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
	AL11966783	A. BUILDING: _____ B. WING _____	09/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDAD DE ORO SENIOR CARE INC	17891 SW 152 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 Complaint Investigation (Complaint # 2022011497) was conducted at Edad de Oro Senior Care, INC on through . A deficiency was identified at the time of survey.	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		

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
	AL11966783	A. BUILDING: _____ B. WING _____	09/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDAD DE ORO SENIOR CARE INC	17891 SW 152 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 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 two out of twelve sampled residents (Resident #1). the resident, who was identified as being at risk of . ., was left unsupervised, and his left , . Findings included: Review of the facility's incident report showed, "on at around 6:00 pm Resident #1 was in his room getting ready to go to bed when	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966783	A. BUILDING: _____ B. WING _____	09/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDAD DE ORO SENIOR CARE INC	17891 SW 152 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 025	Continued From page 2 caretaker [Staff D] came into the room to tuck resident in and found him on the floor in front of his bed with his walker within reach." On [redacted] at 11:20 AM, Staff D stated that she gave medications to Resident #1 just before he [redacted]. Staff D stated that the resident called her and told her that he was ready to go to bed. Staff D then stated that day after taking Heriberto to his room, she went to get his medications. She stated that she gave medications to Heriberto while he was sitting on his bed. After giving him his medications, she went [redacted] to the medications' cabinet, put the medications in the cabinet, and went to the kitchen to put the cup, and returned to the room. She then stated that she went [redacted] to change his clothes to sleeping clothes, and that's when she found him on the floor. On [redacted] at 11:47 AM, Staff C stated, "That day I remember he (Resident #1) called [Staff D] for his medications. Staff D went to give him his medications. I don't remember what time. Maybe 6 or 7 o'clock. After I heard [Staff D called me, then I went to the room. I saw him on the floor. His walker was next to the bed." Review of Resident #1's health assessment dated showed the resident had medical history and diagnoses of ([redacted]), ([redacted]) type 2, [redacted], ([redacted]), ([redacted] prostatic hyperplasia), [redacted], Dyslipidemia, [redacted], gait disturbance. The resident was disoriented to time. The resident needed [redacted] precautions. The resident needed supervision with ambulation, eating, and transferring, and needed assistance with bathing, [redacted], grooming, toileting, and assistance with	A 025		

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
	AL11966783	A. BUILDING: _____ B. WING _____	09/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDAD DE ORO SENIOR CARE INC	17891 SW 152 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 025	Continued From page 3 self-administration of medications. A review of facility reports showed that the resident had surgery on , , , to repair the . . . before being sent to a rehabilitation center. Further review showed that in the facility's census of six residents, two needed supervision with ambulation and transferring and one needed total care. No documentation of updated staff training regarding preventing resident . . was provided. A review of the facility's undated . prevention policy received on showed, "Administrator, during working hours and the staff members who are on duty are responsible for supervision and support to the residents they serve." For interventions under the plan, the policy showed, "Know resident's whereabouts to ensure that resident is safe." Class II	A 025		