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
	AL11969056	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINELLE WEST ALF INC	2045 NW 26 ST MIAMI, FL 33142

(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
CZ830 SS=F	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide documentation of the submission of the Comprehensive Emergency Plan (CEMP) annually to the local emergency management agency. The CEMP annual approval had expired. Findings included: A review of facility records showed that the local emergency management agency's annual approval of the Comprehensive Emergency Management Plan's (CEMP) expired on [redacted] (Photographic evidence obtained). Interviewed on [redacted] at 8:30 AM Staff B stated that the new CEMP expiration date was [redacted] and the Administrator would provide documentation from the emergency management agency. When asked for documentation that the CEMP annual renewal had been submitted to the local emergency management agency Staff B stated that the Administrator was looking for it. Interviewed on [redacted] at 10:30 AM Staff B stated that the Administrator would fax or email the documentation later. Class III	CZ830		

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A 000	Initial Comments A generator monitoring visit was conducted at Calvinelle West ALF on . Deficiencies found at the time of 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 record review and interview the facility failed to ensure that 1 out of 14 sampled residents had access to needed health care services. Resident 1 was referred to the hospital emergency department after not receiving care for a surgical and for 15 days after he was admitted to the facility. Findings included: A review of the admission and discharge log showed that Resident 1 was transferred to the facility from a long-term care center on .	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 Interviewed on at 8:15 AM Staff B stated that Resident 1 had a prior to his admission to the facility. When she was asked if the Resident was receiving care Staff B stated that it had not started yet because the home health nurse was waiting for doctor's orders. A review of Resident 1's health assessment dated showed a medical history and diagnoses of displaced Tri-malleolar of left lower , subsequent encounter for closed with routine healing, disruption of , unspecified subsequent encounter, Type 2 without complications, , unspecified. Physical and sensory limitations were the use of wheelchair and rolling walker. status showed the resident was stable, follow up for behavioral health. Nursing, treatment and requirements indicated outpatient scheduled, , assistance with self-administration of medication, nursing for medication management ( ) and care. Universal precautions were indicated, and the Resident was not identified as an elopement risk. The activities of daily living evaluation showed the Resident needed assistance with ambulation, , toileting and transferring, and supervision with bathing and self-care. Special diet instructions were regular, no added salt. The Resident needed assistance with self-administration of medication. A review of Resident 1's progress note dated showed, "[Resident 1] African American male admitted to [Facility] from [Long term care center] was awake and alert, has legal guardian, he is admitted through [Program]. The medication list was reviewed, all	A 027		

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A 027	Continued From page 2 prescriptions sent to [Pharmacy]. Resident was introduced to provider and other residents. Legal guardian to provide copy of guardianship document" Further review of Resident 1's record showed no documentation of care. A review of Resident 1's long term care center's report dated showed diagnoses of Displaced trimalleaolar of left lower . Subsequent encounter for closed with routine healing. Disruption of , unspecified subsequent encounter (Admission) Age related nuclear , . Type 2 without complications. wasting and atrophy unspecified site. Type 1 with other specified complications, , and movement . Essential , . Cutaneous of left lower of the left lower . Non-pressure of right ankle with unspecified severity. Non-pressure of left ankle with unspecified severity. Tobacco use. Long Term (Current) use of , , . A review of Resident 1's long term care center's progress notes dated showed, " male who is unhoused with PMHx (Past medical history) of (High), T1DM (Type 1), , and LLE (Left lower extremity) that had been worsening with recent hospitalization (-) who was hospitalized on for worsening LLE with exposed hardware. During previous hospitalization was on but upon discharge on he was unable to take prescribed PO . Underwent hardware removal and & (and	A 027		

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A 027	Continued From page 3 drainage) on . and surgical fixation on . . Sx (Surgical) cx showing Enterobacter cloacae and Enterobacter . . . . Post-op with Podiatry following switched to PO Atbx . External hardware D/C (Discharge) . . ." According to the National Institute of Health patients are at a higher risk of developing . . . . complications such as , , and , , significantly impacting their quality of life and ability to function. Early identification and proper management of underlying conditions are important elements to achieving timely healing and avoidance of . . . related complications. Interviewed on at 10:10 AM the home health agency's supervisor stated that Resident 1's care had not started because the agency was waiting for the medical supplies. When Staff B told her that the supplies had been at the facility since the previous week and the home health nurse had said that she was waiting for a doctor's order the home health agency supervisor stated that she would talk to the nurse to start the Resident's . . . . care immediately. Interviewed on . . . . . at 10:15 AM- Resident 1's Guardian stated that Resident 1 was referred to the hospital emergency department on because his had gotten worse. The Guardian further stated that the Administrator had said that "The was not looking good." Interviewed on at 10:35 AM- Resident 1's Guardian stated that Resident 1 was discharged from the hospital emergency room on and was now missing. She stated that Resident 1 had walked out of the emergency	A 027		

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A 027	Continued From page 4 room. Resident 1 further stated that she was not able to contact the facility. She stated, "He walked out of the ER. The Administrator has not been available. I am going to file a missing person report." Interviewed on at 1:33 PM- the long-term care center attending physician stated that Resident 1 had multiple conditions including a condition that complicated his care. He further stated that Resident 1 had surgery on for removal of hardware and skin and was seen at the Podiatry clinic on with a follow up visit indicated in 6 weeks. The long-term care center attending physician further stated that Resident 1 was evaluated in the hospital emergency department on . He stated, "Because the nurse at the ALF was concerned about of the ." Class III	A 027		
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	A 055		

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A 055	Continued From page 5 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 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	A 055		

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A 055	Continued From page 6 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 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, record review, and interview, the facility failed to keep medication locked at all times. Findings:	A 055		

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A 055	Continued From page 7 Observations on , at approximately 8:05AM, revealed a container labeled "LupinHaler" for Resident #2 had been left on the table, where Resident #4 and Resident #11 were still sitting at the table eating breakfast and no staff was around. Observations on , approximately 8:06AM, revealed that the mini refrigerator in residents' common area where is stored, had been left unlocked. In an interview with Staff A (caregiver), at approximately 8:08AM, she stated, "I always keep it locked, I just opened it for the nurse." A review in the "National Library of Medicine" on , stated that "LupinHaler" is a "capsule-based dry powder inhaler." Further review about this type of inhaler, revealed that, "Dry powder inhalers (DPIs) are widely used for the of such as , , ( ), or ." A further review showed that, "LupinHaler" is used for administering , which is used for "managing diverse conditions, including and exercise-." A review in the "MayoClinic" on , showed that, "side effects of include nervousness or shakiness, or irritation, and aches. More-serious side effects include a rapid rate, called , or feelings of or a pounding , called palpitations." Class III	A 055		