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
	AL11968250	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINELLE SOUTH ASSISTED LIVING FACILITY INC	1750 NW 41 STREET 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
A 000	Initial Comments A monitoring survey was conducted at Calvinelle South Assisted Living Facility from through . The provider had deficiencies at the time of the survey.	A 000		
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 , 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) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 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 observation, record review, and interview, the facility failed to maintain a written record, updated as needed, of any significant changes for Residents #2 who was hospitalized. Findings: Observation on at 11:09 AM Resident #2 was not at the facility. Interviewed on at 11:09 AM Staff B (Caregiver) stated that Resident #2 was hospitalized for his . Interviewed on at 12:00 PM the	A 025		

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A 025	Continued From page 2 Administrator stated that Resident #2 was hospitalized and will not return. When informed that there was no documentation of hospitalization, the Administrator did not comment. A review of Resident #2's progress notes showed no documentation of his hospitalization including the location of hospital and date of hospitalization. Interviewed on at 2:38 PM the Administrator acknowledged that the hospitalization was not documented. 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 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 famlly 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 arrange for the provision of needed health care services for 1 out of 10 sampled	A 027		

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A 027	Continued From page 3 residents (Resident 1) The facility failed to arrange for ⌄ monitoring twice a day by a home health agency. Findings included: Interviewed on at 11:35 PM Resident 1 stated that a nurse came once a day, at different times in the afternoon to check his ⌄ level and to administer his . He stated, "The nurse comes in the afternoon, at different times. Only once a day" A review of Resident 1's record revealed orders for ⌄ monitoring twice a day, at 8 am and 5 PM and administration once a day. Further review of the MOR (Medication observation record) showed no documentation of Resident 1's ⌄ level monitoring. Interviewed on at 1:20 PM when asked why Resident 1's ⌄ level was not monitored at 8 AM and 5 PM every day the Administrator stated that Resident monitored his own ⌄ level. The Administrator stated, "He [Resident 1] checks it himself" A review of Resident 1's record showed orders for ⌄ monitoring and administration by a nurse. A review of Resident' health assessment dated showed diagnoses of dependent and status showed the Resident was alert and oriented to time, place, person and event. Nursing requirements showed an agency nurse to check ⌄ levels and administer .	A 027		

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A 027	Continued From page 4 Interviewed on at 11:53 PM the home health agency Director of Nursing stated that an agency nurse administered and monitored Resident 1's ˬ level once a day in the evening. The Home Health Director of Nursing further stated that she had told the Administrator that ˬ monitoring twice a day was not covered by insurance. Interviewed on at 1:20 PM when he was informed that Resident 1 had orders for ˬ monitoring by an agency nurse every day at 8:00 AM and at 5:00 PM, and the Resident had stated that his ˬ was only monitored when the nurse came to administer his the Administrator did not respond. Class III	A 027		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539	A 079		

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A 079	Continued From page 5 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and . , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff	A 079		

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A 079	Continued From page 6 member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately	A 079		

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A 079	Continued From page 7 when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing	A 079		

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A 079	Continued From page 8 home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility with mental health license failed to ensure adequate staffing was available to meet the scheduled and unscheduled needs of seven #1, # 3, #4, #5, #6, #7, #8) out of 10 sampled residents. Findings: Observation on at 11:09 AM found five residents outside including Resident #4 seated in a wheelchair and Resident #3 used a walker with only Staff B (Caregiver) on duty. A review of Resident #3's health assessment with a completion date of showed the activies of daily living was independent with ambulation, , eating, self-care, toileting, transferring and supervision with bathing. However, resident used a walker. A review of Resident #4's health assessment dated showed the activities of dailiy living was needed supervision with ambulation, bathing, self-care, , eating, toileting and transferring. A review of Resident #5's health assessment dated showed the activities of daily living was independent with ambulation, bathing, , eating, toileting, transferring, but	A 079		

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A 079	Continued From page 9 needed assistance with self-care. A review of Resident #1's health assessment dated showed a diagnosis of type II . The activities of daily living showed independent with ambulation, bathing, , eating, toileting, self-care and transferring. A review of Resident #6's health assessmentdated showed the activities of daily living was independent with ambulation, bathing, , eating, toileting, transferring and supervision with self-care. A review of Resident #8's health assessment dated showed the activities of dailiy living was independent with ambulation, bathing, , eating, toileting, transferring and supervision with self-care. A review of the posted scheduled showed Staff B and Staff C (Caregivers) scheduled. Interviewed on at 11:09 AM Staff B stated that Staff C went to the store. Interviewed on at 2:38 PM the Administrator acknowledged that one employee was on duty. Class III	A 079		
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. ,	A 162		

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A 162	Continued From page 10 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 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	A 162		

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A 162	Continued From page 11 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. (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.	A 162		

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A 162	Continued From page 12 (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. (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, record review and interview, the facility failed to maintain an accurate and updated health assessments for three (#1, #3, #4) out of 10 sampled residents. Findings: Observation on at 11:09 AM found Resident #3 with a walker and Resident #4 seated in a wheelchair.	A 162		

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A 162	Continued From page 13 A review of Resident #3's health assessment dated showed the activities of daily living was independent with ambulation, , eating, self-care, toileting, transferring and supervision with bathing. However, resident used a walker. A review of Resident #4's health assessmentdated dated showed the activities of daily living was supervision with ambulation, bathing, self-care, , eating, toileting and transferring. However, resident was found in a wheelchair. Interviewed on at 12:00 PM the Administrator stated that Resident #1 checked his own . A review of Resident #1's health assessment with a completion date of showed a diagnosis of type II . The activities of daily living showed independent with ambulation, bathing, , eating, toileting, self-care and transferring. The resident needed assistance with self-administration of medications. The nursing requirements showed a skilled nurse was to levels and perform administration. Interviewed on at 2:38 PM the Administrator acknowledged that the health assessments were inaccurate and not updated. Class III	A 162		