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
	AL11964967	A. BUILDING: _____ B. WING _____	R 07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A PIEDRA ALF INC	7960 SW 36 STREET MIAMI, FL 33155

(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 relicensure survey was conducted at A Piedra ALF on . . . . Deficiencies were identified at the time of the survey.	{A 000}		
{A 004} SS=F	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership	{A 004}		

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{A 004}	Continued From page 1 separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide a copy of the annual fire inspection report. Findings included: A review of facility records showed no documentation of a current annual fire inspection report. Interviewed on . . . . . at 10:40 AM the Owner stated that he did not have the Fire Department annual inspection report, but the consultant would send a copy to his cell phone.	{A 004}		

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{A 004}	Continued From page 2 Interviewed on at 11:15 AM the Owner stated that he was leaving the facility to obtain a copy of the fire inspection report. Class III	{A 004}		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 3 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate supervision and maintain awareness of the health and emotional well-being of one out of five sampled residents (Resident #1). Resident 1 exhibited increased agitation, [illegible] and aggressive behavior for an unknown amount of time without intervention. The facility also failed to maintain an updated written record of Resident 1's significant changes in condition that required medical or [illegible] attention. Findings included:	A 025		

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A 025	Continued From page 4 Observation on at 10:15 AM revealed that Resident 1 appeared notably and complained about recurrent confrontations with another resident in the facility. Interviewed on at 10:20 am Staff B stated that Resident 1 was always arguing with another resident and complaining about everything. Staff B stated that Resident 's behavior had gotten progressively worse over time. Staff B also stated that she did not know if a health care provider had been informed about Resident 1's worsening condition. Interviewed on at 10:40 AM the Owner stated that Resident 1 was difficult. When told that the Resident's last health assessment was done on and it described the Resident 's status and behavior as pleasant and the Owner stated that the Resident went to a clinic for health care. Interviewed on at 10:45 Staff D stated that Resident 1 was frequently agitated and belligerent. Staff D stated that the Resident's condition had deteriorated. Interviewed on at 10:50 AM Staff C stated that Resident 1 was loud and confrontational and frequently quarreled with another resident. Staff C stated that Resident 1 had been getting more and agitated for some time. A review of Resident 1's health assessment dated showed past medical history and diagnoses of , s/p , 20 years ago, high , unspecified , (Primary/admission) Essential	A 025		

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A 025	Continued From page 5 (Primary) , other , without acute core pulmonal , acute , failure, , major , unspecified hearing loss, post syncopal episodes. Physical limitations were hearing loss, unsteady gait. status showed AAOX3 (Alert and oriented for person, place and time) pleasant, . Nursing requirements were none. precautions were indicated, she was not an elopement risk, regular diet was indicated and she needed supervision for all ADLs (activities of daily living, ambulation, bathing, , eating, selfcare, toileting transferring) A review of Resident 1's progress notes showed: - "Resident stable. Ambulatory, same medication, sleeping well. She likes to watch TV." - "Alert, good appetite, she likes to go out during the day for a walk around the neighborhood." Further review of Resident 1's record showed no documentation of the Resident's change in condition and her confrontational interaction with other residents and staff. Class III	A 025		
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	A 027		

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A 027	Continued From page 6 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 observation, record review and interview, the facility failed to assist with the arrangement of healthcare services for one out of 5 sampled residents (Resident# 1). The facility also failed to report the Resident's worsening mental status and disruptive behavior to his healthcare provider in a timely manner. Findings included: Observation on at 10:15 AM revealed that Resident 1 appeared visibly , , , , , , and complained about recurrent confrontations with another resident in the facility. Interviewed on , , , , , , , , at 10:20 am Staff B stated that Resident 1's behavior had gotten progressively worse, but she did not know if a health care provider had been informed about the Resident's worsening condition. Interviewed on , , , , , , , at 10:40 AM when asked if Resident 1's health care provider had been notified about the Resident's increased , , agitation and aggressive behavior after her last health assessment of , , 2023 that described her as pleasant and , , the	A 027		

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A 027	Continued From page 7 Owner stated that Resident 1 went to a clinic for health care services. Interviewed on at 10:45 Staff D stated that Resident 1 was more agitated and belligerent, and her condition had deteriorated. When asked why the doctor had not been notified about the Resident's change in condition Staff D stated that he did not know. Interviewed on at 10:50 AM Staff C stated that Resident 1 was loud and confrontational and frequently quarreled with another resident. Staff C stated that Resident 1 had become more and agitated. A review of Resident 1's health assessment dated showed past medical history and diagnoses of s/p , 20 years ago, high , unspecified , (Primary/admission) Essential (Primary) , other , without acute core pulmonal , acute , failure, , major , unspecified hearing loss, post syncopal episodes. Physical limitations were hearing loss, unsteady gait. status showed AAOX3 (Alert and oriented for person, place and time) pleasant, , . Nursing requirements were none. precautions were indicated, she was not an elopement risk, regular diet was indicated and needed supervision for all ADLs (activities of daily living, ambulation, bathing, , eating, selfcare, toileting transferring) A review of Resident 1's progress notes showed: - "Resident stable. Ambulatory, same	A 027		

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A 027	Continued From page 8 medication, sleeping well. She likes to watch TV." . . . . . - "Alert, good appetite, she likes to go out during the day for a walk around the neighborhood." Further review of Resident 1's record showed no documentation that a health care or mental health care provider had been notified about the Resident's deteriorating condition and aggressive interaction with other residents and staff Class III	A 027		
A 080 SS=F	429.52(.) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting . . . , neglect, and , ... (c) Special needs of elderly persons, persons with mental illness, and persons with . . . , . . .	A 080		

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A 080	Continued From page 9 . . . . . and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with . . . 's . . . . . and related . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to . , . . . , and managers who attended the core training program prior to , . . . , . . . , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics	A 080		

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A 080	Continued From page 10 related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on record review and interview the Administrator failed to complete the required 12 hours of continuing education training every 2 years. The administrator was required to retake the CORE Assisted Living Facility training and examination. Findings included: A review of the facility roster in the background screening database showed the Administrator was hired on [redacted]. A review of facility records showed the Administrator successfully completed the CORE competency test on [redacted]. Further review revealed that the Administrator last completed the	A 080		

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A 080	Continued From page 11 required 12 hours of CORE continuing education training on . Further review showed no documentation of the Administrator's new CORE training and examination. Interviewed on at 10:45 AM the Owner stated that he did not have documentation of the Administrator retaking the CORE training course and successfully completing the CORE examination. On at 11:00 AM the Owner stated that he was leaving the facility to look for documentation of the Administrator's CORE training and successful examination. Class III	A 080		