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
	AL11964681	A. BUILDING: _____ B. WING _____	07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORAL TERRACE ALF, INC	6744 SW 22 STREET MIAMI, FL 33155

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] 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. (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. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] 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; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. 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 six sampled residents (Staff D) had a level 2 background screening after a 90-day-break in service. Findings included:	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 Review the Background screening clearinghouse revealed Staff D (caregiver) was hired on .....23. Further review revealed Staff D had a level 2 background screening completed and there was no documentation of employment during the 90-day-break in service. During an interview on at 9:30AM Staff D stated "I started working here in ....." During an interview on ..... at 10:55AM, The Administrator stated "I will get her a new background screening. She began working here in ." Unclassified	CZ814		

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A 000	Initial Comments A biennial reicensure survey was conducted on [redacted] through [redacted] at Coral Terrace ALF. Deficiencies were identified at the time of the survey.	A 000		
A 033 SS=D	59A-36.007(8) PHYSICAL [redacted] (8) PHYSICAL [redacted]. Residents for whom a physician has prescribed a physical [redacted] must have a written care plan for the use of the physical [redacted]. The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the [redacted] applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of [redacted], or decline in mobility or function related to the use of the prescribed [redacted]. (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical [redacted] annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical [redacted] and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure there was a completed written care plan for the use of a physical [redacted] for 2 out of 14 sampled residents (Resident #10 and	A 033		

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A 033	Continued From page 1 Resident #11). Findings included: Review of Resident #10's record revealed a physical care plan completed on with no documentation of the maximum amount of time the resident is to have the applied each day. Review of Resident #11's record revealed an order for a physical (full bed rail) completed on . Review of Resident #11's record revealed a physical care plan completed on with no documentation of the maximum amount of time the resident is to have the applied each day. During an interview on at 10:50 AM the Administrator stated "I will get an updated care plan. I didn't notice it wasn't complete." Class III	A 033		
A 078 SS=D	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	A 078		

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A 078	Continued From page 2 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 . . . . . 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	A 078		

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A 078	Continued From page 3 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, 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 the interview and record review, the facility failed to ensure that one of six sampled staff was able to perform their assigned duties consistent with their training (Staff E). Findings included: Interview by telephone on at 8:40 am, Staff E (Caregiver) was asked to describe how she would perform , , ... (. .) if a resident became unresponsive. She stated, "I would give four . . . . . and the same number of breaths." A review of the personnel record showed a current training certificate received in . . and expiring on . . . . . . In an interview by telephone on . . . . . at approximately 2:00 pm, the Administrator said that only six of 28 residents had a . . . on file. A review of the America Association's	A 078		

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A 078	Continued From page 4 guidelines showed that they recommended "at least 100 to 120 , per minute. Adult 30 , to 2 breaths." Class III	A 078		