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
	AL11910951	A. BUILDING: _____ B. WING _____	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALMOS 23 #4 LLC	70 EAST 21ST STREET HIALEAH, FL 33010

(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 inspection, complaint number 2024005904, was conducted at Salmos #4 on . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=E	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide services in a manner that reduced the risk of transmission of	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 . . . . . for five out of five sampled residents (Resident #1, 2, 3, 4, 5). Findings: Observations revealed, at approximately 7:36AM, Staff E (caregiver) headed from the bathroom to a resident's room with gloves on while opening doors and . . . .-on assisting Resident #4 with activities of daily living. Further observation of Staff E, at approximately 12:30 AM, exposed her wearing gloves from residents' rooms to pouring water in the common area and handling cleaning products and trash with the same gloves before returning to resident care. During an interview with Staff E, at approximately 12:45PM, she stated, "I have done all my courses, and I am studying to become a CNA (Certified Nursing Assistant)" and she also added that the best way to ensure . . . . control is to "keep everything clean, wear gloves, and make sure residents are clean." A review of Staff E's employee record revealed that she had completed control training with completion dated . . . . . . Class III	A 036		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;	A 152		

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A 152	Continued From page 2 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review; the facility failed to maintain a safe and hazard free environment for five out of five sampled residents (Resident #1,2,3,4, and 5).	A 152		

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A 152	Continued From page 3 Findings: Observations revealed, at approximately 7:05AM, that the linen closet was also being used to keep cleaning supplies (bleach bottles, Fabuloso) which was accessible to residents. Further observations revealed, at approximately 7:40AM, another unlocked closet, accessible to residents and in residents' common area, with cleaning supplies (spray, dish washing soap, and air freshener). During an interview at 7:40AM with Staff B (Administrator Assistant), she stated, "The residents don't get anything out of there," when asked about the unlocked supplies in the closets. Observation revealed, at approximately 7:55AM, that there were uneven surface and holes in the cemented floor of the patio. During an interview with Resident #3 at 8:00AM, he stated, "Some other residents have tripped, never , but have tripped. This is not a safe environment for older adults." He also added that he had filed a complaint to the city and the owner about the uneven floor in the patio, but they had not done anything about it. He stated that he was afraid to . . Class III	A 152		