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
	AL11969305	A. BUILDING: _____ B. WING _____	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WORLD ALF, LLC	12201 SW 93RD ST 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 and Generator monitoring survey was conducted at Aging World ALF on . . , ... Deficiencies were identified at the time of the survey.	A 000		
A 033 SS=E	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 record review and 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	A 033		

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A 033	Continued From page 1 rails) for two out of six sampled residents (Resident #1 and Resident #2). Findings Included: Review of Resident #1's record revealed a care plan for physical . . . . . for a full bed rail completed by the physician. Further review revealed no date indicating when the care plan was indicated. Further review also revealed no documentation of 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 physicians any injuries, increase in agitation, signs and symptoms of , or decline in mobility or function related to the use of the prescribed . Review of Resident #2's record revealed a care plan for physical . . . . . for a full bed rail completed by the physician. Further review revealed no date indicating when the care plan was indicated. Further review also revealed no documentation of the manner and frequency staff will monitor, observe, and report to the physicians any injuries, increase in agitation, signs and symptoms of , or decline in mobility or function related to the use of the prescribed . On at 9:55 AM, the Administrator stated "the doctor is supposed to come in between today and tomorrow so I'll make sure she corrects whatever needs to be corrected." Class III	A 033		

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A 093	Continued From page 2	A 093		
A 093 SS=H	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the	A 093		

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A 093	Continued From page 3 facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein	A 093		

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A 093	Continued From page 4 food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of . . . . . the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow therapeutic diets as ordered by a healthcare provider for two out of 6 sampled residents (Resident #1 and #3). Findings Included: Review of Resident #1's record revealed a health assessment (AHCA Form 1823) revealing the resident was on a low/ diet. Further review of the health assessment revealed diagnoses of	A 093		

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A 093	Continued From page 5 , and . Resident #3 needed supervision with eating, and required total care with ambulation, bathing, , grooming, toileting, and transferring. Review of Resident #1's hospice interdisciplinary care plan completed on revealed the resident was on a puree diet/thickened liquids. Observation on at 8:38 AM revealed Resident #1 eating a breakfast of bread with butter cut up into pieces, coffee and water. During an interview on at 10:03 AM, the Administrator stated "She is very new. Those things between the doctor and the hospice doctor I don't really understand. According to the family, she can eat anything and she has never had a choking issue." Review of Resident #3's health assessment (AHCA Form 1823) completed on revealed the resident was to be on a pureed diet with low salt and low fat . Further review of the health assessment revealed diagnoses of type II, major , and . Resident #3 had and precautions and needed assistance with all activities of daily living. Further review of Resident #3's record revealed a waiver for therapeutic diet completed on . Observation on at 7:24 AM revealed Resident #3 eating breakfast of coffee, dry cereal, and bread with butter.	A 093		

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A 093	Continued From page 6 During an interview on at 9:58 AM, the Administrator stated that "For some reason according to the family, she has never had issues swallowing, she always had the same breakfast and that's what the family wanted us to give her, for lunch and dinner she always gets puree." Class II	A 093		
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. [illegible], 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 [illegible], 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, therapeutic diets, [illegible], 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	A 162		

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A 162	Continued From page 7 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 [illegible] 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 [illegible] 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. (l) If the resident is an [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ( ), CF-ES 1006, [illegible], which is hereby incorporated by reference	A 162		

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A 162	Continued From page 8 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 [illegible] 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 [illegible], 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 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	A 162		

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A 162	Continued From page 9 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 maintain an accurate health assessment for one out of six sampled residents (Resident #1). The facility also failed to maintain documentation of an appointed guardian or power of attorney (POA) for one out of six sampled residents (Resident #2). Findings included: 1) Review of Resident #1's health assessment (AHCA Form 1823) revealed no documentation of Nursing/Treatment/ , , , Service Requirements. Further review of the health assessment revealed no documented date of examination. During an interview on at 9:52 AM, the Administrator stated "That is so weird, the doctor is normally on top of things with that." Review of Resident #1's health assessment revealed a diet order of a low diet. Review of Resident #1's hospice interdisciplinary care plan completed on revealed an order for a puree diet.	A 162		

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A 162	Continued From page 10 During an interview on at 10:03 AM, the Administrator stated "She is very new. Those things between the doctor and the hospice doctor I don't really understand. According to the family, she can eat anything and she has never had a choking issue." 2) Review of Resident #2's record revealed a contract signed by Resident #2's son on . Further review of Resident #2's record revealed no documentation of an appointed guardian, power of attorney, or health care surrogate. During an interview on at 9:56 AM, the Administrator stated "the son said they had a in the family, and right now they cant find the form for the POA. In between all of her transfers, they have lost the POA, they said they will email the health care surrogate form." Class III	A 162		