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
	AL11965980	A. BUILDING: _____ B. WING _____	09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAFFA CORP II	15032 SW 55 TERRACE MIAMI, FL 33185

(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 was conducted at Raffa Corp II on . . . . . Deficiencies were identified at the time of the survey.	A 000		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide documentation of an assistive device used for one out of six sampled residents (Resident#2) Findings Included: On at 12:06 pm, observed Resident#2 walking with a walker to the dining room for lunch.	A 034		

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A 034	Continued From page 1 A review of Resident#2's record showed no documentation of the assistive device (walker) used in the resident file. In an interview with Staff B on at 3:15 PM, concerning Resident #2 use of a walker, the staff stated the use of the walker was not documented in the resident file. Class III	A 034		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication	A 054		

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A 054	Continued From page 2 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the medication observation records (MOR's) was immediately updated at the time the medication was offered or administered for one out of six sampled residents who receive assistance with the administration of medications (Resident #1). The facility failed to include on the MOR's the name of the resident's health care provider and telephone number, and any known the resident may have for one out of six sampled residents (Residents #5). Findings Included: A review of Resident#1's medication observation record (MOR"s) showed Resident#1 was prescribed to take , 15 mg tab ounce per night. Further review of the MOR's revealed the MOR was not signed/initialed to indicate if the medication was offered or administered to the resident for the month of , . In an interview with Staff B on at 3:02 pm, she stated Resident#1 was received all the medications in , and she believed the hospice nurse forgot to initial the resident's MOR after giving the medication. A review of Resident #5's medication observation record showed the physician's name, phone number, and resident , was not listed on	A 054		

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A 054	Continued From page 3 the MOR's In an interview with Staff B on . . . . . at 3:12 pm, she stated she wasn't aware the information was not listed. Class III	A 054		