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
	AL11966930	A. BUILDING: _____ B. WING _____	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIA'S HOME CARE, INC	5600 SW 7 STREET CORAL GABLES, FL 33134

(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 with generator monitoring survey was conducted at Elia's Home Care on . Deficiencies were identified at the time of the survey.	A 000		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure one out three sampled staff (Staff C) had completed a one- time education course on / , (/). Findings Included: A review of Staff C's personnel records showed that there was no documentation indicating completion of the required / training. Interviewed on at 9:12 AM regarding Staff C's missing training documentation. the Administrator stated, "Let me check," and was observed reviewing information on her phone and printing the documentation.	A 082		

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A 082	Continued From page 1 Class III	A 082		
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, 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 ˬ record that is initiated on admission. Information may be taken from AHCA Form 1823	A 162		

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A 162	Continued From page 2 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. (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	A 162		

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A 162	Continued From page 3 =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. (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 interview and record review the facility	A 162		

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A 162	Continued From page 4 failed to maintain an accurate and up to date health assessment for one out of three resident sampled (Resident #2). Additionally, the facility failed to document an incident involving Resident #1 in which the resident was transported to the hospital. Findings Included: 1) A review of the facility's database showed that Resident #1 sustained a on and was transported to the hospital for evaluation of a possible . A review of Resident 1's home health records showed that the resident had a of the shaft of the left . The records also indicated that the resident was receiving care and administration. Further review of Resident 1's record showed a health assessment dated . The assessment listed medical diagnoses of , , , , type 2, and . The physical and sensory limitations section showed gait, balance, coordination, and activities of daily living (ADLs). The and behavioral section showed that the resident was alert and oriented times four. The nursing treatment and services section showed that the resident was receiving , , ( ) and , , ( ). The special precautions section showed universal precautions. Resident #1 required assistance with all activities of daily living and required assistance with medication administration. Section C documented that the resident did not have , , , or , at the time of the assessment.	A 162		

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A 162	Continued From page 5 During the exit conference on at 12:00 pm the Owner stated that Resident 1's was not considered a change in condition and, therefore, a new health assessment was not completed. 2) A review of the database showed that Resident #2 had sustained a on and was transported to the hospital for further evaluation. A review of Resident 2's record showed that there was no documentation of the or incident that occurred on . Interviewed on at 10:42 AM the Administrator stated, "I don't see any notes as well. I don't know what happened to the note because we document everything." Class III	A 162		