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
	AL11966548	A. BUILDING: _____ B. WING _____	08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAVENLY HOME CARE OF FLORIDA, INC	17321 SW 109 AVENUE MIAMI, FL 33157

(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 standard survey was conducted at Heavenly Home Care of Florida, Inc. on . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility Administrator failed to reduce the risk of the transmission of for three (#1,	A 036		

AHCA Form 3020-0001

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

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A	Continued From page 1 #2, #4) out of five sampled residents. The Administrator failed to clean and also used the same cloves while assisting the three residents with medications. Findings: Observation on at 5:02 PM revealed that before providing medications to Residents #1, #2, & #4), the Administrator picked up the bubbled packs of medications from the table where four residents sat and touched the doorknob while wearing a pair of black latex gloves. The Administrator returned from the kitchen wearing the same black latex gloves to provide medications to Resident #1, #2 & 4. Observation on at 5:03 PM the Administrator popped several medications from a pack into her gloved and placed them into a small red cup and gave it to Resident #2. Observation on at 5:04 PM the Administrator popped several medications from a pack into the unchanged gloved , placed the medication into a small and gave it to Resident #1. Observation on at 5:05 PM the Administration without exchanging her the black latex gloves or even removing them to sanitize her , popped medications from a pack into her gloved , place the medication in a small red cup and gave it to Resident #4. On at 5:20 PM when asked why there was no washing, sanitizing or change of gloves between residents during medication pass, the Administrator stated that the residents had their own cups.	A 036		

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A 036	Continued From page 2 A review of the Administrator's personnel record showed Control training had been completed on . Class III	A 036		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (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. (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. (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 . (d) Applying , medications.	A 052		

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A 052	Continued From page 3 (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (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 . (4) Assistance with self-administration of medication does not include: (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. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (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. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the	A 052		

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A 052	Continued From page 4 reason for administration requires judgment or discretion on the part of the unlicensed person. (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. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] 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. (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. (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. (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. (e) When a resident who receives assistance with	A 052		

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A 052	Continued From page 5 medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 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, 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 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (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. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility Administrator failed to orally advise the medication name and dosage for two (#1, #2) out of three sampled residents. The facility failed to obtain a signed written waiver to opt out of being orally advised of the medication	A 052		

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A 052	Continued From page 6 name and dosage for Residents #1, #2). Findings: Observation on at 5:03PM the Administrator popped and touched the following medications prescribed for Resident #2 out of the packs and placed them into a small red cup, without orally advising the resident of the names and dosage: 150 MG, SOD Dr 500 MG, and 0.4 MG. Observation on at 5:04PM the Administrator popped and touched the following medications prescribed for Resident #1 out of the packs and placed them into a small red cup, without orally advising the resident of the names and dosage: 500 MG, 10 MG, 325 MG, and 1 MG. Record review of Resident #2's file found no signed written waivers to opt out of being orally advised of the medication name and dosage. Record review of Resident #1's file found no signed written waivers to opt out of being orally advised of the medication name and dosage. Interviewed on at 5:20PM when asked if any of the residents had written waivers to opt out of being orally advised of the medication name and dosage, the Administrator stated, "Yes." The Administrator stated further, "I have to see the book for that. I will see you in 30 days." A review of the Administrator's personnel record showed a hire date of and the annual	A 052		

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A 052	Continued From page 7 training for unlicensed staff in self-administration of medication on . Class III	A 052		
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 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	A 078		

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A 078	Continued From page 8 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 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 record review and interview, the failed to ensure Staff B & C (Caregivers) were qualified to demonstrate and perform their assigned duties consistent with the level of education, training, preparation, and experience. Staff B & C (Caregivers) were unable to they would perform	A 078		

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A 078	Continued From page 9 ( ). Staff B (Caregiver) was unable to demonstrate and what a (DNOR)was and how to identify a resident with the order. Findings: 1) Interviewed on at 11:55AM when asked when asked what he would do if a resident needed including how many and breath, Staff B (Caregiver) stated, " ." Staff B stated further hat he would check the and that he would do it ( ) two times. When asked about what a ( ) was, Staff B (Caregiver) stated, "I don't understand. That is for the Administrator." Review of Staff B's (Caregiver) personnel record showed a hire date of , including training on and training on A review of a data from Florida Health Department revealed, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of , , or ." 2) Interviewed on at 2:54PM when asked what she would do if a resident needed including how many , and breath, Staff C (Caregiver) stated that she would 'do a 1000 and one, a thousand and two, a thousand and three , and check if	A 078		

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A 078	Continued From page 10 they are breathing.' Staff C stated further that 'if they are not breathing that you do it again.' Review of Staff C's (Caregiver) personnel record showed a hire date of . . . . . and . training on . According to the American Association, "For healthcare providers and those trained: conventional using , and . . . -to- . . . breathing at a ratio of 30:2 , . . -to-breaths." Class III	A 078		
A 152 SS=D	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	A 152		

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A 152	Continued From page 11 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 be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe and decent living environment for five (#1, #2, #3, #4, #5) of five sampled residents. The facility failed to ensure that all existing architectural, mechanical, electoral and structural systems, and appurtenances are maintained in good working order. Findings: Observation on . . . . . at 7:52 AM found a gazebo in the backyard with rotted wood around the top, on parts of the flooring, including a few missing planks. Interviewed on at 5:20 PM that the gazebo remained unrepaired, and that some of the wood was missing and rotted, the Administrator stated, "I am not moving anything. We removed the sheet rocks and wood that was	A 152		

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A 152	Continued From page 12 there." Class III	A 152		