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
	AL11966182	A. BUILDING: _____ B. WING _____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA MARISA II ALF INC	2930 SW 114 AVENUE MIAMI, FL 33165

(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 complaint investigation (#2024002340) was conducted at Casa Marisa II on [redacted] through [redacted]. The provider had deficiencies identified at the time of the survey.	A 000		
A 025 SS=F	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. 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 [redacted] 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 resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 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 provide adequate supervision for one out of four sampled residents (Resident # 1) that suffered a . . to her left . . . . . and had to have surgery. Findings included: A review of Agency records revealed that Resident # 1 had her arm stuck in the side bed rail on //24. The report revealed that at around 5:40 AM, she had been checked by staff on at 11:00 PM. The ambulance was called and she was transported to the hospital with a . Further review	A 025		

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A 025	Continued From page 2 indicated that, after evaluation she had a [redacted] on her [redacted]. A review of Resident # 1's health assessment completed [redacted] revealed that she had been diagnosed with Type 2 [redacted] with [redacted], Essential [redacted], Long Term use of [redacted], Covid-19, [redacted] Nodule, Toxic Nodular [redacted], Subclinical [redacted] D Deficiency, Benzodiazepine Dependence, Drug [redacted] of [redacted], Recurrent [redacted], [redacted], Pancreatic [redacted], [redacted] Dependence in [redacted] Remission. She was able to ambulate with rolling walker and was awake, alert and oriented to time, person and place. She was on [redacted] precautions. She was independent with ambulation, transferring, eating and grooming. A review of the facilty's assistive device policy revealed that the policy stated, "It is the policy of this assisted living facility to assess the physical condition of any assistive device used by a resident in order to assure that the device is safe and is not in a condition that will cause harm or injury to the resident. Any device that is broken or not in good working order will be brought to the attention of the resident or his/her responsible party to have it taken care of. On [redacted] at 7:19 AM Staff C stated, "She put her arm through the side rail and got stuck. She had a [redacted] and walked with a walker and when she wanted to walk she would just do it. She at rehab trying to get out of bed and hit her [redacted] and her [redacted], she would not wait for help. Her	A 025		

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A 025	Continued From page 3	A 025		

daughter decided to take her home from rehab to take care of her because she is an HHA (home health assistant)." at 7:30 AM she stated, "She used half bed rail, the ones that you push to put it down. I think that she was trying to get out of bed, and she leaned forward and stuck her arm on the side rail. She used to call me to get out of bed in the morning but that day she did not; it was around 5:30 or 5:40 in the morning. She used to wake up at 6:30 AM and that day she woke up earlier and did not call. My husband was already awake and as soon as he heard her, he went to the room and called 911. She had never had any problems with the side rail before." At 10:47 AM, she stated "we checked the side rail every night because I was the one putting it up and down. It was not broken. The arm got caught between the bed and the side rail. I think she put her arm in the side rail and with the other she pressed the released mechanism."

On at 11:53 AM, Resident # 1's relative stated, "She has early stage of 's, she said that at night she wanted to use the restroom and that the side rail stuck in her arm, the side rail was broken and the mattress was high, I know because I bought it. She said that she tried to stand up and the side rail stuck I her arm. The side rail was always broken, she tried to grab the side rail and stuck in her , the was broken. She had surgery at Hospital. She is and is on the early stages of 's, has and . She from her left arm. She said she at about 1 or 2 in the morning and that she was screaming and nobody came, I am not sure about the time. I am just telling you what she says. Yesterday I did a capacity test with her psychiatrist at the program and it said that she needs a lot of help."

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A 025	Continued From page 4 On . . . . . at 8:01 AM Resident # 1 stated, "I am fine, I from the bed and the side rail got stuck on my left arm, it was not broken, I was on the floor about half an hour and when I called the caretaker came and got the side rail away from me, he came as soon as I call. I did not and I had no other injury. Hit my arm and my left . I feel fine. My left arm does not stop hurting me, I am able to move it a little bit but my . is ." On /24 at 8:45 AM the Administrator stated, "She was independent with walking and transferring and would use the restroom on her own. Her problem was at night. She would get , she used diapers, but wanted to used the restroom and would not wait." At 9:26 AM, she stated, "It was not even a half bed rail, it was smaller than a half bed rail and she was able to get out of bed without assistance. We do not know why it happened. That side rail had the release mechanism on top. After what happened, we got rid of the bed, we threw it on the garbage."At 9:32 AM she stated, "She slept well, her problem was when she had to go to use the restroom, she would get desperate." A review of hospital records received on revealed that Resident # 1 had been admitted with a diagnosis of Acute of the left mid . . . diaphysis with 3.3 cm impaction and 1.7 cm lateral displacement of the fragment, ... She had a . . . . of the left arm crushed with an open . . to the left arm with 2 openings . . . . Due to the injuries, resident was deemed to require admission for work up and stabilization. On she had an ORIF (open reduction and internal fixation) of the left	A 025		

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A 025	Continued From page 5 Class II	A 025		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . . . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a completed care plan for the use of physical that specified the type of physical , the amount of hours to be used and the frequency will monitor, observe, and report to the physician any injuries, increase in agitation, signs and	A 033		

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A 033	Continued From page 6 symptoms of . , ... , or decline in mobility or function related to the use of the prescribed . . . . . within 14 days of the device being prescribed for one out of four sampled residents (Resident # 2). Findings included: During tour of the facility on . . . . . around 7:40 AM observed Resident # 2 in bed with full side rails up. A review of residents records revealed that Resident # 2 had a prescription for full side rails dated . . . . . and a previous prescription dated . Revealed that the care plan for the use of physical . . . . . was blank. A review of the health assessment completed on . . . . . revealed that she needed total assistance with her activities of daily living. On at 8:42 AM, the Administrator stated, "I do not know how I did not realize that it was not completed." Class III	A 033		