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
	AL11964797	A. BUILDING: _____ B. WING _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIAMI-DADE COUNTY	1150 NW 11 STREET ROAD MIAMI, FL 33136

(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 standard re-certification survey was conducted at Miami Dade County-ALF from . . . . . through . Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=D	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 and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 (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. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 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 . (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 residents reside.	A 030		

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A 030	Continued From page 2 429.28 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 provided in s. 429.27.	A 030		

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A 030	Continued From page 3	A 030		

(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 [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], 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 [illegible], 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 relocation and must include the statewide toll-free

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A 030	Continued From page 4	A 030		

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 must ensure a resident's access to a telephone to

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], 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 [illegible] or [illegible] 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 and interview the facility failed to ensure residents had access to a telephone. There was no telephone available for the residents on the 5th floor. Findings included: Observation on [illegible] at 1:00 PM revealed that a working telephone was not available on the 5th floor of the facility.	A 030		

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A 030	Continued From page 6 Interviewed on . . . . . at 2:00 PM the Administrator stated that a telephone was scheduled to be installed on the 5th floor for the residents. Class III	A 030		
A 055 SS=E	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 7 other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise	A 055		

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A 055	Continued From page 8 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that all medications were always locked. Prescription and OTC medications, including medications that required refrigeration were inside an unlocked cabinet in the resident's lobby. Syringes were also on top of the cabinet. (Photographic evidence obtained) Findings included: Observation on /1024 at 6:05 AM showed a large lobby area with recliners and a large TV. Interviewed on at 6:07 AM Staff D stated that it was a resident sitting area. Observation on at 6:09 AM showed a large file cabinet in the resident sitting area. Further observation revealed that the cabinet drawers were not locked (Photographic evidence obtained)	A 055		

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A 055	Continued From page 9 Further observation on at 6:10 AM showed prescription and over the counter medications including, , Megestrol and more were inside the unlocked file cabinet drawers (Photographic evidence obtained) Further observation on at 6:11 AM revealed syringes on top of the file cabinet (Photographic evidence obtained) Interviewed on at 10:00 AM- when asked about the unlocked medications found accessible to the residents in the lobby the Director of Nursing (Staff B) stated, "It was the home health nurse, I did not know he had them in there. I know that is my responsibility." Class III	A 055		
A 092 SS=I	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices.	A 092		

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A 092	Continued From page 10 (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, showed that the facility failed to ensure that the Food Service Director performed his duties in a safe and sanitary manner. Findings: Observation, on at approximately 6:50AM, revealed meat thawing in the sink and another type of meat was thawing on the counter and . . . . ⌄ into the meat in the sink. Further observation revealed as well as uncooked rice in an uncovered container and uncooked sausages in container with plastic film broken on one side. In an interview with the Food Service Director, he stated, "that meat is just defrosting to prepare it for lunch today", when asked about the meat in	A 092		

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A 092	Continued From page 11 the sink and meat on counter . . . . ˛ into the sink. Observation, on at approximately 6:53AM, revealed an insect (resembling a roach) on the floor next to the Staff I while he was preparing food. During an interview with the Food Service Director at 6:53AM, he stated he has roach traps and has not seen any roaches until now. Observation on . . . . . at approximately 6:54AM, revealed that the refrigerator inside the kitchen was out of order. In an interview with Food Service Director at 6:54AM, he stated that the refrigerator had broken and he was waiting for a new one to arrive; he also stated that they had been using the staff refrigerators to keep food . . . . A review of the Department of Health Food Services Report dated . . . . . showed an unsatisfactory result stating, "At the time of inspection, observed 2 live cockroaches" and "Observed , refrigerator." The report further noted, "Observed dust accumulation on the in the kitchen near the ice machine. Clean and sanitize to prevent contamination. The facility was also noted to be out of compliance in the areas of proper eating, tasting, drinking or tobacco use, and in the area of proper . . . holding temperatures. Class III	A 092		

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A 093	Continued From page 12	A 093		
A 093 SS=F	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of	A 093		

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A 093	Continued From page 13 the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.	A 093		

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	AL11964797	A. BUILDING: _____ B. WING _____	06/05/2024

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A 093	Continued From page 14 Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure meals were served at safe and palatable temperatures. The facility also failed to encourage residents to eat at the tables in the dining area. The facility also failed to ensure that a 3-day supply of non-perishable food was always on . Findings included: Observation on at 6:15 AM revealed a food storage room with cases of canned beans, 6	A 093		

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A 093	Continued From page 15 cases of beef stew, 4 cases of beef ravioli and 2 cases of fruit salad. Interviewed on at 6:20 AM the Food Service Director (Staff C) stated that the emergency food was not kept separate from the resident's daily food supply and he was not able to determine how much food was needed to sustain the residents and staff for a minimum of 72 hours in case of an emergency. Observation on at 8:00 AM showed the residents' breakfast had been served on foam containers that were placed on carts in the dining area (photographic evidence obtained) Interviewed on at 8:10 AM the Food Service Director (Staff C) stated, "Since COVID most residents are served breakfast in their room." When asked if the residents were encouraged to eat at the tables in the dining room the Food Service Director stated," They can eat here if they want, but they prefer to eat in the rooms." Observation on at 8:15 AM revealed that several breakfast containers remained on the carts while the kitchen staff prepared other containers. Further observation of the food inside the containers and the coffee cups appeared to be stale and were not at temperature (Photographic evidence obtained) Interviewed on at 8:18 AM when asked how the resident's food was kept at temperature the Food Service Director (Staff C) stated, "We have a microwave" pointing to a household type portable microwave oven.	A 093		

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A 093	Continued From page 16 (Photographic evidence obtained) Observation on . . . . . at 8:30 AM showed an uncovered tray of pureed food on a countertop in the dining room area. Interviewed on . . . . . at 8:31 AM when asked about the pureed food tray the Food Service Director (Staff C) stated, "Somebody must have left it out when they went to get something from the refrigerator" Observation on . . . . . at 8:45 AM in the kitchen area showed that chicken portions in plastic bags had been placed inside a sink. Further observation revealed the chicken bags showed fluids and were not frozen. Interviewed on . . . . . at 8:46 AM when asked about the chicken portions in the sink the cook (Staff I) stated, "It is thawing" Interviewed on . . . . . at 9:23 AM when asked about the food at the facility Resident 9 stated, "The food is not good." Interviewed on . . . . . at 9:28 AM- when asked about the food at the facility Resident 10 stated, "Not very good food, it doesn't taste good." Interviewed on at 9:40 AM when asked about the food at the facility Resident 12 stated," The food is not great; I buy my own food." Class III	A 093		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

Agency for Health Care Administration

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A 152	Continued From page 17 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 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:	A 152		

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A 152	Continued From page 18 Based on observation and interview the facility failed to provide a safe and well-maintained living environment for its residents and ensure that the dwelling and furnishings were kept in good working order. Observation on . . . . . at 6:30 AM showed several resident reclining chairs were broken with missing handles in the first-floor resident sitting area (Photographic evidence obtained) Further observation on at 6:33 AM showed a broken soap dispenser in the resident restroom. Further observation showed damaged and unpainted walls in the first-floor sitting area (Photographic evidence obtained) Observation on at 7:40 AM revealed that the laundry room door on the second floor was unlocked and the room was unattended. Bleach and laundry supplies were readily accessible to the residents (Photographic evidence obtained) Interviewed on . . . . . at 7:45 AM when it was mentioned to the Administrator that the laundry room was open and unattended he stated," OK." Observation on at 8:05 AM showed there were several missing ceiling tiles in the dining room, bathroom and residents' sitting area (Photographic evidence obtained) Observation on 06//04/2024 at 7:40 AM showed a live insect resembling a roach in the kitchen where the resident food was being prepared (Photographic evidence obtained) Interviewed on at 7:50 AM when	A 152		

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A 152	Continued From page 19 asked about the pest control service for the facility the Food Manager (Staff C) stated, "They come in every month" Interviewed on . . . . . at 7:55 AM when asked if the mice problem had been resolved the cook (Staff I) stated, "We have mice, yes, we see them. The exterminator comes once a month." Asked if mice and roach traps were used, the Food Service Director (Staff C) and the cook (Staff I) looked around and did not find any. Observation on . . . . . at 10:00 AM showed wood pallets and several large boxes on the hallway and common areas on the 4th and 5th floors (Photographic evidence obtained) Interviewed on at 2:45 PM when he was informed about the physical plant deficiencies the Administrator stated that they would be corrected. Class III	A 152		