

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/24/2022
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NAME OF PROVIDER OR SUPPLIER

ALF FAMILY CARE II, CORP

STREET ADDRESS, CITY, STATE, ZIP CODE

**13480 SW 89TH TERRACE
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 Complaint Investigation (# 2022009722) was conducted at ALF Family Care II, Corp. from to . The provider had deficiencies identified at the time of the survey.	A 000		
A 008 SS=D	429.26() FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	A 008		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 008	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008			

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of _____ require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a _____ to _____ medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or _____ services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of _____, _____, or any other communicable _____, which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care	A 008			

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A 008	Continued From page 3 practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted	A 008			

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A 008	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, _____, or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida _____ Form, for residents who do not wish _____ to be administered in the case of _____ or _____. (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to have an initial assessment for one out of seven sampled residents (Resident # 4). Findings included: A review of residents records revealed that Resident # 4 had been admitted on _____, The	A 008			

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A 008	Continued From page 5 health assessment had been completed on _____ and stated that she was independent with ambulation, eating, toileting and transferring and she required supervision with bathing and _____ and assistance with grooming. On _____ at 9:10 AM, observed Resident # 4 ambulating without assistance. On _____ at 1:00 PM, the Administrator stated "It had to be a mistake. The resident was taken by her daughter to [health clinic] when she was admitted here. I do not know why it has that date. She has not had any change. I think that the doctor used the date of their last encounter." Class III	A 008			
A 025 SS=D	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	A 025			

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A 025	Continued From page 6 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 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 maintain a written record, updated as	A 025			

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A 025	Continued From page 7 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 for one out of seven sampled residents (Resident # 1). Findings included: A review of the medication observation record revealed that Resident # 1 had medication management on _____ when she was started on _____ Sod DR 250 mg three times a day. _____ 5 mg at noon and at night. On _____ she was started on _____ 250 mg 2 tablets the first day and one tablet for 4 days. Also had ordered _____ C 500 mg twice a day, _____ D 3 1000 units daily and _____ 220 mg twice a day. On _____ she was started on _____ 20 mg daily. On _____ was increased to 100 mg at bedtime. On _____ she was started on Mono-MCR 100 mg twice a day with food for 5 days for _____. On _____ she was started on _____ 250 mg 2 tablets the first day and one tablet for 4 days. After a _____ x ray was done for suspicion of _____. On _____ at 11:18 AM, Staff B stated that the _____ were ordered on _____ because Resident # 1's daughter refused to allow the resident get _____ against COVID-19. She further stated there were Covid cases at the facility and was ordered as a preventive measure. A review of Resident # 1's record revealed that there was no documentation of why the resident had medication changes. There was only note from _____ stating that she had had a	A 025			

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A 025	Continued From page 8 medication change on ... and that she was now sleeping better, but had a lot of ... and they had told her daughter and provided the doctor's phone number. The record had no documentation about the time and date that the resident had been taken to the hospital after the ... and her general condition. Class III		A 025		
A 027 SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making ... and remind residents about scheduled ... for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a ... health care provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one of seven sampled residents (Resident #1) was provided assistance with receiving adequate and appropriate health care. The resident suffered a broken ... and a broken ... and did not receive medical care until the following day. Findings:		A 027		

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A 027	Continued From page 9 A review of Resident #2's health assessment dated _____ showed that the resident was diagnosed with _____, Gait Disturbance, _____, Moderate Moderate _____ Second and Third MCP (_____) Joints, _____ Degenerative. The resident needed _____ precautions, and she required assistance with all activities of daily living. A review of the resident record showed notes stating that "on _____, [Resident #1] woke up with a hit on her right _____, it was stuck in the side rail; we called her daughter [] to notify her and told us not to call 911 and to call the primary doctor and have a X ray done." An additional note on the same day stated, "[Resident #1] has a _____ on her _____ and we notified her daughter the same day, she stated that she would come next day to take her to the hospital. Resident #1] did not _____, the only thing that happened was in her bed and she has serious bone problems." On _____ at 8:28 AM the Administrator stated, "[Resident #1's] daughter did not want us to call 911 because she did not want her mother to go to the hospital because of the COVID pandemic. We called the doctor, as her daughter wanted, and he ordered an X ray. At 6 the nurse called and said that she had a _____ and needed to go to the hospital, that it could need surgery or not. The daughter said not to send her to the hospital and that she would pick her up in the morning. Next morning, she was taking a long time to come, and we called her, and she said that she had to take her time and made used to the idea of her mother going to the hospital and	A 027			

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A 027	Continued From page 10 that she needed to do things first." On at 8:33 AM Staff B stated, regarding Resident #1's daughter, "She came and told me not to dare to call rescue. She came with her cousin next morning and said that she had a friend that was a fireman, and she would call him. He came and called 911 and she was taken to [] hospital. On at 9:48 AM, Resident #1's daughter stated on the phone, "I put my mother there and they did not tell me that she . . . , they kept saying no. she broke her . . . and They said that she hit herself with the bed. I got there and she was screaming, and they said that I could not call rescue because they were not going to emergencies. I called my friend that is a fireman and he told me to call because something was not right. They took her to an urgent care and from there to [hospital]. The doctor said that it had been a . . . and she needed surgery. My mother had . . . , so she could not tell me what had happened. They did surgery at [hospital], and they told me it was a" A review of hospital records for Resident #1 received on showed: Admitting diagnoses: Right -grade 3 and Rights Oriented, Partially -grade 2. The record stated Resident #1 was brought status post un-witness . . . at the ALF (Assisted Living Facility) the day before. It further stated that she had surgery of the right . . . and right . . . (ORIF= open reduction and internal fixation). Class II	A 027			

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A 162	Continued From page 11	A 162		
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, 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.	A 162		

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A 162	Continued From page 12 (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 _____ 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,	A 162			

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A 162	Continued From page 13 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 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,	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/24/2022
NAME OF PROVIDER OR SUPPLIER ALF FAMILY CARE II, CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 13480 SW 89TH TERRACE 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 162	Continued From page 14 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 ensure that two out of seven sampled residents (# 2 and # 3) had an updated health assessment. Finding included: A review of residents' records revealed that Resident # 2 had been admitted to hospice services on _____ with a diagnosis of _____, Unspecified. The health assessment completed after the resident was admitted to hospice had no date, stated that the resident required supervision with eating and assistance with the rest of her activities of daily living. On _____ at 12:25 PM the Administrator stated that Resident # 2 required total assistance with her activities of daily living and assistance with self-administration of medications. A review of residents' records revealed that Resident # 3 had been admitted to hospice services on _____ with a diagnosis of _____. The only health assessment on record was from _____ when the resident was a day care client. On _____ the Administrator stated, "When [another state representative] was here, he reviewed the health assessment that was done when she started hospice. It was there and I do not know what happened now, maybe the nurse from hospice took it." The administrator further stated that Resident #3 required supervision with	A 162		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967763	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/24/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALF FAMILY CARE II, CORP

**13480 SW 89TH TERRACE
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 162	Continued From page 15 eating and needed total care for the rest of her activities of daily living. Class III	A 162		