

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>AL11967210</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/29/2023</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**MOM & DAUGHTER HOME CARE INC**

**9640 SW 161 PLACE  
MIAMI, FL 33196**

| (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                    | Initial Comments<br><br>A complaint investigation (#2023001750) was conducted at Mom & Daughter Home Care Inc. on . The provider had deficiencies identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A 000               |                                                                                                                          |                          |
| A 052<br>SS=D            | 429.256( . ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . syringe that is prefilled with the proper dosage by a pharmacist and an . that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.<br>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.<br>(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .<br>(d) Applying . medications.<br>(e) Returning the medication container to proper storage. | A 052               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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| A 052                    | Continued From page 1<br><br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____.<br>(4) Assistance with self-administration of medication does not include:<br>(a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications by way of a tube inserted in a _____ of the body.<br>(d) Administration of _____ preparations.<br>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.<br>(f) Assisting with _____, or _____ preparations.<br>(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.<br>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. | A 052               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MOM &amp; DAUGHTER HOME CARE INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9640 SW 161 PLACE<br/>MIAMI, FL 33196</b>                                    |  |                                                        |
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| A 052                                                                       | <p>Continued From page 2</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH SELF-ADMINISTRATION.</p> <p>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.</p> <p>(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.</p> <p>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.</p> <p>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.</p> <p>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                                       | <p>Continued From page 3</p> <p>enable the resident to take medication as prescribed:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</li> <li>2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,</li> <li>3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or</li> <li>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</li> </ol> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.</p> <p>(h) All trained staff must adhere to the facility's _____ control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff follow protocol when providing residents assistance with self-administration of medications for one out 5 Staff (Owner). Staff placed another resident's medication on a table, left the medication unattended, and another Resident accidentally taken the medication.</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                                       | <p>Continued From page 4</p> <p>Findings Included:</p> <p>Review of the facility record showed on<br/>..... Resident # 1 was taken to the<br/>hospital after accidentally taking another resident<br/>medication. Staff were providing the medication<br/>to the residents. Staff set a resident medication<br/>on a table and continued giving medication to the<br/>other residents. Resident #1 took the medication<br/>that was not hers. Resident # 1 became groggy,<br/>and Staff called an ambulance and the daughter.</p> <p>Review of personnel records for the Owner<br/>showed a hired date of ..... The record<br/>showed the Owner had the 6 hours training on<br/>providing resident assistance with<br/>self-administration of medications dated<br/>..... in file.</p> <p>On ..... at 8:12 AM, the Administrator<br/>stated, "It happened (resident accidentally took<br/>another resident medication) in .....<br/>My husband put the medications for [another<br/>resident] on the table during dinner and turned his<br/>for a second. [Resident #1], who was sitting<br/>across the table from the other resident, took the<br/>other resident medications and swallowed them;<br/>she had not taken her medications yet. The<br/>Resident's daughter was on her way to visit her<br/>mother and I called her and told her what had<br/>happened, and she said that she would take her<br/>to the hospital; she is an RN. She took her to the<br/>hospital, and she was placed on observation and<br/>returned the next day to us."</p> <p>On ..... at 9:35 AM the Owner stated, on<br/>..... during dinner time, he gave the<br/>medications to a Resident and turned his ... to<br/>reach for a cup of water and Resident #1 grabbed</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                    | Continued From page 5<br><br>the medications right away and put them in her<br>. Resident #1 was sitting directly across<br>from the other resident. The Owner stated, "We<br>are always telling the employees not to leave the<br>medications unattended and look at what<br>happened to me."<br><br>Class III | A 052               |                                                                                                                          |                          |

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| CZ814                    | <p>435.12(2)(b-d), FS Background Screening Clearinghouse</p> <p>435.12 Care Provider Background Screening Clearinghouse.-</p> <p>(2)(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.</p> <p>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that a staff that had a 90 days break in service, had a new level II background screening completed prior to starting work ( Staff C).</p> <p>Findings included:</p> | CZ814               |                                                                                                                          |                          |

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| CZ814                    | <p>Continued From page 1</p> <p>A review of the facility's roster revealed that Staff C had a level II background screening completed on _____, and had no employment history since _____.</p> <p>A review of the employment record showed that Staff C had been hired on _____.</p> <p>On _____ at 7:57 AM, concerning staff work history, Staff C stated, "I did not work anywhere else during that time [ _____ to _____ ]."</p> <p>On _____ at 8:14 AM, concerning Staff C work history, the Administrator stated, "You are right, she [Staff C] had a break in service."</p> <p>Unclassified</p> | CZ814               |                                                                                                                          |                          |