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
	AL11966014	A. BUILDING: _____ B. WING _____	R 09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA NORA ALF	4040 WEST 10 COURT HIALEAH, FL 33012

(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 revisit to a complaint investigation (complaint number 2022007583) was conducted at Villa Nora ALF on to . A deficiency was identified at the time of the visit.	{A 000}		
A 078 SS=G	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their	A 078		

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A 078	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff perform their assigned duties consistent with their level of education, training, preparation, and experience for one out of two sampled staff (Staff B). Staff B failed to perform proper (, ,) on a Resident that had	A 078		

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A 078	Continued From page 2 and did not have a Do Not Order in file. Finding Include: A review of the facility Admission and Discharge Log showed that Resident #5 was admitted to the facility on . Review of the log showed a discharge date of . The section for reason for discharge reveal resident , . The section for place of discharged showed funeral home. A review of Resident #5 1823 Health Assessment dated , showed that the resident had a medical history and diagnosis of of unspecified part of of left , subsequent encounter for close with healing. Resident was able to transfer with assistance, ambulatory with wheelchair. The resident was alert and orientated x 3 (person, place, and time). The resident needed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. Further review of record showed that the resident did not have a (on file. A review of Resident #5 Progress Notes dated , revealed "at 7:30 AM, the caregiver found the resident sitting in his wheelchair, . The Rescue Unit was contacted and after following their protocol he [the resident] was pronounced ". A review of the facility staffing schedule for showed that Staff B was on duty at the time Resident #5 was found unresponsive. In an interview with Staff B on at 1:15	A 078		

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A 078	Continued From page 3 PM, Staff B stated that Resident #5 , in the facility. She stated that the resident had a . She stated, "he was unresponsive, , and had defecated on himself. I called 911. I was never told to do by the 911 operator." In a second interview with Staff B on at 1:37 PM, Staff B stated that on she got up at 6:30 AM to make coffee. She stated she was not sure of the exact time she found the resident, because she did not have on a watch. She stated, " at approximately 7:30 AM, I called the resident for him to get his coffee and he usually comes. A few minutes after 7:30 AM, when he did not show up, I went to his room. I found him sitting on his wheelchair unresponsive. I then called 911, since the resident did not have a , 911 said to place the resident on the floor. I placed the resident on the floor. 911 came quickly to the facility. I did 3 , on resident." According to the American Red Cross, a ratio of 30 , and 2 breaths should be given to an adult in . A review of Staff B employee record showed hired date of . Further review of the record showed Staff B completed the American Red Cross "Adult First Aid/ " certification course on . The certification expires on . In an interview with the Administrator on at approximately 2:00 PM, the Administrator stated that, "[Staff B] did on [Resident #5]. [Staff B] was nervous during the interview, and she might have misspoken about how she provided to the resident."	A 078		

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A 078	Continued From page 4 A review of Hialeah Fire Department Report received on [redacted] dated [redacted], showed,' the patient was found on the floor of the ALF (Assisted Living Facility), unresponsive, not breathing, and without a [redacted]. During our assessment, patient showed [redacted] on the [redacted] ([redacted]). According to the report, dispatch was notified at 7:23 AM, at scene at 7:34 AM, and at patient at 7:34 AM. According to the report, [redacted] care was not provided prior to [redacted] arrival. Class II	A 078		