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
	AL11969174	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ERA COMMUNITY HEALTH CENTER LLC	1351 N KROME AVE HOMESTEAD, FL 33030

(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 re-licensure survey, with a complaint investigation (complaint number 2023100383) was conducted at New Era Community Health Center on . . . . . to . . . . . Deficiencies were identified at the time of the survey.	A 000		
A 026 SS=F	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must	A 026		

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A 026	Continued From page 1 be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide an ongoing activities program. Findings as follow: Review of facility records showed there was an activity calendar dated /2023. The activity calendar showed for the date of activities scheduled was to include: 2:00 to 3:00 PM- trivia 2:30 PM to 4:00 PM- karaoke, music and crafts. On between 2:00 PM and 4:00 PM observed facility residents sitting in the common area, walking, talking, watching the TV, smoking. No activities was observed. No staff observed offering or encouraging residents to participate in the activities that was scheduled for the day. On at 3:30PM residents interviewed and stated; Resident #6 stated "We have no activities here. My activity is smoking. I do not go to a day program neither". -Resident #7 stated "The only activity is watching TV, no other. I do not go to a day program". -Resident #8 stated "We have no activities, they should have something to do. It is very boring here". -Resident #9 stated "I would like to go to a program. I do not do any activity."	A 026		

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A 026	Continued From page 2 -Resident #10 stated It would be nice going to a program. There is no activity here. -Resident #11 stated "The only activity is watching TV. There is no other activity right now". On at 4:00 PM, concerning the residents not being offered activities, the Administrator and the Owner stated the facility staff do not follow an activities program. Class III	A 026		
A 125 SS=F	429.27(2) FS; 59A-36.013(3) FAC Fiscal - Surety Bonds 429.27 (2) A facility, or an owner, administrator, employee, or representative thereof, may not act as the guardian, trustee, or conservator for any resident of the assisted living facility or any of such resident's property. An owner, administrator, or staff member, or representative thereof, may not act as a competent resident's payee for social security, veteran's, or railroad benefits without the consent of the resident. Any facility whose owner, administrator, or staff, or representative thereof, serves as representative payee for any resident of the facility shall file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for their account, which are received by a facility. Any facility whose owner, administrator, or staff, or a representative thereof, is granted power of attorney for any resident of the facility shall file a surety bond with the agency for each resident for whom such power of attorney is granted. The surety bond shall be in an amount equal to twice the average	A 125		

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A 125	Continued From page 3 monthly income of the resident, plus the value of any resident's property under the control of the attorney in fact. The bond shall be executed by the facility as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with this section and shall run to the agency for the benefit of any resident who suffers a financial loss as a result of the misuse or misappropriation by a facility of funds held pursuant to this subsection. Any surety company that cancels or does not renew the bond of any licensee shall notify the agency in writing not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal. Any facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for any resident of the facility shall, on a monthly basis, be required to provide the resident a written statement of any transaction made on behalf of the resident pursuant to this subsection, and a copy of such statement given to the resident shall be retained in each resident's file and available for agency inspection. 59A-36.013 (3) SURETY BONDS. Pursuant to the requirements of section 429.27(2), F.S.: (a) For entities that own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entities. (b) The following additional bonding requirements apply to facilities serving residents receiving . . . : 1. If serving as representative payee for a resident receiving . . . , the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must	A 125		

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A 125	Continued From page 4 include any supplemental security income or social security , income plus the payments, including the personal needs allowance. 2. If holding a power of attorney for a resident receiving , the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security , income; the payments, including the personal allowance; plus the value of any property belonging to a resident held at the facility. (c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility serve as representative payee for residents and failed to ensure the facility the surety bond was in an amount equal to twice the average monthly aggregate income, personal funds due to residents received by the facility for 45 out of 65 (#8, #16, #23, # #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64, #65) sampled residents. Findings: Review of the facility record revealed the facility is the representative payee and receives social security checks for Residents #8, #16, #23, # #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64,	A 125		

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A 125	Continued From page 5 and #65. Further review of the facility records revealed the Owner received in the month of , a total of $46,002.30 from 45 residents social security benefits. The facility surety bond would need to be twice the amount, for a total of $92,004.60 in surety bonds. The facility's surety bonds currently totaled $85,000; The facility would need an additional amount of $7,004.60. Interviewed on at 3:30PM, concerning not having the correct amount money for the surety bond, the Owner stated, "I have to renew the surety bond this month." Class III	A 125		