resident #6. Further review of the MOR revealed Resident #6's medications were not signed as given for the scheduled dosage on at 8 AM. During an interview on at 11:40AM, The owner acknowledged the issue with the MOR and further stated "" Her meds were given at 8 am. Staff B just forgot to sign the book." Class III	A 054		
A 182 SS=I	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 communication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	A 182		

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A 182	Continued From page 5 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 8:58AM revealed a Champion Dual Fuel portable generator inside of a shed outside of the facility. During an intrview on at 8:58AM, Staff B stated "I don't know how to turn on the generator. They have to train me on how to do it." Review of personnel records revealed Staff B had training on understanding facility's emergency environmental control plan on . Class II	A 182		