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
	AL11969622	A. BUILDING: _____ B. WING _____	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALMO 23 III LLC	808 WEST 1 AVENUE HIALEAH, FL 33010

(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 complaint investigation survey was conducted at Salmo 23 III LLC. from through . Deficiencies were identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A _____, ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on Interview and Record review, the Facility failed to update the Health assessment of one out of nine sampled residents. The diagnoses for Resident #2 was not updated in the AHCA form 1823 . Findings: During Interview with Staff C on at 9:25 AM, stated that Resident #2 was seen by an Orthopedist who addressed her ◡ concern. During a telephone Interview with Resident #2's son on at 9:30AM, he stated that he was aware that his mother, Resident #2 , had been seen by a doctor about her ◡ problem. Record review revealed a referral dated from Resident #2's Primary Care Physician, notes diagnoses of Generalized and Multiple ◡ pains. The latest AHCA form1823 found in Resident #2's record, dated , did not include these diagnoses., Class III	A 010		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, ◡, and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving	A 031		

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A 031	Continued From page 5 services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be	A 031		

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A 031	Continued From page 6 documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on Interview and Record Review, the facility failed to ensure that services provided to residents were documented on one out of nine sampled residents. Resident #2's record lacked written information in the Progress Record. Findings: On Observation, on at 9:25AM, Staff C presented two individual loose , , cards from her office with scheduled , . dated and and a referral prescription to a Control , , dated . There was no documentation in Resident #2's progress record regarding the , . or the referral. During an interview with Resident #2 on at 6:40AM, stated that she had not been able to walk well for about a week. She	A 031		

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A 031	Continued From page 7 stated that she drags her ⌄ when she walks. She stated that she told the staff and was told to wait for the Facility's doctor to come. During an interview on at 9:25 AM, Staff C stated that Resident #2 was seen by an Orthopedist who addressed her ⌄ concern. Staff C stated that she would update Resident #2's Progress Record with this information. During a telephone Interview on at 9:30AM with Resident #2's son, he stated that he was aware that his mother, Resident #2 , had been seen by a doctor about her ⌄ problem. The doctor decided not to provide his mother a ⌄ injection treatment because she also had problems. On record review, A referral dated from Resident #2's Primary Care Physician, notes diagnoses of Generalized and Multiple , pains. The latest AHCA form1823 found in Resident #2's record, dated , did not include these diagnoses. Class III	A 031		
A 152 SS=I	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.	A 152		

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A 152	Continued From page 8 (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: Based on observation, interview and record review, the facility failed to provide a safe living environment that was free of hazards. A defective floor surface in a common resident area had not been repaired 21 days after a Resident tripped and on the defective floor and sustained a that required hospitalization and surgery. Findings included:	A 152		

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A 152	Continued From page 9 Observation on at 7:05 AM showed that Resident 1 had a bandage on her right Interviewed on at 7:05 AM Resident 1 stated, "I am independent, but I had a terrible here in the patio, I my and had to have surgery because I tripped on that brick there that is lifted. I tripped with my sandals" Observation showed that Resident 1 pointed to a displaced, protruding paver brick on a patio floor walkway adjacent to the Resident's room and the dining room. Observation on at 7:10 AM revealed that the brick-paved patio floor presented an uneven walking surface, caused by a protruding paver brick on a water drain channel (Photographic evidence obtained) Further observation showed that the defective flooring area was on a main walkway adjacent to a row of resident rooms, the dining room and a resident sitting area (Photographic evidence obtained) Observations on from 6:30 AM through 12:30 PM showed that restrictions had not been placed around the defective floor area of the patio and residents were ambulating freely on and around the location. Further observation revealed that there were no signs warning residents about the hazardous condition of the patio floor (Photographic evidence obtained) A review of the facility's admission record showed a census of 80 residents. Interviewed on at 7:20 AM the Administrator stated that the defect on the patio	A 152		

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A 152	Continued From page 10	A 152		

floor had been reported for repairs after Resident 1 tripped and but it had not been repaired yet. When asked for facility maintenance or repair records the Administrator stated that there was no documentation because the repair order was made verbally. The Administrator stated, "Yes, the pavers were reported to maintenance when she but they have not fix it yet. It was reported verbally, not in writing"

A review of the facility's Prevention Policy showed, "Remove all items in the resident's room and throughout the facility that could cause the resident to or have any form of accident" (Photographic evidence obtained)

A review of Resident 1's health assessment dated showed diagnoses of , on multiple joints, , D deficiency, , , High , , , , Old , , , , , , ,

The activities of daily living (ADL) showed the Resident was independent for all ADLs. The Resident needed a wheeled walker to ambulate.

A review of AIRS (Incident Reporting System) showed, "On , at 7:19 AM, [Resident 1] exited her room in Building 2 of the ALF to go to the dining room for breakfast. While walking independently, she tripped over her own , lost her balance, and to the ground, hitting the right side of her at the cheekbone level and her right . Caregiver [Staff E] immediately assisted her. Upon assessment, [Staff E] observed slight redness on the right cheekbone and in the right . The resident [Resident 1], complained of , and an inability to move her right arm. The Supervisor [Staff B], who was nearby, immediately went to

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A 152	Continued From page 11 assist the resident and promptly contacted emergency services at 7:21 AM, following the operator's instructions until rescue personnel arrived at the facility. Rescue personnel arrived at 7:30 AM and, after assessing the resident, determined that she should be transferred to the hospital for further evaluation and treatment. An ambulance was called, and the resident, who remained stable, , and oriented throughout the incident, was transferred to [Hospital] at approximately 8:05 AM. Resident 1 ambulates and transfers independently. [Resident's health clinic] was notified" Further review of the incident report showed that Resident 1 was diagnosed with a displaced of the right and underwent surgery on . Further review showed the Resident was discharged from the hospital on and returned to the facility in stable condition. A review of Resident 1's hospital records dated revealed that Resident 1 arrived at the emergency department from an ALF home after she (a mechanical) and injured the right . Further hospital record review revealed an assessment of displaced of Oleacron process with extension of right . Further review showed the Resident was admitted to the medical floor and an Orthopedic consultation was ordered. Further review of Resident 1's hospital record revealed an Orthopedic , note dated showing a , diagnosis of of Oleacron (Right) and an open treatment of Oleacron with plate and screws fixation (Right).	A 152		

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A 152	Continued From page 12 According to Travelers Insurance Risk Control," Slips, trips and have the potential of being a major cause of injury. There is a common misconception that slips, trips and 'just happen' and there is little that can be done to prevent them. Some hazards associated with slip, trip and injuries include slippery surfaces, holes or broken surfaces and uneven walking surfaces." Interviewed on at 12:41 PM the Administrator stated that the patio floor had been repaired by removing and replacing the pavers around the draining channel and leveling the surface. Class II	A 152		