

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910969	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/03/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JESUS OF NAZARETH ALF, INC

**2801-2803 SW 37TH COURT
MIAMI, FL 33134**

(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-certification survey was conducted on at Jesus of Nazareth ALF, Inc. Deficiencies were identified at the time of the survey.	A 000		
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. (e) Returning the medication container to proper storage.	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 052	Continued From page 1 (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 reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052			

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A 052	Continued From page 2 (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 _____ 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 medication is away from the facility and from facility staff, the following options are available to	A 052			

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A 052	Continued From page 3 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, review of records and interview, the facility failed to ensure that the staff followed the procedure outlined by the State when assisting one out of six sampled residents with self-administration of medication (Resident 1). Findings include:	A 052			

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A 052	Continued From page 4 A review of the medication observation record (MOR) showed that Megestrol 40 mg/ml B.I.D (twice a day) and 12% lotion B.I.D. were prescribed to Resident 1 at 7:00 AM and 7:00 PM (Photographic evidence obtained) Observation on at approximately 7:41 AM showed that Staff B retrieved a medication basket from the medication cabinet and begin passing medications to Resident 1. Further observation on at approximately 7:45 AM showed that Megestrol 40 mg was not passed to Resident 1. 12% lotion was not applied to Resident 1 as indicated. Interviewed on at approximately 7:50 AM Staff B stated that she had applied the 12% lotion to Resident 1 earlier in the resident's room. Interviewed on at approximately 7:52 AM when asked why Megestrol 40 mg was not passed to Resident 1 as indicated on the medication observation record Staff B stated that she forgot. Interviewed on at approximately 8:05 AM when he was informed that Staff B missed the Megestrol 40 mg and the lotion 12% during the AM medication pass to Resident 1 the Administrator stated that she was a new employee, and she was nervous. A review of Staff B' s record showed a hire date of Further review of Staff B's record showed documentation that she had completed a six-hour Medication Training and Updates course	A 052			

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A 052	Continued From page 5 on Interviewed on at approximately 2:35 PM the Administrator acknowledged it and stated that the staff was trained and knew how to pass medications to the residents, but she was nervous because she was new. Class III		A 052		
A 093 SS=F	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.frules.org/Gateway/reference.asp?No=Ref-04003 , and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx . Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food		A 093		

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A 093	Continued From page 6 according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must	A 093			

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A 093	Continued From page 7 be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _____ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on _____. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to follow the posted	A 093			

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A 093	Continued From page 8 menu and provide substitutions upon serving breakfast to six out of six sampled residents (Residents 1, 2, 3, 4, 5 and 6). Juice was listed on the breakfast menu on that day, and it was not served. A substitution was not made available to the residents. Findings include: A review of the facility's resident's menu of the week of _____ through _____ showed that juice, cereal, bread, margarine, and milk were listed for breakfast on _____ (Photographic evidence obtained) Observation on _____ at approximately 7:40 AM showed that breakfast was served to the residents in the dining room, the breakfast area, and the living room. Further observation on _____ at approximately 7:50 AM showed that juice was not served to the residents during breakfast. Interviewed on _____ at approximately 7:46 AM when asked why juice was not served to the residents Staff D stated, "We forgot, we always give them juice, there is plenty of juice in the refrigerator." Interviewed on _____ at approximately 2:34 PM the Administrator acknowledged it and stated that he would make sure the menu was always followed. Class III	A 093			
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152			

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A 152	Continued From page 9 (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 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:	A 152			

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A 152	Continued From page 10 Based on observation and interview the facility failed to provide a safe living environment that is free of hazards for six out of six sampled residents. Hazardous materials, and unfinished, uneven walking surfaces presented a safety hazard for the residents. Findings include: Observation on _____ at approximately 9:20 AM showed that _____ # _____, where Resident 3 and Resident 5 resided had a window with missing privacy blinds or coverings. Further observation showed that the interior of the room could be seen from outside. Interviewed on _____ at approximately 9:22 AM when asked about the missing blinds the Administrator stated that the blinds would be installed. Observation on _____ at approximately 9:30 AM showed construction materials and tools in a utility/laundry room that was accessible to the residents (Photographic evidence obtained) Further observation on _____ at approximately 9:32 AM showed an unfinished tile floor causing an uneven walking surface on the patio area. Further observation showed loose tiles, buckets of paint and an unraveled hose on the terrace that presented a safety hazard (Photographic evidence obtained) Further observation on _____ at approximately 9:36 AM showed that the patio area was unrestricted, and it was accessible to the residents. Interviewed on _____ at approximately 9:35	A 152		

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A 152	Continued From page 11 AM the Administrator stated that the patio area was for the resident's use. The Administrator stated that it was being renovated and the work would be completed in the next few days. Interviewed on _____ at approximately 2:34 PM when informed about the hazardous conditions the Administrator acknowledged it and stated that the _____ would be installed, and the construction area would be cleared. Class III	A 152		