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
	AL11967094	A. BUILDING: _____ B. WING _____	05/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
H & H SENIOR CARE LLC	17950 SW 155 COURT MIAMI, FL 33187

(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 Change of Ownership survey was conducted at H & H Senior Care on [redacted]. Deficiencies were identified at the time of the survey.	A 000		
A 034 SS=E	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 they had policies and procedures for resident's assistive devices for two out of 4 sampled residents (Resident #2 and #3). Findings included: Observation on at at 7:24AMam revealed Resident #2 ambulate to the dining table	A 034		

AHCA Form 3020-0001

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

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A 034	Continued From page 1 using a wheelchair with assistance from Staff B. Observation on . . . . at 8:23AM revealed Resident #3 ambulate to the dining table using a wheelchair with assistance from the administrator. Review of Resident #2 and #3"s record revealed no documentation of assistive device policies and procedures. During an interview on 0527/22 at 8:49AM the administrator acknowledged there was no documentation and further stated "I have everything in the physical . . . . care plan." Class III	A 034		
A 083 SS=I	59A-36.011(5) FAC Training - First Aid and . . . . . (. .). (5) FIRST AID AND . . . . . (. .). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the	A 083		

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A 083	Continued From page 2 training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of three sampled staff (Staff B) knew 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 7:06 AM, when describing , Staff B stated "I call 911 and the administrator and I get a towel with water and place on their forehead, I follow the instructions from 911. Then I do 10 , and 3 breaths I repeat that 3 times." According to the American Association, should be performed at 30 , and 2 breaths and continued until the victim revives or help arrives. A review of resident records showed that all four residents did not have a ( ) and would require if they became unresponsive. Class II	A 083		

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A 182	Continued From page 3	A 182		
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, record review, 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 6:52AM revealed Staff B working alone at the facility with a census of 4 residents. Observation on AT 6:58am revelaed a Honda Power Boss 7000 watt portable generator on the patio outside of the facility. During an interview on at 6:58AM, Staff B stated ""I started yesterday. sorry I don't know how to turn it on." Review of personnel records revealed Staff B had a hire date of	A 182		

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A 182	Continued From page 4 Class II	A 182		