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
	AL11964797	A. BUILDING: _____ B. WING _____	R 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIAMI-DADE COUNTY	1150 NW 11 STREET ROAD MIAMI, FL 33136

(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 second revisit to wellness monitoring visit was conducted at Miami-Dade County on . . . . . . A deficiency was identified at the time of the visit.	{A 000}		
{A 152} SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	{A 152}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 152}	Continued From page 1 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe living environment free of pest, mice and roaches. Finding included: On at 10:05 AM, resident in #. stated, "I have one small mouse I have seen under the couch and on the side of the kitchen sink. The pest people was here a couple of times and placed a trap under the couch." On at 10:05 AM, observed, under a couch in . . . . , a sticky glue trap and mouse trap with a . . mouse on it. On at 12:00 PM, resident in #605 stated, "I have roaches, in the area on the wall near air fryer and in the microwave, and sometimes I see them near my bed. I have my own roach sprays here in the closet." Agency representative observed a can of raid roach spray, and a gallon of insect repellent with spray nozzle in the resident closet. On . . . . . /23 at 12:09 PM, the Administrator admitted to having a pest problem in the facility. He stated, the facility is cleaned every day and the pest control company comes to the facility once a month. The Administrator stated a new pest control company was hired and getting rid of the pest issues has improved a lot.	{A 152}		

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{A 152}	Continued From page 2 Class III Uncorrected	{A 152}		