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
	AL11966178	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD FAMILY HOME INC	6851 SW 79 Terrace MIAMI, FL 33143

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to register with the clearinghouse one out of two sampled individuals that required screening. The facility also failed to update the employment status of one out of two sampled staff members within the clearinghouse that had not been employed at the facility for more than ten days (Staff B) Findings included: Observation on at approximately 12:10 PM showed that Resident 2 was sitting alone in the family room accompanied by a woman that was assisting her with eating pureed food. Interviewed on at approximately 12:12 PM the womanthat was caring for Resident 2 stated that she was not employed at the facility. She stated," No, I am just a friend of [The	CZ814		

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CZ814	Continued From page 2 Administrator] for more than nine years. I only come here to help her." Asked if she lived nearby, she stated, "No." Interviewed on at approximately 12:15 PM the Administrator stated that the individual that was caring for Resident 2 was a friend. A review of Resident 2's health assessment dated /2024 showed medical history and diagnoses of: history of , , memory , low , . Physical limitations of gait abnormality. status showed memory , and nursing requirements as needed. Special precautions showed universal precautions for . The ADL (Activities of daily living) assessment showed she needed assistance with ambulation, bathing, , eating selfcare, toileting and transferring. The Resident needed assistance with self-administration of medication. Special diet instructions were pureed diet. Interviewed on at 1:15 PM Staff B stated that she no longer worked at the facility. She stated, "I stopped working there around the beginning of this month." A review of the facility's roster in the Background Screening Clearinghouse revealed that the active employees listed were the Administrator and Staff B. Unclassified	CZ814		

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A 000	Initial Comments A complaint survey for complaint # 2024004353 and complaint #2024004401 was conducted from through at Good Family Home, Inc. Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=J	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (d) The facility must have a written statement of 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: 1. Resident responsibilities; 2. [illegible] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and [illegible]; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical [illegible]. (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. (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	A 030		

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (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: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (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. (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. (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. (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	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4 relocation and must include the statewide toll-free telephone number of the program. In order for a 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. (l) 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. (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	A 030		

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (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. (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. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide a safe living environment, free from . . . . . and neglect for three out of three sampled residents (1, 2, 3). The Administrator/Owner was observed on video appearing to physically and , ... a resident (Resident 1) The facility also had unqualified staff caring for a resident (2).	A 030		

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A 030	Continued From page 6 Findings included: 1} A review of two videos obtained from a law enforcement agency and made public by media outlets revealed that the Administrator appeared to physically and Resident 1 inside the facility's bathroom while assisting the resident with toileting. Further review of the videos showed the Administrator appeared to be yelling at Resident 1 and hit her several times in the and lower areas. Interviewed on at 12:08 PM the Administrator stated, "I am being accused of hitting a lady, [Resident 1] I tapped her like this {the Administrator demonstrated slapping her own arm lightly]". The Administrator/Owner further stated, "The housekeeper [Staff B] made a video and contacted the daughter. It happened earlier this month. On Tuesday the police came at 7:30 PM to me." Interviewed on at 1:15 PM Staff B (former caregiver) stated, "It happened about two months ago. I stopped working there in the beginning of this month. I heard the lady screaming, I thought she had I told the granddaughter and sent her the videos." Staff B also stated that the residents were not served enough food, only at lunch time, she [The Administrator] prepared it. There were no snacks and only bread with butter for supper." Staff B also stated that the Administrator would turn off the air conditioner to save electricity and it would be very hot in the facility. Staff B stated that the Administrator would leave her alone with all the Residents and at other times she would shorten her work hours. Staff B stated, "She told me that	A 030		

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A 030	Continued From page 7 there were not enough residents, and she had no money to pay me." Interviewed on at approximately 11:00 AM Resident 1 'S Granddaughter stated that Staff B had told her several times that she should get her grandmother out of the facility but would not specify the reason. Resident 1's Granddaughter also stated that she had noticed . . . . . on the Resident's arms and that the Resident had lost . . . while residing at the facility. She stated, "Because she stopped eating." Resident 1's Granddaughter stated that Staff B sent her two videos around the first week of showing the Administrator physically and verbally abusing Resident 1. Resident 1's Granddaughter stated that she contacted law enforcement and police officers met her at the facility where they the Administrator. Asked if she had ever seen the Administrator other residents at the facility, Resident 1's Granddaughter stated," I never saw her hit anybody, but she could be rough. I saw her treat a lady that had . . . . 's with hostility, she was rough with her." Interviewed on at approximately 11:49 AM Resident 1's Daughter stated, "My daughter sent me the videos and told me that she had contacted the police. I went to pick up my mother and it was very hot in there, her bed was soiled, it had not been changed and they had been reusing the disposable bed pads. I took pictures." Resident 1's Daughter stated that the Resident had lost since she was living at the facility. She stated, "She was depressed, she was not handled properly." Resident #1's Daughter stated that the Administrator insisted that she would always announce her visits to the facility. She also stated that the Administrator always tried to eavesdrop when she was visiting her mother and	A 030		

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A 030	Continued From page 8 that other family members had noticed it as well. She stated, "It was impossible to have a private conversation." Asked about the Administrator Resident 1's Daughter stated, "She was aggressive and loud with the employees." Interviewed on at approximately 1:00 PM the Home Care Nurse stated that Staff B had shown her two videos depicting the Administrator hitting Resident 1. The Home Care Nurse stated that she reported it to her supervisor. The Home Care Nurse also stated that she visited Resident 1 twice a week to care for on her right and right heel and had last seen her on . The Home Care Nurse stated that the Administrator had given her scheduled hours when she could come to the facility to care for the Resident. Asked about the Administrator the Home Health Nurse stated stated, "She was harsh with the employee." Interviewed on at approximately 2:00 PM the Home Care stated that he saw Resident 1 on for a evaluation. He stated, "I only saw her once, she never started the ." The stated that he had documented on Resident 1 that could be attributed to the Resident's advanced age. 2) Observation on at approximately 12:05 PM showed that Resident 2 was sitting alone in the family room while a female individual was feeding her pureed food. Interviewed on at approximately 12:06 PM when asked if she was an employee at the facility the individual that was caring for	A 030		

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A 030	Continued From page 9 Resident 2 stated that she was not and that she was a friend of the Administrator. She stated," No. I have been a friend of [The Administrator] for more than nine years, I only come here to help her." Asked if she lived nearby, she stated, "No, I will get a ride home later." A review of the facility roster in the Background Screening Clearinghouse revealed that the employees listed as active were the Administrator and Staff B. A review of the facility's staffing schedule for showed the Administrator and Staff B were the only employees listed on the schedule. A review of Resident 1's health assessment dated showed medical history and diagnoses of Sequelae, , 's . Physical limitation was gait abnormality. limitation was and Nursing requirements as needed. Special precautions were universal for . The ADL (Activities of daily living) assessment showed she needed assistance with bathing, , self-care and toileting, needed supervision with ambulation and transferring and was independent with eating. She needed assistance with self-administration of medication and diet instructions were no added salt, low fat/ . A review of Resident 1's progress notes dated showed," She has care on her right , and right upper by a nurse every other day." "She has a on her right , Resident's PCP has been informed, family had been notified. She is able to follow commands. She was ordered care.	A 030		

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A 030	Continued From page 10 A review of Resident 1's progress notes dated [redacted] showed, "Resident has some [redacted], she has [redacted] care 3 times a week / 2 times by nurse and 1 time by [redacted]. Resident's [redacted] are much better. Resident's PCP and family are involved in her personal care." A review of Resident 1's progress notes dated [redacted] showed, "Resident is very well nourished, and she is eating good. She has good hygiene. She continues with [redacted] care." A review of Resident 1's progress notes dated [redacted] showed, "Resident continues with [redacted] care by a nurse and [redacted] doctor, 2 times by nurse and 1 time by doctor. She is eating good. She is getting more [redacted] each day." A review of Resident 2's health assessment dated [redacted]/2024 showed medical history and diagnoses of: history of [redacted], memory [redacted], low [redacted]. Physical limitations was gait abnormality, [redacted] status showed memory [redacted] and nursing requirements as needed. Special precautions showed universal precautions for [redacted]. The ADL (Activities of daily living) assessment showed she needed assistance with ambulation, bathing, [redacted], eating selfcare, toileting and transferring. The Resident needed assistance with self-administration of medication. Special diet instructions were pureed diet. A review of Resident 3's health assessment dated [redacted] showed medical history and diagnoses of [redacted]	A 030		

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
	AL11966178	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD FAMILY HOME INC	6851 SW 79 Terrace MIAMI, FL 33143

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A 030	Continued From page 11 . No physical or sensory limitations. limitations were memory . No nursing requirements or special precautions were indicated. The ADL (Assistance with activities of daily living) assessment showed she needed assistance with bathing, , self-care and toileting, was independent with ambulation, eating and transferring. She needed assistance with self-administration of medication. Special diet instructions were no added salt and low fat/ . Class I	A 030		