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
	AL11966215	A. BUILDING: _____ B. WING _____	01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIDY'S HEALTH CARE	15561 SW 8 LANE MIAMI, FL 33194

(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 (#2022017351) was conducted at Lidy's Health Care on . . . . . through . A deficiency was identified at the time of the survey.	A 000		
A 079 SS=H	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	A 079		

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A 079	Continued From page 1 serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day	A 079		

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A 079	Continued From page 2 operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the	A 079		

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A 079	Continued From page 3 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure adequate staff were available to meet the scheduled and unscheduled needs of six out of six (#1, #2, #3, #4, #5, #6) sampled residents. Resident #1 had a and there was only one Staff (Staff C Caregiver) in the facility with six residents,	A 079		

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A 079	Continued From page 4 including two (residents) under hospice care. In addition to the staffing issue, the facility failed to maintain and post a current written work schedule that reflects its 24-hour staff pattern for a given time. Findings: Reviewed the Adverse incident report showed Resident #1 on at 5:34PM which resulted resident being transported to the hospital. Reviewed the staff schedule for the week of - showed that the Owner and Staff C (Caregiver) were on schedule from 7AM-7PM when Resident #1 on . Interviewed on at 12:46PM Staff C (Caregiver) stated that Resident #1 ( ) when she got up from the toilet seat when she (Staff C) was getting ready to clean her. Staff C (Caregiver) stated further that Resident #1 lost her balance and when she tried to catch her (Resident #1) they both . Staff C stated, "No, the Owner was not here. I was here by myself. I called the Owner." Interviewed at 11:30AM the Owner stated that she was in the bathroom when Resident #1 when they tried to clean her. The Owner stated further that Resident #1 lost her balance in the bathroom and that she to the side. Interviewed on at 12:04PM the daughter stated that when she arrived to pick-up her mother, the Owner was not at the house and that it was only Staff C (Caregiver) alone.	A 079		

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A 079	Continued From page 5 Interviewed on . . . . . at 10:25AM the owner stated she knew she was not there when Resident #1 had a . . on . . . . . because she was on-call. The Owner stated further that Staff C was there by herself. Review of the hospital record dated . . . . . showed that the resident had an unspecified . . . . . , ... of the left . . . from her (Resident #1) on . A review of Resident #1's Heath Assessment completed on . . . . . showed a diagnosis of 's . She (Resident #1) was noted as a . precaution. Resident #1's activities of daily living showed the resident needed assistance with ambulation, eating, bathing grooming, toileting and transferring. B) Observation on at 9:25AM found only one staff C (Caregiver) alone in the facility with six residents, including two residents under hospice care and Resident #1 who needed assistance in all activities of daily living. The Owner arrived at 9:40AM. There was no staff schedule conspicuously posted for the Month of . . . . . . Interviewed on . . . . . at 9:25AM Staff C (Caregiver) stated that she was alone with six residents. Interviewed . . . . . at 9:40AM the Owner acknowledged that she had the staff schedule at home and would have to go . . . home and get it and that Staff C was working alone. Reviewed the personnel training records showed	A 079		

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A 079	Continued From page 6 that the Owner completed Activities of Daily Living trainings on and Staff C . Class II	A 079		