

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969695</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br><b>01/10/2023</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CHELY'S CARE ALF INC**

**10841 CORAL REEF DR  
MIAMI, FL 33157**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                            | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | <p>Initial Comments</p> <p>A second revisit to a re-licensure survey was conducted at Chely's Care ALF, Inc on . The provider had deficiencies identified at the time of the visit.</p> | {A 000}             |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHELY'S CARE ALF INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10841 CORAL REEF DR</b><br><b>MIAMI, FL 33157</b> |                                                                                                                          |  |                                                                    |
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| A 054<br>SS=D                                                   | <p>59A-36.008(5) FAC Medication - Records</p> <p>(5) MEDICATION RECORDS.</p> <p>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.</p> <p>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:</p> <ol style="list-style-type: none"> <li>1. The name of the resident and any known _____ the resident may have;</li> <li>2. The name of the resident's health care provider and the health care provider's telephone number;</li> <li>3. The name, strength, and directions for use of each medication; and,</li> <li>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.</li> </ol> <p>(c) For medications that serve as chemical _____, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the residents' medication observation records (MOR) included all _____, the name of the resident's health care provider, and the health care provider's telephone number</p> | A 054                                                                                         |                                                                                                                          |  |                                                                    |

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| A 054                                                           | Continued From page 1<br><br>for five out of five sampled residents (Residents # ).<br><br>Findings included:<br><br>A review of Resident # 's MOR revealed the name of the resident's healthcare provider, and the provider's phone number was missing.<br><br>A review of Resident #5's health assessment completed revealed the resident had to , Lunesta, , and . Further review showed that Resident #5's MOR indicated that the resident had no known .<br><br>On at 11:22 AM, the Owner acknowledged that the MOR did not indicate the physician's information and the Resident #5 had and stated that she would inform the Administrator.<br><br>Class III | A 054                                                                          |                                                                                                                          |                          |                                                                    |
| A 081<br>SS=D                                                   | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation.                                     | A 081                                                                          |                                                                                                                          |                          |                                                                    |

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| A 081                                                           | <p>Continued From page 2</p> <p>The facility must keep the signed statement in the employee's personnel record.</p> <p>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.</p> <p>59A-36.011</p> <p>(2) STAFF PRESERVICE ORIENTATION.</p> <p>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> <li>1. Resident's rights; and,</li> <li>2. The facility's license type and services offered by the facility.</li> </ol> <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or</p> | A 081                                                                          |                                                                                                                          |                          |                                                                    |

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| A 081                                                           | <p>Continued From page 3</p> <p>home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident _____, neglect, and _____. The facility must use its _____ prevention policies and procedures when offering this training.</li> </ol> <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> | A 081                                                                          |                                                                                                                          |  |                                                                    |

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| A 081                                                           | <p>Continued From page 4</p> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to ensure that one out of five sampled staff had documentation of the required in-service training (Staff E).</p> <p>Findings included:</p> <p>On . . . . . at 10:23 AM, observation showed Staff E working at the facility.</p> <p>On . . . . . at 10:24 AM, the Owner stated that Staff E came to work and see if she would like the job.</p> <p>On . . . . . at 10:30 AM, Staff E stated that she was working until about 2 weeks earlier at another facility and this was her first day at this one.</p> | A 081                                                                          |                                                                                                                          |                          |                                                                    |

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| A 081                                                           | Continued From page 5<br><br>Review of facility's records showed no documentation of the employee having received 2-hour pre-service orientation prior to interacting with residents.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 081                                                                                         |                                                                                                                          |                                                                    |
| A 160<br>SS=D                                                   | 59A-36.015(1) FAC Records - Facility<br><br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and<br>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, | A 160                                                                                         |                                                                                                                          |                                                                    |

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| A 160                                                           | <p>Continued From page 6</p> <p>F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of</p> <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.</p> <p>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p> <p>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.</p> | A 160                                                                          |                                                                                                                          |  |                                                                    |



Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969695</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/10/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CHELY'S CARE ALF INC**

**10841 CORAL REEF DR  
MIAMI, FL 33157**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 160                    | <p>Continued From page 7</p> <p>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.</p> <p>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview, and record review, the facility failed to maintain an up-to-date admission/discharge log.</p> <p>Findings included:</p> <p>1)<br/>On . . . . . at 10:21 AM, observation showed Resident #5 seated on the front porch at the facility.</p> <p>On . . . . . at 10:21 AM, Resident #5 stated that she had been living in the facility for about 10 days.</p> <p>Review of Resident #5's record showed she was admitted on . . . . .</p> <p>2)</p> | A 160               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 160                    | Continued From page 8<br><br>On . . . . . at 10:48 AM, the Owner stated that Resident #6 was never admitted to the facility. The resident was added to the admission/discharged log but then the resident's spouse decided not to bring him.<br><br>A review of the facility's admission/discharge log showed Resident #5 was not listed and Resident #6 was not discharged.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A 160               |                                                                                                                          |                          |
| A 161<br>SS=D            | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., | A 161               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHELY'S CARE ALF INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10841 CORAL REEF DR</b><br><b>MIAMI, FL 33157</b>                            |                          |                                                                    |
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| A 161                                                           | <p>Continued From page 9</p> <p>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,</p> <p>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C.,</p> <p>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C.,</p> <p>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.</p> <p>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity that contracts to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.</p> <p>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to maintain personnel records for each staff member which contain, at a minimum, documentation of background screening and a copy of the employment application, with references furnished.</p> <p>Findings included:</p> <p>On _____ at 10:23 AM, observation showed</p> | A 161                                                                          |                                                                                                                          |                          |                                                                    |

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|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 161                    | <p>Continued From page 10</p> <p>Staff E working at the facility.</p> <p>On . . . . . at 10:24 AM, the Owner stated that Staff E came to work and see if she would like the job.</p> <p>On . . . . . at 10:30 AM, Staff E stated that she was working until about 2 weeks earlier at another facility and this was her first day at this one.</p> <p>Review of facility's records revealed no documentation of a copy of background screening and the employment application, with references furnished for Staff E.</p> <p>Class III</p> | A 161               |                                                                                                                          |                          |