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
	AL11965104	A. BUILDING: _____ B. WING _____	11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST GABLES RETIREMENT CENTER	3590-92 SW 16 STREET MIAMI, FL 33145

(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 Complaint Investigation number 2023013164 was conducted at East Gables Retirement Center on , , to , . Deficiencies were identified at the time of survey.	A 000		
A 010 SS=G	429.26(.) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

AHCA Form 3020-0001

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

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible], [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the appropriateness of continued residency for one of 14 sampled residents, (Resident 1). Resident 1 sustained multiple resulting on . Findings included: Review of the facility's incidents reported, showed that Resident 1 suffered a on at approximately 6:00 PM. She was found on the floor next to her bed. An revealed that the resident suffered a of the right . Review of Resident 1's record showed an admission on . The record had a health assessment dated dated with a diagnosis of , protein deficiency, and . The resident had and precautions, and was under hospice care. The resident was bedridden, and needed total assistance with all activities of daily living. The resident needed was on a pureed diet and thick-it in liquids. The record showed a prescription for hospice care referral dated , and a prescription for full bed rails dated . In addition, the record showed a care plan for physical dated with daily supervision while using the . The caretaker was instructed by doctor and administrator of the proper safe use of the full bed rail. A review of the resident record revealed notes dated showing that he staff found the resident sitting on the floor at 8:30 PM next to the bed. She said she felt good; they checked her,	A 010		

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A 010	Continued From page 5 and she did not have any injuries. There was no documentation of contact with her medical provider, or other information about the . The record further revealed that the next morning Resident 1 stated that her left was hurting. The note stated that the resident's power of attorney (POA) was contacted and instructed staff not to send the resident to the hospital because she was going to take her to the clinic. When the resident returned to the facility, the results were that she had , that she did not have anything else. She was prescribed medication for the . A review of the resident record revealed notes dated showing that Resident #1 was sent again to the hospital for a checkup because she continued complaining about , in her . At 12:25 PM, the resident's was ; she was sent to the hospital. The doctor notified that the resident had a of the , and that she was going to be admitted to the hospital. She had surgery, then . A review of the resident record revealed notes dated at 4:30 PM, the resident tried to transfer from the chair to the recliner without assistance and slipped at 4:50 PM. The ambulance was called and at 5:10 PM, the resident was transferred to [a local hospital]. A review of hospital discharge documents dated showed that the resident was diagnosed with a of right . A review of the resident record revealed notes dated showing that Resident #1 was found on the floor near her bed. She slipped by the end of the bed tail, which is always up. The hospice nurse was present; she evaluated her, contacted the hospice doctor. An	A 010		

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A 010	Continued From page 6 conducted at the facility revealed the result had a at the , and she was hospitalized, then was sent to the facility. On , at 10:20 AM, the Administrator stated that Resident 1 was very , and that this was the second time she from the bed and broke the , , "It happened with the other owners; the doctor increased her medications to calm her down." During the interview, Staff C showed photos and video that she had on her private phone to show the resident moving to the front of the bed to try to get out of the bed. At 10:25 AM, the Administrator stated, "She has always been very . You can speak to her family, the same thing happened with the previous owners; she broke the other , ." Staff B stated, "It happens in a matter of seconds, she moves very fast, and you constantly need to be watching her." Review of the hospice record for Resident 1, showed a visit on . The resident had a diagnosis of right , and radial left . Effective to be achieved by : Patient is at risk of immobility complications evidence by patient is bed bound and unable to reposition herself in bed. All staff was instructed/reinforced to turn/reposition patient as needed and correct understanding was expressed. Start effective date . On , at 1:45 PM, Staff D who worked from 2:00 PM to 7:00 PM, stated, "I was with [Staff E] that day, and her nurse was here also. It happened around 6:00 PM; she rolled herself to the front of the bed and . I leave at 7:00 PM. I heard something when I was walking in another area of the facility. [Staff D] was probably in the kitchen. The three of us got her	A 010		

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A 010	Continued From page 7 from the floor. The nurse was preparing medications. Because she was here, she was going to take care of her." On at 12:28 PM, Resident 1's family member stated, "She twice at the facility. The first time, she had , surgery, and ." Class II	A 010		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or	A 162		

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A 162	Continued From page 8 other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging	A 162		

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A 162	Continued From page 9 to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period	A 162		

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A 162	Continued From page 10 of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate health assessment for one of 14 sampled residents, (Resident 2). Findings included: On , at 12:05 PM, the Nurse Supervisor of hospice stated that Resident 2 had a , and that she was getting care. Review of Resident 2's record showed a health assessment dated . The resident had a diagnosis of , , , atria . The assessment showed the resident was receiving hospice care and was bed bound, was oriented to person, but , unable to verbalized needs appropriately. The resident required total care for all activities of daily living, and had , and precautions. The health assessment stated that the resident did not have a , 3, or 4 , On at 2:05 PM, the administrator stated that she would talk to the doctor and ask him to assess Resident #2 again to reflect the .	A 162		

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A 162	Continued From page 11 Class III	A 162		