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
	AL11968954	A. BUILDING: _____ B. WING _____	R 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT MIAMI	9355 SW 158TH AVE MIAMI, FL 33196

(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 revisit to a complaint investigation (complaint number 2023011699) was conducted at Residences at Miami on to . A deficiency was identified at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	{A 025}		

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
	AL11968954	A. BUILDING: _____ B. WING _____	R 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT MIAMI	9355 SW 158TH AVE MIAMI, FL 33196

(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 025}	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a general awareness of the whereabouts of one (Resident #1) of 25 sampled residents. There resident was missing for more than three(3) hours. The facility failed to maintain a written record, updated as needed, of any significant changes of Resident #1's behaviors. Findings: A review of the Adverse Incident Reporting database dated documented that resident was last seen on camera in and out of	{A 025}		

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
	AL11968954	A. BUILDING: _____ B. WING _____	R 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT MIAMI	9355 SW 158TH AVE MIAMI, FL 33196

(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 025}	Continued From page 2 the elevator at 09:48AM and was found five and a half hours later after a thorough search. Interviewed on at 10:01 AM Resident #1 when asked about being stuck on the elevator, she stated, "I was scared." Interviewed on at 12:31 PM, Staff E (Certified Nursing Assistant) stated she was working that day when the resident did not come down for lunch with the second group of residents. Staff E stated that she did not know how long the resident was missing. Staff E stated that the staff conduct rounds every two hours. Staff E stated that soon as she noticed the resident was missing she notified the supervisor. Interview on at 10:24 PM, Staff K (Registered Nurse) stated Staff E reported the resident did not come for lunch. When asked if the staff conduct rounds, Staff K said, "Yes. We do rounds every two hours. We look inside the rooms. I was looking for her." When asked how long Resident #1 was missing, Staff K stated that she could not remember. Interviewed on at 11:11 AM, Staff F (Medication Technician) was asked when did the staff notice the resident was missing, Staff F stated, "lunch time". Staff F stated that she was working that day and that she saw her (Resident #1) at 10:00 AM on the third floor when she was passing medications. Staff F stated that at around 10:05 AM the resident visited the 4th floor because she had a friend on that floor. When asked how she found out the resident was missing, Staff F stated that she learned from Staff E. Staff F stated the staff does rounds but she does not participate because she was a medication technician.	{A 025}		

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
	AL11968954	A. BUILDING: _____ B. WING _____	R 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT MIAMI	9355 SW 158TH AVE MIAMI, FL 33196

(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 025}	Continued From page 3 Interviewed on at 2:52 PM, the Manager stated that the incident with Resident #1 occurred on . The Manager stated further that the resident was stuck on the elevator for about 2 ½ hours. The manager stated, "We saw her on the camera coming out of her unit. She suffer from . A couple of days before; she was a lot. She is not at risk for elopement. We do rounds every two hours." A review of Resident #1's progress notes showed no documentation of behaviors. Interviewed on at 7:41 AM, the Maintenance Supervisor stated that the staff was looking for Resident #1 between the hours of 12 PM-1:00 PM on . The Maintenance Supervisor stated, "We started to look for her around the building. I went outside. Family members came and were looking for her. I started thinking. I checked the elevator. She was stuck between 3rd and fourth floor. Interviewed on the son of Resident #1 stated that he received a call from the facility informing him that they could not find his mother. The son stated, "I went over there. We notified the police. They came out. They searched the cameras. I ended up finding her on the camera. I located her. They were not sure where she was. The computer tech guy said that he searched the cameras, but he missed her. They said that they did a sweep twice. It was concerning to me. They do rounds. I saw her on the camera when she came out of her room at 10:25 AM, but I did not see her again. When she did not go down for lunch that was when the staff noticed she was missing. I felt that there was no structure. There	{A 025}		

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
	AL11968954	A. BUILDING: _____ B. WING _____	R 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCES AT MIAMI	9355 SW 158TH AVE MIAMI, FL 33196

(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 025}	Continued From page 4 was no one directing the staff. " Review of the The facility's policy on and elopement showed: "When consumers place their loves one in our facility, it is with our expectation that both good quality of care and a safe environment will be provided. With every resident admitted to our facility, we assume a level of risk especially if the resident has a tendency to elope and/or " " refers to straying into unsafe and/or unsecured areas for which the resident is not scheduled to be and may be harmed." Uncorrected Class III	{A 025}		