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 _____	R 05/14/2024

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 revisit to a complaint investigation (#2024002340) was conducted at Casa Marisa II on . The provider had deficiencies identified at the time of the survey.	{A 000}		
A 027 SS=D	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 interview and record review, the facility failed to arrange health care services for one of five (Resident #5) sampled residents. Findings included: A review of Resident # 5's record revealed he was admitted to the facility on . The health assessment showed that the resident was diagnosed with , type 2 of native without pectoris, unspecified prostatic hyperplasia,	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 without obstruction or . The physician indicated the resident was independent with eating and needed assistance with ambulation, bathing, , self-care, toileting, and transferring. The resident needed medication administration and care. The record did not have documentation indicating the arrangement of home health services. On at 10:10 AM, The Administrator stated that the resident received medication administration and care from his program. They came two times daily to administer medications to him. Class III	A 027		
{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	{A 033}		

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{A 033}	Continued From page 2 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 symptoms of , , or decline in mobility or function related to the use of the prescribed prior to use on the resident for one out five (Resident #5) sampled residents. Findings included: On at 9:35 AM observed Resident # 5's bed had half bed rails attached to the bed. A review of Resident #5's record revealed a prescription for half-bed rails dated . Further review of Resident #5's record revealed no documentation of a care plan for physical . On at 10:15 AM, the Administrator acknowledged there was no care plan for physical in Resident #5's record. Uncorrected Class III	{A 033}		