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
	AL11966654	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN LIFE ADULT CARE CENTER INC	8849 NW 169 TERRACE MIAMI LAKES, FL 33018

(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 re-licensure biennial survey and a generator monitoring were conducted at American Life Adult Care Center, Inc. on . The provider had deficiencies identified at the time of the survey.	A 000		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a written care plan for the use of the physical .	A 033		

AHCA Form 3020-0001

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

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A 033	Continued From page 1 developed within 14 days of the device being prescribed, and prior to use on the resident for two out of five sampled residents that had full side bedrails (Resident #1 and Resident #3). Findings included: On at 10:03 AM, observation showed Resident #1 lying in bed with full side bed rails in the upright position. A review of Resident #1's record showed a prescription order for full side bed rails dated . The resident was under hospice care since . On at 10:04 AM, observation showed Resident #3 lying in bed with full side bed rails in the upright position. A review of Resident #3's record showed a prescription order for full side bed rails dated . The resident was under hospice care since . Further review showed no documentation of a completed care plan for the use of physical for Resident #1 and Resident #3. On at 2:04 PM, the Administrator stated that she would get a care plan for the residents. Class III	A 033		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES.	A 036		

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A 036	Continued From page 2 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 reduces the risk of transmission of for one out of five sampled residents (Resident #4). Findings included: On at 1:00 PM, observation showed Staff C (caregiver) assisted Resident #4 with self-administration of medication. Staff C pushed the medication (Mapap 650 mg tablet) out of the package into a small disposable cup.	A 036		

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A 036	Continued From page 3 Then, while she was walking toward Resident #4, who was seated on a chair in the living room, the cup dropped, and the medication on the floor. Further observation showed that Staff C picked-up the pill, put it into the cup and handed to the resident who took the medication. On at 1:04 PM, Staff C stated that it was the first time that a medication , it was probably because she was nervous. Personnels record review showed that Staff C completed a 6-hour initial training for assistance with the self-administration of medication on and 1-hour training on control on . Class III	A 036		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The	A 052		

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A 052	Continued From page 4 resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . . . . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a . . . . , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, ... , converting, or ˬ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a ˬ of the body. (d) Administration of , ... preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or ˬ preparations.	A 052		

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A 052	Continued From page 5 (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and	A 052		

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A 052	Continued From page 6 make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.	A 052		

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A 052	Continued From page 7 (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the procedures outlined by the State when assisting residents with self-administration of medication and to confirm in the presence of one out of five sampled residents (Resident #4) that the medication was intended for her and orally advising the resident of the medication name and dosage. Finding included: On at 12:00 PM, observation showed Staff C (caregiver) assisted Resident #4 with self-administration of medication. Further observation showed that Staff C unlocked the medication cabinet and on the dining table she pushed the medications (. . . Dr 6,000 units capsule and ,, , (4 mg tablet) out of the package into her gloved , then transferred them to a small disposable cup. Staff C walked toward Resident #4, who was seated on a chair in the living room, handed the cup to the resident without advising of the dose and said, "Here you are." Review of Resident #4's records show no documentation that the resident had signed a written waiver to opt out of being orally advised of the medication name and dosage. Personnel record review showed that Staff C completed a 6-hour initial training for assistance	A 052		

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A 052	Continued From page 8 with the self-administration of medication on . On at 1:57 PM, the Administrator stated that Staff C knew that she should not touch the pills and must advise of the medications to the residents. Class III	A 052		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the	A 053		

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A 053	Continued From page 9 test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that only staff members licensed to administer medications, administered medications to two out of five sampled residents (Resident #1 and Resident #3). Findings included: On [redacted] at 10:20 AM, during an interview with a registered nurse from hospice, she informed that Resident #1 and Resident #3 were under hospice care. However, hospice was not providing medication services, and the residents were able to take the medication with assistance. On [redacted] at 12:06 PM, observation showed Staff C (caregiver/unlicensed staff) crushed the medication ([redacted], [redacted], 10/100 mg tab) and mixed it with yogurt. Then, Staff C fed the mix to Resident #3 and placed into the resident's [redacted]. Further observation showed that the medication [redacted], [redacted], was a tablet, not a time-release capsule. A review of WebMD, regarding crushing the medication [redacted], [redacted], "Do not crush	A 053		

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A 053	Continued From page 10 or chew this medication. Doing so can release all of the drug at once, increasing the risk of side effects." A review of Resident #1's record showed a prescription order for 'crush medication' dated . . . . . and for Resident #3 dated , however there was no documentation of medication administration services being given by licensed health care personnel. On . . . . . at 12:08 PM, Staff C stated that she always would mix the crushed medications into pureed food. Then, would give it to Resident #1 and Resident #3 because they could not eat by themselves. A review of the personnel records found no documentation that Staff C was a licensed health care provider. On . . . . . at 1:57 PM, the Administrator stated that Staff C knew that she should not administered medications. Class III	A 053		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number,	A 162		

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A 162	Continued From page 11 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.	A 162		

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A 162	Continued From page 12 (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.	A 162		

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A 162	Continued From page 13 (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have an accurate and updated health assessment after a change in condition for one out of five sampled residents (Resident #3). Also, the facility failed to maintain documentation of the . . . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney (POA) for one out of five sampled residents (Resident #1). Findings included: 1) On at 10:04 AM, observation showed Resident #3 lying in bed with full side bed rails in	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966654	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN LIFE ADULT CARE CENTER INC	8849 NW 169 TERRACE MIAMI LAKES, FL 33018

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A 162	Continued From page 14 the upright position. A review of Resident #3's record showed the resident was under hospice care since . . . . . Further review showed a physician order for crushed medication and pureed diet dated . . . . . . A review of Resident #3's health assessment completed showed medical history and diagnoses of dyslipidemia, , , , , , , , ( ), , ( ), atherosclerotic . . . . . (ASHD), dependent . . ( ), and . . . . . 's . . . . . The resident needed assistance with all activities of daily living (ADLs): ambulation, bathing, . . . , eating, self-care (grooming), toileting, transferring and with self-administration of medication. Also, the assessment showed the resident had a regular diet. The health assessment did not indicate that resident was under hospice care, needed a pureed diet or crushed medications. On . . . . . at 2:06 PM, the Administrator stated that she thought she had requested a new health assessment when Resident #3 was placed in hospice, but she would get one. 2) A review of Resident #1's record revealed that the contract and admission package was signed by the resident's daughter on . . . . . . Further review showed no documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a POA for Resident #1. On at 2:04 PM, the Administrator	A 162		

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
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A 162	Continued From page 15 stated that Resident #1's daughter had a healthcare surrogate document, but it might be misplaced. Class III	A 162		