

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/06/2023
NAME OF PROVIDER OR SUPPLIER DIOS DA EL MANA CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 9980 SW 1 STREET MIAMI, FL 33174			
(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 biennial survey was conducted at Dios da el Mana, Corp on The provider had deficiencies identified at the time of the visit.	A 000			
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (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. (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: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (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.	A 054			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 054	Continued From page 1 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 any _____ the resident may have for three out of four sampled residents (Resident #1, Resident #3 and Resident #4). Findings included: A review of Resident #1's health assessment completed _____ revealed the resident had _____ to _____ and Diploid. Further review showed that Resident #1's MOR indicated that the resident had no known _____. A review of Resident #3's health assessment completed _____ revealed the resident had _____ to _____. Further review showed that Resident #3's MOR indicated that the resident had no known _____. A review of Resident #4's health assessment completed _____ revealed the resident had _____ to _____. Further review showed that Resident #4's MOR indicated that the resident had no known _____. On _____ at 1:45 PM, the Owner acknowledged that the MOR did not indicate the residents' _____ and stated that she would contact the pharmacy. Class III	A 054			
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 162			

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A 162	Continued From page 2 (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. (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	A 162			

AHCA Form 3020-0001
STATE FORM

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A 162	Continued From page 4 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, 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	A 162			

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A 162	Continued From page 5 failed to have _____ recorded semi-annually and to have on file a completed health assessment (AHCA Form 1823) for two out of four sampled residents (Resident #1 and Resident #4). Findings included: Review of Resident #1's health assessment completed _____ showed medical history and diagnoses of _____ (OA), _____ (_____) type II, _____ (_____) _____, psych _____ Resident #1 needed assistance with ambulation, bathing, _____, eating, self-care (grooming), toileting and transferring. Review of Resident #1's _____ log showed last entry was dated _____. Review of Resident #4's health assessment completed _____ showed medical history and diagnoses of _____ (_____) type II and _____ atrophy. Resident #4 needed assistance with ambulation, bathing, _____, self-care (grooming), toileting and transferring. Additionally, the physical or sensory limitations section was left blank, and the type of diet was left unchecked. Review of Resident #4's _____ log showed last entry was dated _____. On _____ at 1:45 PM, the Owner stated that she had _____ the residents monthly but did not update the log. Also, she she stated she would contact the doctor to complete the health assessment for Resident #4.	A 162		

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A 162	Continued From page 6 Class III	A 162			