

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964718</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/21/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARILUCA 1</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8411 SW 21 STREET<br/>MIAMI, FL 33155</b>                                    |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 000                                                 | Initial Comments<br><br>A re-licensure survey was conducted at Mariluca 1 on ..... The provider had deficiencies at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A 000                                                                          |                                                                                                                          |                          |                                                        |
| A 030<br>SS=D                                         | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY<br>PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as<br>described in Section 429.28, F.S., or a summary<br>provided by the Long-Term Care Ombudsman<br>Program must be posted in full view in a freely<br>accessible resident area, and included in the<br>admission package provided pursuant to Rule<br>59A-36.006, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the<br>facility must have a written grievance procedure<br>for receiving and responding to resident<br>complaints and a written procedure to allow<br>residents to recommend changes to facility<br>policies and procedures. The facility must be able<br>to demonstrate that such procedure is<br>implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints<br>against a facility or facility staff must be posted in<br>full view in a common area accessible to all<br>residents. The telephone numbers are: the<br>Long-Term Care Ombudsman Program,<br>1(888)831-0404; _____, Rights Florida,<br>1(800)342-0823; the Agency Consumer Hotline<br>1(888)419-3456, and the statewide toll-free<br>telephone number of the Florida _____ Hotline,<br>1(800)96-_____ or 1(800)962-2873. The<br>telephone numbers must be posted in close<br>proximity to a telephone accessible by residents<br>and the text must be a minimum of 14-point font.<br>(d) The facility must have a written statement of | A 030                                                                          |                                                                                                                          |                          |                                                        |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 030                                                 | <p>Continued From page 1</p> <p>its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____;</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. _____ control, sanitation, and standard precautions;</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers;</li> <li>9. Assistive devices; and</li> <li>10. Physical _____.</li> </ol> <p>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.</p> <p>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> | A 030                                                                                 |                                                                                                                          |  |                                                        |

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| A 030                                                 | <p>Continued From page 2</p> <p>429.28 Resident bill of rights.-</p> <p>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:</p> <p>(a) Live in a safe and decent living environment, free from . . . . . and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.</p> <p>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.</p> <p>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.</p> <p>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.</p> <p>(g) Share a room with his or her spouse if both</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                                                 | Continued From page 3<br><br>are residents of the facility.<br>(h) Reasonable opportunity for regular exercise<br>several times a week and to be outdoors at<br>regular and frequent intervals except when<br>prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including<br>the right to independent personal decisions. No<br>religious beliefs or practices, nor any attendance<br>at religious services, shall be imposed upon any<br>resident.<br>(j) Assistance with obtaining access to adequate<br>and appropriate health care. For purposes of this<br>paragraph, the term "adequate and appropriate<br>health care" means the management of<br>medications, assistance in making . . . . .<br>for health care services, the provision of or<br>arrangement of transportation to health care<br>. . . . ., and the performance of health<br>care services in accordance with s. 429.255<br>which are consistent with established and<br>recognized standards within the community.<br>(k) At least 45 days' notice of relocation or<br>termination of residency from the facility unless,<br>for medical reasons, the resident is certified by a<br>physician to require an emergency relocation to a<br>facility providing a more skilled level of care or the<br>resident engages in a pattern of conduct that is<br>harmful or offensive to other residents. In the<br>case of a resident who has been adjudicated<br>mentally . . . . ., the guardian shall be<br>given at least 45 days' notice of a nonemergency<br>relocation or residency termination. Reasons for<br>relocation must be set forth in writing and<br>provided to the resident or the resident's legal<br>representative. The notice must state that the<br>resident may contact the State Long-Term Care<br>Ombudsman Program for assistance with<br>relocation and must include the statewide toll-free<br>telephone number of the program. In order for a | A 030                                                                                 |                                                                                                                          |  |                                                        |

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| A 030                                                 | Continued From page 4<br><br>facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.<br>(1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman | A 030                                                                                 |                                                                                                                          |                          |                                                        |

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| A 030                                                 | <p>Continued From page 5</p> <p>Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida.</p> <p>429.27 Property and personal affairs of residents.-</p> <p>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . . or . . . . under state law, managing his or her own affairs.</p> <p>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and, interview the facility failed to ensure residents are treated with consideration and respect and due recognition of personal dignity, individuality, and the need for privacy for 2 out of 6 sampled residents ( Residents #2 and #5).</p> <p>Findings as follow:</p> <p>On . . . . at 8:55 observed in . . . . # . . . , belonging to Resident #2 and #5), closet with clothes, shoes and closed cardboard boxes.</p> | A 030                                                                                 |                                                                                                                          |                          |                                                        |

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| A 030                                                 | Continued From page 6<br><br>On _____ at 8:55 AM Staff B stated the<br>clothes, shoes and boxes observed in _____ # 's<br>closet belonged to staff.<br><br>On _____ at 1:15 the Administrator stated<br>staff belongings would be removed from Resident<br>#2 and #5's closet.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 030                                                                          |                                                                                                                          |                          |                                                        |
| A 078<br>SS=D                                         | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF:<br>(a) Within 30 days after beginning employment,<br>newly hired staff must submit a written statement<br>from a health care provider documenting that the<br>individual does not have any signs or symptoms<br>of communicable _____. The examination<br>performed by the health care provider must have<br>been conducted no earlier than 6 months before<br>submission of the statement. Newly hired staff<br>does not include an employee transferring without<br>a break in service from one facility to another<br>when the facility is under the same management<br>or ownership.<br>1. Evidence of a negative _____<br>examination must be documented on an annual<br>basis. Documentation provided by the Florida<br>Department of Health or a licensed health care<br>provider certifying that there is a shortage of<br>_____ testing materials satisfies the annual<br>_____ examination requirement. An<br>individual with a positive _____ test must<br>submit a health care provider's statement that the<br>individual does not constitute a risk of _____<br>_____.<br>2. If any staff member has, or is suspected of<br>having, a communicable _____, such individual | A 078                                                                          |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARILUCA 1</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8411 SW 21 STREET<br/>MIAMI, FL 33155</b>                                    |                          |                                                        |
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| A 078                                                 | <p>Continued From page 7</p> <p>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</p> <p>(b) Staff must be qualified to perform their 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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(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.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on interview and record review the facility</p> | A 078                                                                          |                                                                                                                          |                          |                                                        |

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| A 078                                                 | <p>Continued From page 8</p> <p>failed to ensure staff are qualified to perform their assigned duties for 2 out of 3 sampled (Staff B and C).</p> <p>Findings as follow:</p> <p>On . . . . . at 9:05 AM Staff B was unable to correctly explain ( . . . ) procedure; she stated, "I stand up the resident and compress the . . ."</p> <p>On . . . . . at 9:48 AM Staff C was unable to explain the meaning of a . . . . . ( . . . ) and replied, "its something that is not in my . . . , something I cannot solve"</p> <p>Review of Staff B record showed a hired date for . . . . . Further review of the record showed Staff B had received . . . training dated . . . . .</p> <p>Review of Staff C record showed a hired date for . . . . . Further review of the record showed Staff C received the . . . training dated . . . . .</p> <p>On . . . . . at 1:30 PM the Administrator stated both staff were trained in . . . and . . . 's but they got nervous when questioned.</p> <p>Class III</p> | A 078                                                                                 |                                                                                                                          |  |                                                        |
| A 162<br>SS=D                                         | <p>59A-36.015(3) FAC Records - Resident</p> <p>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:</p> <p>(a) Resident demographic data as follows:</p> <p>1. Name,</p> <p>2. . . . .</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 162                                                                                 |                                                                                                                          |  |                                                        |

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| A 162                                                 | Continued From page 9<br><br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of<br>other health insurance<br>8. Name, address, and telephone number of next<br>of kin, legal representative, or individual<br>designated by the resident for notification in case<br>of an emergency; and,<br>9. Name, address, and telephone number of the<br>resident's health care practitioner and case<br>manager, if applicable.<br>(b) A copy of the Resident Health Assessment<br>form, AHCA Form 1823 or the health care<br>practitioner's medical examination form described<br>in Rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services,<br>therapeutic diets, _____, or<br>other services to be provided, supervised, or<br>implemented by the facility that require a health<br>care provider's order.<br>(d) Documentation of a resident's refusal of a<br>therapeutic diet pursuant to Rule 59A-36.012,<br>F.A.C., if applicable.<br>(e) The resident care record described in<br>paragraph 59A-36.007(1)(f), F.A.C.<br>(f) A _____ record that is initiated on admission.<br>Information may be taken from AHCA Form 1823<br>or the resident's health assessment. Residents<br>receiving assistance with the activities of daily<br>living must have their _____ recorded<br>semi-annually. This subsection does not apply to<br>residents who are receiving licensed hospice<br>services when such residents, their<br>representatives, or their physicians request in<br>writing that _____ not be taken.<br>(g) For facilities that will have unlicensed staff<br>assisting the resident with the self-administration | A 162                                                                          |                                                                                                                          |                          |                                                        |

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| A 162                                                 | <p>Continued From page 10</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging 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.</p> <p>(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: <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a>. 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.</p> <p>(m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> | A 162                                                                          |                                                                                                                          |                          |                                                        |

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| A 162                                                 | <p>Continued From page 11</p> <p>(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.</p> <p>(o) The resident's _____, DH Form 1896, if applicable.</p> <p>(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.</p> <p>(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 of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have an accurate Health Assessment (AHCA Form 1823) for one out of six sampled residents (Resident #2) who had a change in condition.</p> <p>Findings as follow:</p> <p>Review of Resident #2's Hospice Plan of Care dated _____ showed the resident had a _____ and right ankle _____ that were _____</p> | A 162                                                                          |                                                                                                                          |                          |                                                        |

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| A 162                                                 | <p>Continued From page 12</p> <p>cared by a Hospice nurse 3 times a week.</p> <p>Review of Resident #2's Health Assessment (Form 1823) dated _____ showed there was no documentation the resident had _____ . Further review of Resident #2 record showed no updated health assessment on file.</p> <p>On _____ at 1:15 PM the Administrator stated she would request an updated health assessment for Resident #2.</p> <p>Class III</p> | A 162                                                                                 |                                                                                                                          |  |                                                        |