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
	AL11967860	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIAMI COMFORT COVE, INC	3511 N W 11 COURT MIAMI, FL 33127

(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 follow-up to a monitoring survey was conducted at Miami Comfort Cove, Inc. on , 2012 with Limited Nursing Services (LNS) component. At the time of the survey, A-0080, A-0081 and A-Z815 were corrected. However, the following deficiencies were found uncorrected: A-0078 and A-0161.	{A 000}		
{A 078} SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations	{A 078}		

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{A 078}	Continued From page 1	{A 078}		

to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview the facility failed to provide proper documentation of freedom from communicable including for 5 out of 6 (staff #1, staff #3, staff #4, staff #5, and staff #6) staff members on annual basis.

Findings include:

Observations made on at approximately 11:38 AM found staff #1 providing direct care for residents in assisting resident #5 with ambulation. Observations made on at approximately 12:00 PM found staff #3 and staff #4 providing direct care for residents in serving and assisting with feeding of lunch. Observations made on at approximately 12:05 PM found staff #6 providing direct care for residents in assisting with

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{A 078}	Continued From page 2 self-administration of medications. Record review of staff #1 whose application was dated contained documentation and proof of freedom from communicable including dated which expired on . Record review of staff #3 whose application was dated contained documentation and proof of freedom from communicable including dated which expired on . Record review of staff #4 (hired date unknown) contained no documentation and proof of freedom from communicable including . Record review of staff #5 whose application was dated contained no documentation and proof of freedom from communicable including Record review of staff #6 whose application was dated contained documentation and proof of freedom from communicable including dated which expired on . In an interview with the administrator on at approximately 1:15 PM, he stated all staff members had previously received proof of freedom from communicable including and did not know why some went missing from their respective files. He also stated he did not know that proof of freedom from communicable including had to be completed on an annual basis. Uncorrected Deficiency. Class III	{A 078}		
{A 161} SS=D	58A-5.024(2) FAC Records - Staff	{A 161}		

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{A 161}	Continued From page 3 (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.	{A 161}		

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{A 161}	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure that each staff member's personnel record contains a copy of the original employment application with references for 5 out of 6 (staff #1, staff #2, staff #3, staff #4, and staff #5) staff members. Findings include: Record review of staff #1 files whose application was dated failed to include references on his application. Record review of staff #2 files whose application was dated failed to include references on her application upon initial review. However, after this was pointed out to the administrator, one reference later appeared on her application. Record review of staff #3 files whose application was dated failed to include references on her application. Record review of staff #4 files contained no documentation of an employment application with references in her personnel file. Record review of staff #5 files whose application was dated failed to include references on her application. Interview with administrator on at approximately 1:25 PM confirmed the findings and stated his staff is all family and from Cuba and they do not have references to put down. Uncorrected Deficiency. Class III	{A 161}		

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967860	A. Building B. Wing	6/14/2012

Name of Facility	Street Address, City, State, Zip Code
MIAMI COMFORT COVE, INC	3511 N W 11 COURT MIAMI, FL 33127

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0080 Reg. # 58A-5.0191(1) FAC LSC		ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC		ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967860	A. Building B. Wing	6/14/2012

Name of Facility	Street Address, City, State, Zip Code
MIAMI COMFORT COVE, INC	3511 N W 11 COURT MIAMI, FL 33127

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0080 Reg. # 58A-5.0191(1) FAC LSC	06/14/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC		ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: N. Juber for M. Forrester	Date: 6/28/2012
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 3/27/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Miami Comfort Cove, Inc
3511 N W 11 Court
Miami, FL 33127

Dear Administrator:

This letter reports the findings of a Monitoring/MPI Project revisits survey conducted on , 2012by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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