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
	AL11966075	A. BUILDING: _____ B. WING _____	06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NONNA GLORIA, ALF INC	12748 NW 98 COURT HIALEAH, FL 33018

(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 re-licensure survey was conducted at Nonna Gloria 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 whom physician has prescribed a physical have a written care plan for the use of the physical (bed rails) for one of six sampled	A 033		

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A 033	Continued From page 1 residents (Resident #1). Findings Included: Observation on . . . at 9:55 AM revealed full bed rails on Resident #1's bed. Review of Resident #1's record revealed the resident was prescribed full bed rails on . . . . Further review of Resident #1 record revealed no documentation that a care plan was implemented for the use of the . (bed rails). On at 11:19 AM, the administrator stated "We are waiting for the doctor to send the care plan for the physical . She was admitted last month. Its hard when you work with the doctors, we have to wait on them to send the paper." 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	A 034		

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A 034	Continued From page 2 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 implement policies and procedures for resident's assistive devices for one out of 86 sampled residents (Resident #3). Findings included: On [redacted] at 12:12 PM observed Resident #3 ambulate to a table using a rolling walker. Review of Resident #3"s record revealed no documentation of assistive device policies and procedures that included 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. During an interview on [redacted] at 12:55 PM the administrator stated "The care plan for physical [redacted] is the assistive device policy. It has everything there." Class III	A 034		