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
	AL11910969	A. BUILDING: _____ B. WING _____	06/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JESUS OF NAZARETH ALF, INC	2801-2803 SW 37TH COURT MIAMI, 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 complaint investigation (complaint number 2022002058) was conducted at Jesus Of Nazareth ALF Inc from - . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of ... or ... , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making ... for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate supervision as appropriate for each resident to ensure awareness of the general health, safety, physical and emotional well-being of one out of two sampled residents. Resident#1 was found lying on the floor . . . . . from her . . . . Findings Included: A review of the facility's incident report dated on showed "Staff D was conducting rounds when she found the Resident#1 on the	A 025		

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A 025	Continued From page 2 floor with a little on the of her . Staff D immediately informed the Administrator. The Administrator called the resident's doctor, and the resident's doctor recommended Resident#1 to be transferred to the hospital for further observation. On at 9:22 am, 911 was called and paramedics arrived at the facility at 10:15 am, and the resident transfer to the hospital". A review of Resident#1's record showed Resident#1 was admitted to the facility on , had a medical history or diagnosis of , D Deficiency, and . Her health assessment dated showed the resident had unsteady gait, required assistance with self- administration of medication, and required supervision with self- grooming, toileting, and transferring. A further review of Resident#1's record showed the resident signed an acknowledgement of the facility's policies and procedure regarding assisted devices and physical on due to the resident using half bed rails, wheelchair, and a shower chair as assisted devices. A review of Resident#1's progress notes showed on at 9:10 am, while during rounds, Staff D found Resident#1 lying on the floor. While assisting the resident up, staff observed the resident from the of her . Staff D notified the Administrator. The administrator called the resident's doctor. The resident's doctor recommended the resident to be transferred the resident to the hospital for further observation. 911 was called and the resident was transferred to the hospital via ambulance and returned from	A 025		

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A 025	Continued From page 3 the hospital on . A review of Resident#1's hospital record dated showed Resident# 1 was transferred to the hospital via ambulance, immediately seen upon arrival due to a post and injury. Resident#1 was discharged on . The resident's hospital record showed the resident had a medical history and diagnosis of , D Deficiency, , and abnormalities. It revealed after the , the resident suffered on left and , a concussion, subdue hematoma by left area, and . A review of the facility's staffing schedule for showed two employees (Staff D and Staff E) were working during the time of the incident ( ) on . In an interview with Staff D on at 11:10 am, she stated she was working during the time of the . She assisted the resident to bed after breakfast at 7:30 am and went to work. Around 9 am, She went to check on the resident and found the resident lying on the floor near her walker, while assisting Resident#1 off the floor, Staff D didn't observe the resident to be in , however the resident had a bump on her . Staff D couldn't state how or when Resident#1 . Staff D stated called the Administrator, the Administrator called the doctor and 911. The paramedics arrived at the facility and transferred the resident to the hospital at around 10 am. She believed the resident had while trying to get out of the bed with the half rails up. In an interview with the Administrator on at 2:35 pm, he stated Staff D called	A 025		

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A 025	Continued From page 4	A 025		

him and informed him Resident#1 had , and that her was . He confirmed he called the doctor and was instructed to transferred Resident#1 to the hospital. Around 9:30 am, he called 911 and Resident#1 transferred to the hospital for further observation at around 10 am.

A review of the facility's policies and procedures regarding prevention showed," The Administrator and staff members who are on duty are responsible for the supervision and support to the residents they serve" however none of the staff working at the time of incident observed how or when Resident#1 . It also stated as an intervention, "The facility would coordinate with the resident's doctor all about the resident's needs and treatment, follow up on hospital discharge instructions form, providing care and making sure the health assessment reflect resident's health".

In an interview with the Owner on at 2:49 pm, he stated as preventive measure for future , after Resident#1 had returned, full bed rails were installed to the resident's bed, instead of half bed rails that were installed prior to the . The Owner couldn't state any other preventive measure for supervising the resident while transferring, even though the Resident#1's health assessment listed the resident required supervision while transferring.

On at 10:45 am, observed Resident#1's bed had full bedrails installed and a walker by the resident's bed.

A review of Resident#1's record showed on , ½ bedrails were ordered by the resident's doctor due to resident's prognosis of

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A 025	Continued From page 5 / . After the , on the resident's doctor ordered full bedrails for the resident#1 as a preventive measure. Resident#1's health assessment did not state the resident had a diagnosis or a medical history of 's or . In fact, a further review of the Resident#1's record showed none of the Resident#1's health assessments on file indicated the resident had a diagnosis of or . A review of Resident#1's health assessment dated on (before on) revealed Resident#1 had a unsteady gait and was listed as a precaution, however after the on , the resident received an updated health assessment on that showed the resident was no longer listed as a precaution even after the resident had on , listed as precaution on prior health assessment and the resident's doctor order that showed ½ bedrails were discontinued and full bedrails were prescribed as additional preventative measure. Resident#1's health assessment did not reflect the president's health as stated as required in the facility's policies and procedures for prevention. In an interview with the Administrator on at 2:48 pm, the Administrator was asked why Resident#1's updated health assessment no longer listed the resident as a precaution after the resident had on , full bedrails were ordered as additional preventive measure, and the resident's health assessment prior indicated the resident was listed as a precaution. He stated," I don't know. It was the doctor's decision plus she could walk well with the walker'.	A 025		

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A 025	Continued From page 6 In an interview with the Owner on at 2:50 pm, he stated he doesn't know why the resident's doctor didn't list the resident as a precaution on the old health assessment. He further stated "Besides, we couldn't state if the resident had . . or not. She was found on the floor". A review of the resident record found no documentation that the facility spoke with the health care provider regarding the change. Class II	A 025		
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 , 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,	A 162		

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A 162	Continued From page 7 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 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.	A 162		

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A 162	Continued From page 8 (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, 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	A 162		

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A 162	Continued From page 9 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 two sampled residents (Resident#1). Findings Included: A review of Resident #1's record showed Resident#1 was admitted to the facility on , had a medical history or diagnosis of D Deficiency, and . Her health assessment dated showed the resident had unsteady gait, required assistance with self- administration of medication, and required supervision with self- grooming ,toileting, and transferring. A review of Resident #1's hospital record dated showed Resident #1 was transferred to the hospital via ambulance, immediately seen upon arrival due to a post and injury.	A 162		

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A 162	Continued From page 10 Resident#1 was discharged on . The resident's hospital record showed the resident had a medical history and diagnosis of , , , , , , D Deficiency, , and abnormalities. Resident#1's health assessment was not accurate; it didn't state the resident was diagnosis of or . In an interview with the Administrator on at 2:49 pm, He stated," I don't know. It was doctor's decision plus she could walk well with the walker". Class III	A 162		