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
	AL11953670	A. BUILDING: _____ B. WING _____	R 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DEERING RETIREMENT HOME,	9730 SW 160 STREET MIAMI, FL 33157

(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 second revisit to a biennial survey was conducted at South Deering Retirement Home on . Deficiencies were identified at the time of the survey.	{A 000}		
{A 056} SS=F	429.42(.) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication	{A 056}		

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{A 058}	Continued From page 1 practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain the services of a licensed pharmacist or a registered nurse to provide onsite consulting services due to an uncorrected Class III medication deficiency. Findings included:	{A 058}		

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{A 058}	Continued From page 2 A review of facility records revealed that during a biennial survey dated . . . . . a deficiency with assistance with self-administration of medication was identified. Further review of facility records showed that the deficiency was to be corrected by . . . . . . A review of facility records showed that during a revisit to a biennial survey dated the facility failed to correct the deficiency with assistance with self-administration of medication. Interviewed on at 8:35 AM when asked for documentation of the consulting services of a pharmacist or registered nurse the Owner stated that the facility had not . . . . . or made arrangements with a licensed pharmacist or a registered nurse to provide consulting services. She stated, "I thought that I just had to take the training again." Class III Uncorrected	{A 058}		
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.; 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	A 152		

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A 152	Continued From page 3 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, record review and interview the facility failed to provide a safe living environment maintained free of hazards and ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenance are maintained on good working order. Findings included: Observation on at 8:20 AM showed a broken linen closet bifold door in the hallway,	A 152		

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A 152	Continued From page 4 broken cabinet doors, a broken toilet paper holder and a rusty handrail in the bathroom inside resident # (Photographic evidence obtained) Observation on at 8:35 AM showed the patio area that's accessible to residents, with construction materials, roof tiles, tools, old furniture, a metal bed frame, paint cans, metal hurricane shutter panels and garden tools were strewn across the terrace, an electrical extension cord laid on the ground from the terrace to the patio shed and a plastic pond full of green water. (Photographic evidence obtained) Interviewed on at 8:45 AM, concerning the resident patio area, the Owner stated that the residents used the terrace and the patio areas. She stated, "They like to smoke here." Interviewed on at 10:30 AM, the Owner stated the physical plant concerns would be corrected. Class III	A 152		