

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VILLA NORA ALF

**4040 WEST 10 COURT
HIALEAH, FL 33012**

(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 re-licensure survey, with a limited mental health component, was conducted at Villa Nora ALF on . Deficiencies were identified at time of the survey.	A 000		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require	A 055		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER VILLA NORA ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 4040 WEST 10 COURT HIALEAH, FL 33012		
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A 055	Continued From page 1 central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are	A 055			

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A 055	Continued From page 2 still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, and interview the facility failed to ensure medication requiring refrigeration must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerate locked, or by keeping the area in which the refrigerator is located locked at all times. Findings included On at 9:14 AM, observed inside the refrigerator, that's accessible to all residents, unlocked medications. Observed on the bottom shelf of the refrigerator a box labeled refrigerate hospice care comfort kit. Observed on the top shelf of the refrigerator a clear Ziploc bag with six boxes of 100 units and one box prescribed for Resident #1. Observed an envelope inside a small clear Ziploc bag that showed Prewar 20 injections inside prescribed for Resident #2. On at 9:30 AM Staff A (live-in caretaker)	A 055		

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A 055	Continued From page 3 placed an empty locked box on the counter and stated the locked box was too small to store the medications and that is the reason the medications were not secured inside the refrigerator. Class III	A 055		
A 083 SS=D	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 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 staff who is in the facility at all times, possess a current () certification for one out four	A 083		

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A 083	Continued From page 4 (Staff A) sampled staff. Findings included: Review of Staff A (live-in caretaker) personnel record showed a hired date of . Further review of the record showed no documentation that the staff had a current certification in file. The . training on file had expired on . On . at 1:30 PM, concerning staff expired . training, the Administrator stated, "I am working on that." Class III	A 083		
A 095 SS=D	59A-36.012(4) FAC Food Service - Food Service (4) FOOD SERVICE. When food service is by the facility, the facility must ensure that the food service meets all dietary standards imposed by this rule and is adequately protected upon delivery to the facility pursuant to subsection 64E-12.004(4), F.A.C. The facility must maintain: (a) A copy of the current contract between the facility and the food service contractor. (b) A copy of the annually issued certificate or license authorizing the operation of the food service contractor issued by the applicable regulating agency. The license or certificate must provide documentation of the food service contractor's compliance with food service regulatory requirements. This Statute or Rule is not met as evidenced by: Based on observation, record review, and	A 095		

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A 095	Continued From page 5 interview, the facility failed to have a copy of the facility and food service catering contract. Finding included: On at 9:30 AM observed three uncovered platter's on the kitchen counter with food inside. Staff B stated the food observed, "it's for lunch." On at 12:02 PM the Administrator was asked if the lunch meal was caterer, and said, "yes, only for lunch for the last year." Review of the facility records showed the facility had no current food service contract for the catered meals. The catering contract was dated to , which expired. On at 12:30 PM the Administrator stated she could not find the current facility and food service catered contract. Class III	A 095		