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
	AL11966809	A. BUILDING: _____ B. WING _____	02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALF VILLA FRANCISCO HOME CARE CORP	16832 SW 110 COURT MIAMI, FL 33157

(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 with LMH was conducted at ALF Villa Francisco Home Care Corp on , , . Deficiencies were identified at the time of the survey.	A 000		
A 034 SS=E	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement policies and procedures for resident's assistive devices for one out of six sampled residents (Resident #3). Findings included: Observation on at 7:32 AM revealed Resident #3 seated at the dining table in a	A 034		

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A 034	Continued From page 1 wheelchair. Review of Resident #1's record revealed no documentation of the assistive device the resident uses in the resident's record. There was also no documentation of assistive device policies and procedures that included the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. During an interview on at 8:11 AM The Administrator stated regarding the aassistive dvice policy"I don't have it." During an interview on at 8:32 AM Resident #3 stated "I can't walk, I use a wheelchair." Class III	A 034		
A 054 SS=F	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	A 054		

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A 054	Continued From page 2 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 [illegible] 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 [illegible], 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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to keep and accurate medication observation record for 5 out of 6 sampled residents (#1, #2, #3, #5, and #6). Findings included: Medication Observation Record (MOR) review revealed: 8 PM dosage of [illegible] 100 mg, rosvastatin 20 mg, [illegible] 80 mg, and [illegible] 500 mg for [illegible] and 8 AM dosage of [illegible] 10 mg tab, [illegible] 20 mg tab, [illegible] 40 mg, [illegible] 10 mg, 500 mg, fluxoetine 40 mg, and [illegible] 10 mg for [illegible]. Resident #1 had the following medications not signed: 8 pm dosage of 20 mg tab, [illegible] 2 mg tab, [illegible] 400 mg, [illegible] SOD 500 mg, [illegible] 500 mg,	A 054		

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A 054	Continued From page 3 and [illegible] 5 mg tablet for [illegible] and 8 AM dosage of [illegible] 5 mg tablet, [illegible] 500 mg, [illegible] 10 meq tab, [illegible] 40 mg, [illegible] 20 mg tab, and [illegible] 1 mg tab for [illegible]. Resident #2 had the following medications not signed: 8 pm dosage of [illegible] 20 mg tab, [illegible] 2 mg tab, [illegible] 400 mg, [illegible] SOD 500 mg, [illegible] 500 mg, and [illegible] 5 mg tablet for [illegible] and 8 AM dosage of [illegible] 5 mg tablet, [illegible] 500 mg, [illegible] 10 meq tab, [illegible] 40 mg, [illegible] 20 mg tab, and [illegible] 1 mg tab for [illegible]. Resident #3 had the following medications not signed: 8 pm dosage of [illegible] 5 mg, [illegible] 0.5 mg tab, [illegible] 2.5 mg tab, [illegible] 100 mg cap, [illegible] 5 mg tab, [illegible] 40 mg for [illegible] and 8 AM dosage of [illegible] mcl 50 mg tab, [illegible] low dose 81 mg, [illegible] 40 mg, [illegible] 100 mg tab, meloxican 15 mg tab, [illegible] b2 1.25 mg, [illegible] 5 mg tab, [illegible] 0.5 mg tab, [illegible] 2.5 mg tab, [illegible] 100 mg cap, [illegible] 5 mg tab, [illegible] 40 mg for [illegible]. Resident #5 had the following medications not signed: 8 pm dosage of [illegible] 40 mg tab, [illegible] 7.5 mg tab, [illegible] 50 mg tab, [illegible] 1 mg tab, [illegible] 5 mg tab for [illegible] and 8 AM dosage of [illegible] 1 mg tab, [illegible] 5 mg tab, [illegible] 20 mg tab, aripipazole 20 mg tab, and [illegible] 40 mg tab for [illegible]. Resident #6 had the following medications not signed: 8 pm dosage of omega 3- [illegible] 1 gm,	A 054		

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A 054	Continued From page 4 1 mg tab, 500, 150 mg tab, 30 mg, and 2.5 mg tab for and 8 AM dosage of 20 mg cap, D 50,000 units, 10 mg tab, 25 mcg, 5 mg, 500 mg, omega 3-, 1 gm, 1 mg tab, and 500 for . Review of the medications cards revealed that they were up to date. On at 7:29 AM the Administrator stated "I was too tired to sign the MOR last night, its no excuse but it's a little too much." Class III	A 054		
A 078 SS=F	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	A 078		

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A 078	Continued From page 5 . . . . . 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 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,	A 078		

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A 078	Continued From page 6 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 provide evidence of a negative annual examination for one out of two sampled staff (The Administrator). Findings included: Review of the Administrator's personnel record revealed a negative examination completed on . . . . . There was no documentation of an updated examination. During an interview on . . . . at 8:04AM, The Administrator stated "I did not get my annual test yet. I have to get the . . . . , I haven't done it yet." Class III	A 078		
A 083 SS=F	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an	A 083		

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A 083	Continued From page 7 instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of two sampled staff (the Administrator) knew how to adequately perform ( ). Findings included: During an interview on at 7:29 AM, the Administrator stated "I work 24 hours, I am the live in staff." Review of the Administrator's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. During an interview on at 7:37 AM , when describing , The Administrator stated "If someone is unresponsive, I put them on the floor, call 911 and start . For I do 15 , and 5 breaths, and I continue until the resident responds or rescue arrives." According to the American Association, should be performed at 30 , and 2 breaths and continued until the victim	A 083		

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A 083	Continued From page 8 revives or help arrives. Class III	A 083		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of two sampled staff (Staff B) knew information for ( ) training. Findings included: Review of Staff B's personnel record revealed he completed training on . During an interview on at 7:31 AM when asked to explain what a is, Staff B stated "It is a paper for when the resident goes out to the hospital."	A 090		

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A 090	Continued From page 9 Review of records revealed there was a resident (Resident #3) at the facility who had a current Class III	A 090		