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
	AL11942771	A. BUILDING: _____ B. WING _____	06/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALUSA ADULT CARE I	13871 SW 112 STREET MIAMI, FL 33186

(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 and generator monitoring survey was conducted at Calusa Adult Care on Jue 21. 2022. 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	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 two out of nine sampled residents (Resident #1 & Resident #2). Findings Included: Observation on at 6:46AM revealed full bed rails on Resident #1's and Resident #2's's bed. Review of Resident #1 and Resident #2's record revealed a care plan for physical . . . . . completed by the physician on . Further review revealed no documentation of the device prescribed for use, the maximum amount of time the resident is to have the . . . . . applied each day, and the manner and frequency staff will monitor, observe, and report to the pysician any injuries, increase in agitation, signs and symptoms of . . . . . or decline in mobility or function related to the use of the prescribed . On at 10:01AM the administrator stated "The doctor is coming tomorrow; I will have them fill it out completely tomorrow." 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	A 034		

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A 034	Continued From page 2 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 one out of nine sampled residents (Resident #3). Findings included: Observation on . . . . . at 9:32 AM Revealed Resident #3 ambulate in the hallway using a 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 at 10:03 AM the administrator stated ""I had the paper, maybe the daughter took it and never brought it ."	A 034		

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A 034	Continued From page 3 Class III	A 034		
A 083 SS=F	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 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 toensure that one out of three sampled staff (Staff C) knew how to adequately perform . (, ,). Findings included: Review of Staff C's personnel file showed that she completed the and First Aid training on	A 083		

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A 083	Continued From page 4 . . . . . and it was valid for 2 years. During an interview on . . . . . at 7:33AM , when describing , Staff C stated "If someone is unresponsive, I call the administrator first then I call 911, and I just wait for rescue to arrive" 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 083		