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
	AL11966763	A. BUILDING: _____ B. WING _____	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MACHIN 1 ALF INC	18111 SW 143 COURT MIAMI, FL 33177

(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 survey was conducted at Machin 1 ALF INC on . Deficiencies were identified at the time of survey.survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to accurately document medication assistance in the Medication Observation Records (MOR) for one out of six sampled residents (Resident# 3). Findings included: Observation on at 6:30am Staff C signed the MOR before giving Resident # 3 medications. A review of the MOR showed that , 650 milligram every 8 hours; , 40 milligram once daily; and , 25 microgram once daily were signed. During an interview on at 11:20am the Administrator stated that Staff C must have been nervous, because she knew what the procedure was. Class III	A 054		
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	A 079		

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A 079	Continued From page 2 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 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	A 079		

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A 079	Continued From page 3 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 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	A 079		

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A 079	Continued From page 4 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 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	A 079		

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A 079	Continued From page 5 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 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 interviews, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Findings included: Observation on at 6:15am showed that there were two staff at the facility Staff B and C. A review of the posted staff schedule showed that on Staff B was scheduled to be off; Staff C shift ended at 7:00pm, and Staff D shift began on 7:00pm. A review of the posted staff schedule showed that on Staff B shift began at 8:00am; Staff C shift began at 7:00am, and Staff D shift ended at 7:00am. During an interview on at 10:07am Staff B stated that she was at the facility last night with Staff C, but that Staff D left earlier but could not recall when.	A 079		

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A 079	Continued From page 6 During an interview on at 10:25am Staff C stated that Staff D was at the facility but left earlier because she was there, when asked about who was working with her last night. Staff C further stated that she sleeps at the facility sometimes because she had difficulty getting transportation. Staff C stated that she was working and attending to the residents last night, when asked if she was assisting the resident during the time that she was here. Class III	A 079		
A 152 SS=D	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. (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,	A 152		

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A 152	Continued From page 7 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 and interview, the facility failed to provide a safe living environment, free of hazards to the residents. Findings included: Observation on at 6:15am showed that in the staff area there were three closets. Two of the three closest had their keys left in the locking mechanism. In one of the two closets with the keys left in the locking mechanism there were hazardous chemicals like floor cleaning, bleach and ammonia products. Observation on at 6:15am showed Resident # 6 walking around the facility without supervision. Observation on at 10:00am showed that Resident # 3 was independently walking around the facility. During an interview on at 11:20am the Administrator stated that staff must have left the	A 152		

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A 152	Continued From page 8 key there inadvertently. Class III	A 152		
A 182 SS=E	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that three out of four sampled staff (Administrator, Staff B and C) were able to implement the emergency management plan. Finding included: During an interview on at 6:15am Staff C stated that there were six (6) residents at the facility. She further stated that three (3) (Resident #1, 2 and 3) of the six (6) residents were under hospice care and bedridden. During an interview on at 10:07am Staff B stated that she did not know how much fuel was available to run the generator in the event of a power outage. During an interview on at 10:25am Staff C stated that she did not know how much	A 182		

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A 182	Continued From page 9 fuel was available but that it was enough. When asked about the cooled spaces, Staff C stated that # was the cooled space and that all the residents would sleep there, she further stated that there was an air conditioning unit in that room. During an interview on at 10:40am the Administrator stated that # can be used as a cooled space because there was a mini-split air-conditioning unit in that room. The Administrator was not sure where the transfer switch was to power the Mini-Split unit, when asked how the generator would be connected to the unit. The Administrator also stated that the living room was also a cooled space because of the portable spot cooler and fans. When asked if the generator would have sufficient power for the mini-split air-conditioning, she said it should be able. The Administrator further stated that she had not connected it herself. A review of the facility emergency environmental control plan (EEP) dated showed that the generator will power the spot cooler and fans in the living room. During an interview on at 10:55am the Administrator stated the EEP dated plan was the most recent plan. Class III	A 182		