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
	AL11967032	A. BUILDING: _____ B. WING _____	02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE HAVANA HHC	100 TAMIAMI CANAL ROAD MIAMI, FL 33144

(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 re-licensure survey was conducted at Little Havana HHC on . The provider had deficiencies identified at the time of survey.	A 000		
A 027 SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , , , , , , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure one out of six residents (Resident #6) who had a receive timely, adequate health care and follow up care after a with injury. Findings as follow: On at 8:55 AM observed Resident #6 had a bump on left side of her forehead and she had a around left , and upper side of left cheek right below the , , . On at 8:55 AM Resident #6 interviewed stated she while in the facility's	A 027		

AHCA Form 3020-0001

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

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A 027	Continued From page 1 Florida room when she was standing up from a chair and trying to reach the walker. She stated the . occurred days ago and her daughter took her to the hospital. A review of Resident #6's health assesssment dated . showed that the resident was diagnosed with . She had unsteady gait, poor saftety awareneess, poor grip, demenita with and forgetfulneess. The health assesssment further showed that the resident needed supervision with ambulation and assistance with bathing, . eathing, frooming and toileting. On at 10:00 AM Staff B interviewed stated Resident #6 about a week ago and hit her . She stated the facility did not call the rescue because resident's daughter who was called after the incident said she would take her mother to the doctor. On . at 11:20 AM Resident #6's daughter stated on at about 11:30 AM she was informed by the Administrator her mother had in facility and she was showing a big bump on her forehead, she said him she would take her mother to the doctor and at 6:00 PM on that day she arrived to facility and took her mother to the emergency room at a local hospital. Resident #6's daughter stated it has been her fault not to have her mother seen by the doctor again after that day. Resident #6's observation log review on stated "Resident today and hit her forehead, she was transferred to Doctors' hospital (emergency) where she was assessed and returned . to facility on the same day".	A 027		

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A 027	Continued From page 2 Review of Resident #6's hospital discharge records showed Resident #6 was admitted to the emergency department on . . . . . for closed injury and . showed resident did not have . . . . or acute intracraneal . . . . . Resident was discharged from the hospital on the same day and it was recommended to follow up with the doctor within one or two days. On . . . . . at 1:22 PM the facility administrator stated Resident #6 seemed to be well after the . on . . . . . reason why he did not call the 911 or seek immediate health assistance for her but resident's daughter was informed and she was the one who took her mother to the doctor the day of the . . The Administrator also said Resident #6 had not been reevaluated after the because her daughter was who arranged all resident's medical . . . . . and transportation. Class II	A 027		
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.	A 034		

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A 034	Continued From page 3 (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, interview and record review the facility failed to have documentation in record of the assistive device of one out of six residents (Resident #6). The facility also failed to have the policies and procedure includng the requirements and methods for assesing the physical condition of the assistive device. Findings as follow: On [redacted] at 12:15 PM Resident #6 was observed walking to the dining room using a walker. Resident was also seen at 12:50 PM walking from the dining room to the Florida room assisted by a walker. On [redacted] at 01:50 PM the Administrator stated Resident #6 walks assisted by a walker and sometimes refused to do it. He said would add documentation about the use of the walker for Resident #6 and the physical restrain policies and procedure on the records. Class III	A 034		