

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969915	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/23/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BMA ASSISTED LIVING FACILITY, CORP

**12381 SW 144 TERR
MIAMI, FL 33186**

(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 wellness monitoring was conducted at BMA Assisted Living, Corp. on 06/15/2023. Deficiencies were identified at the time of the survey.	A 000		
A 077 SS=F	429.176 FS; 429.52(), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is	A 077		

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 BMA ASSISTED LIVING FACILITY, CORP			STREET ADDRESS, CITY, STATE, ZIP CODE 12381 SW 144 TERR MIAMI, FL 33186		
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A 077	Continued From page 1 responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____ ; 2. If employed on or after _____ , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____ , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core	A 077			

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A 077	Continued From page 2 competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No	A 077		

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A 077	Continued From page 3 =Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that it retained a qualified administrator who maintained the required minimum of 12 hours of continuing education every two years. The administrator is required to retake core training and certification examination. Findings: A review of the Administrator's Core Training Program Certification showed a certification issued on 11/11/2021 and a completion of 26 hours on 11/11/2021. Further review showed no continuing education training for a minimum of 12 hours every two years after the certification was issued. Interviewed on 06/23/2023 at 10:40 AM when asked if she took the two-year continuing education training, the Administrator stated, "It was expired, and I was on vacation." The administrator stated further when asked to identify if any of the five residents in the facility had a "precaution" documented on their health assessments, the administrator stated, "No." A review of Residents #1, #2, #3, #4, #5 health assessments showed that all of them had a precaution listed." Class III	A 077		

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A 152 A 152 SS=D	Continued From page 4 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. (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	A 152 A 152			

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A 152	Continued From page 5 be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment free of hazards and to ensure that all existing architectural, mechanical, electrical, and structural were maintained in good working order. Findings include: Observation on At 8:05 am revealed the lower border of the main door of the facility was damaged and rusted. On At 8:16 am observation revealed that the bed of Resident # 2 in . . . # was without sheets and the cover of the mattress was broken. On at 8:24 am observation revealed that the roof of the corner of the living room had signs of water damage. On at 8:24 am observation revealed that the vanity light in the bathroom next to # . . . was rusted and missing 3 bulb lights. On At 8:26 am observation revealed that one of the cabinets in the kitchen area was without a door. On at 8:26 am observation revealed that the bottom piece of the refrigerator was missing. On at 8:27 am a hole with electrical cables was observed in the living room's ceiling without cover.	A 152		

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A 152	Continued From page 6 On at 8:28 am observation revealed that the air conditioner vent in the kitchen area (on top of one of the cabinets) was open and hanging down. On at 8:34 am observation revealed that the wooden border of the roof in the backyard area of the facility was peeling and damaged. In an interview on at 8:35 am, the Administrator said that they were planning to repair the facility. On at 8:35 am in a conversation with the administrator, she provided a picture from her phone with the invoice for the roof repair for \$2,265.00. She also showed the contract for the Roofing Company dated Class III	A 152		