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 |
|---|---|---|---|
| | AL11964219 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EMANUEL RESIDENCE ACLF | 343 W 44TH STREET HIALEAH, FL 33012 |

| (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 |
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| A 000 | Initial Comments<br><br>A Complaint (2012005826) Investigation Survey was completed at Emanuel Residence ACLF with Limited Nursing Services (LNS) and Limited Mental Health (LMH) components on .<br><br>Complaint allegations:<br>Facility failure to follow a posted menu; Failure to provide a palatable amount of nutritious meals with a variety of foods; Failure to store emergency foods as required by statutes.<br>Facility failure to assess for changes in condition.<br>Facility failure to prevent weight loss;<br>Facility alleged to admit and retain a resident without the ability to meet their needs.<br>Facility failure to chart resident weights as required by statutes<br><br>There were deficiencies identified at the time of survey. | A 000 | | |
| A 008 SS=D | 58A-5.0181(2) FAC Admissions - Health Assessment<br><br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection.<br>(a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;<br>3. Any nursing or services required by the | A 008 | | |

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| **EMANUEL RESIDENCE ACLF** | **343 W 44TH STREET HIALEAH, FL 33012** |

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| A 008 | Continued From page 1 | A 008 | | |

individual;
4. Any special diet required by the individual;
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;
6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff;
7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and
8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an

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| A 008 | Continued From page 2<br>additional face-to-face examination for completion.<br>b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.<br>c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.<br>2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:<br>a. Extended congregate care (ECC) services in facilities holding an ECC license;<br>b. Services under community living support plans in facilities holding limited mental health licenses;<br>c. Medicaid assistive care services; and<br>d. Medicaid waiver services.<br>(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.<br>(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).<br>(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of | A 008 | | |

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| A 008 | Continued From page 3 | A 008 | | |

Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the assisted living facility failed to ensure that 1 out of 3 (#3) sampled residents had a completed health assessment within 30 days of admission.

Findings include:

Record review found that resident #3 was admitted to the facility on . Record review found that the facility did not have a completed health assessment for resident #3 at

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| A 008 | Continued From page 4<br>the time of survey.<br><br>Interview with staff #1 on at 12:28 p.m. confirmed that resident #3's health assessment was not at the facility and that she had it at her home office.<br><br>Class III | A 008 | | |
| A 025 SS=D | 58A-5.0182(1) FAC Resident Care - Supervision<br><br>An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:<br>(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.<br>(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 individual.<br>(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.<br>(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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication | A 025 | | |

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| A 025 | Continued From page 5<br>administration, or other changes which resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record review, and interview the assisted living facility failed to have a written record, updated as needed , or any significant changes for 3 out of 3 (#1, #3, and #4) sampled residents.<br><br>Findings include:<br><br>Facility tour on : at 7:50 a.m. found that resident #1 was not at the facility and resident #1 did not have a bed at the facility.<br><br>Interview with staff #2 on at 8:47 a.m. revealed that resident #1 left the facility yesterday afternoon. Interview with staff #1 on at 8:55 a.m. revealed that resident #1 was at another facility and he left about a month ago. Phone interview with resident #1 on at 9:05 a.m. revealed that he was at another home and he left there about two months ago.<br><br>Record review found that resident #1 was showing as active on the facility's admission and discharge log. Record review found that the facility completed progress notes for resident #1 on and . Record review found that the facility did not have any written documentation regarding resident #1's departure from the facility or his actually whereabouts for the last two months.<br><br>Home health records revealed that resident #3 was in the hospital from to and that his order was changed. Record review found that the facility did not have any | A 025 | | |

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| A 025 | Continued From page 6<br>documentation regarding resident #3's hospitalization or changes in his dosage.<br><br>Interview with resident #3 on at 10:50 a.m. revealed that he in the hospital a week ago because he out after not eating that morning. Staff #1 confirmed on at 12:28 p.m. that the facility did not document resident #3's hospitalization.<br><br>Hospital records revealed that resident #4 was discharged from the hospital on . Record review found that the facility did not have any documentation regarding resident #4 hospitalization or surgery.<br><br>Interview with resident #4 on at 11:10 a.m. revealed that he had surgery about a month ago. Staff #1 confirmed on at 12:28 p.m. that the facility did not document resident #1's hospitalization.<br><br>Class III | A 025 | | |
| A 030 SS=D | 58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures<br><br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend | A 030 | | |

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changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with [illegible], 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida [illegible] Hotline " 1(800)96-[illegible] or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with

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convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including

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receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated

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mentally l, the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observations and interview the assisted living facility failed to honor resident rights for a safe living environment.

Findings include:

Observations on at 8:45 a.m. found that resident #3 was in a wheelchair. Resident #3 was observed going outside to the patio in the wheelchair. The facility does not have ramps so resident #3 struggled in his chair to go outside on the patio. A loud sound was hear when resident #3 slamped his chair onto the concrete outside.

Interview with resident #3 on : at 10:50 a.m. confirmed that he used the chair to move

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| A 030 | Continued From page 11<br>about inside and outside the facility. Interview with staff #1 on at 12:33 p.m. confirmed that resident #3 has a wheelchair and that the facility does not have ramps on the front and back doors.<br><br>Class III | A 030 | | |
| A 054 SS=D | 58A-5.0185(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed under subsection (2), the facility shall 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.<br>(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.<br>(c) For medications which serve as chemical , the facility shall, 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 12<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the assisted living facility failed to have a maintained medication observation record (MOR) for 1 out of 2 (#1) sampled residents.<br><br>Findings include:<br><br>Record review found that MOR for resident #1 for 2012 was initialed although the resident was not in the facility. The MOR for the month of was initialed from to for 1 milligram (mg), B 100 mg, , 100 mg, 100 25 mg, Viread 300 mg, Sustiva 600 mg, Entrivia 200 mg, Muprocin 2% cream, 20 mg, and .5 mg.<br>Staff #1 stated on at 12:18 p.m. that the medications were sent to the other home but staff mistakenly initialed the MOR for resident #1 for the month of .....<br>Class III | A 054 | | |
| A 055 SS=D | 58A-5.0185(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their ... or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the ... or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter | A 055 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| EMANUEL RESIDENCE ACLF | 343 W 44TH STREET HIALEAH, FL 33012 |

| (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 |
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| A 055 | Continued From page 13 | A 055 | | |

medications for residents shall be centrally stored if:
1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.

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| **EMANUEL RESIDENCE ACLF** | **343 W 44TH STREET HIALEAH, FL 33012** |

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| A 055 | Continued From page 14 | A 055 | | |

(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandcned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observations and interview the assisted living facility failed to keep centrally stored medications locked up at all times in the refrigerator. The facility failed to return

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| A 055 | Continued From page 15<br>medications which has been discontinued to 1 out of 3 (#3) sampled residents.<br><br>Findings include:<br><br>Facility tour on at 8:20 a.m. found resident #3 were unlocked in the refrigerator shell. There were four vials of Lantus 100, four vials of and over the counter syrup and D.<br><br>Staff #2 stated during the tour that the syrup and were for her.<br><br>The home health nurse stated on at 8:21am she administered to resident #3 40 units in the morning and 20 units at night. She stated he was in the hospital for a week and Lantus was discharged.<br><br>Staff #1 stated on at 10:40 a.m. that the refrigerator is normally locked and that is why she did not have the medication locked up in the refrigerator. She also stated she will to through the medications (8 vials of ) to find out what is going on.<br><br>Class III | A 055 | | |
| A 077 SS=D | 58A-5.019(1) FAC Staffing Standards - Administrators<br><br>Staffing Standards.<br>(1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. | A 077 | | |

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| A 077 | Continued From page 16 | A 077 | | |

(a) The administrators shall:
1. Be at least [illegible]
2. If employed on or after [illegible], 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after [illegible], 1995, must have a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and
4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least [illegible]; and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, [illegible] 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.

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| A 077 | Continued From page 17 | A 077 | | |

This Statute or Rule is not met as evidenced by:
Based on observations and interview the assisted living facility faile to notify the Agency of a change of administrator.

Arrived to the facility on at 7:45 a.m. found staff #2 caring for six residents. Staff #1 did not arrive to the facility until 8:35 a.m. The administrator listed was not present at the facility during the survey.

Interview with staff #1 on at 8:35 a.m. revealed that the administrator listed was in Orlando, FL.

Based on a business card that the agency has received staff #1 and her partner are managing the assisted living home. Staff #1 failed to notify the Agency regarding a change of administrator and possible change of ownership.

Class III

A 079 SS=D 58A-5.019(4) FAC Staffing Standards - Levels — A 079

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

| Number of Residents | Staff Hours/Week |
|---|---|
| 0-5 | 168 |
| 6-15 | 212 |
| 16-25 | 253 |
| 26-35 | 294 |
| 36-45 | 335 |
| 46-55 | 375 |
| 56-65 | 416 |

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| A 079 | Continued From page 18 | A 079 | | |

66-75 457
76-85 498
86-95 539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within 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.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator 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.

8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.

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| A 079 | Continued From page 19 | A 079 | | |

(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall 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 58A-5.0182, F.A.C.

(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.

(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to 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 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.

2. When the facility can demonstrate to the

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| A 079 | Continued From page 20 | A 079 | | |

agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. 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 Section 429.41, F.S., and 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.
(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 Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to have a written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings include:

Arrived to the facility on at 7:45 a.m. found only staff #2 caring for six residents. Observations found that staff #2 did not arrive to the facility till 8:35 a.m.

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| A 079 | Continued From page 21<br><br>Record review found that facility's staffing pattern reflected that two staff members were supposed to be working on for 7am-7pm.<br><br>Reviewed the staffing pattern with staff #1on at 12:05 p.m. who confirmed that there was only one staff member working at 7:45 a.m.<br><br>Class III | A 079 | | |
| A 084 SS=D | 58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt<br><br>(5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning | A 084 | | |

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| A 084 | Continued From page 22 | A 084 | | |

through practice exercises.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , . ; and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an " as needed " prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication; and
g. Recognize the general signs of adverse reactions to medications and report such reactions.
(c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.

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| A 084 | Continued From page 23<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record review, and interview the facility failed to ensure that 1 out of 2 (#2) sampled staff members read prescription labels to residents while assisting with self-administered medications.<br><br>Findings Include:<br><br>Observations on at 7:50 a.m. found that staff #2 took the medications from the bottle placed them into her bare hands and then place each pill into resident #7's hand. Resident #2 stated he knew that he was taking and another pill but was not sure of the name. He stated he did not know what the blue pill was Staff #2 did not read off the label for the medications for to resident #2.<br>Record review found that resident #7's morning medications were 300 milligrams (mg), 15 mg (blue pill), and 5 mg.<br><br>The findings were review with staff #1 on at 12:25 p.m. who reviewed the process with staff #2.<br><br>Class III | A 084 | | |
| A 090 SS=D | 58A-5.0191(11) FAC Training - Do Not Orders<br><br>(11) TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility 's policies and procedures regarding within 60 days | A 090 | | |

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| A 090 | Continued From page 24<br>after the effective date of this rule.<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and staff interview the assisted living facility failed to ensure that 1 out of 2 (#2) sampled staff members received ( ) training within 30 days of employment.<br><br>Findings include:<br><br>Record review revealed that staff #2 (caretaker hired in 2012 ) did not have any documentation of having ( ) training within 30 days of employment.<br><br>Interview with the staff #1 on at 12:05 p.m. confirmed that staff #2 did not have ( ) training.<br><br>Class III | A 090 | | |
| A 093 SS=D | 58A-5.020(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition | A 093 | | |

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| EMANUEL RESIDENCE ACLF | 343 W 44TH STREET HIALEAH, FL 33012 |

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Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.
(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date

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reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than

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two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the facility failed to have a menu posted. The facility failed to ensure that substituted items had comparable nutritional value. The facility failed to keep menu for six months which included substitutions. The facility failed to have a 3 day supply of emergency food and water.

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Findings include:

Observations on at 8:20 a.m. found that the facility had the menu for the last four weeks of posted. Breakfast observations during the tour found that resident were served oatmeal. Observation found on at 10:25 a.m. the facility finally posted a menu for . The dates on menu were white out and the dates for were written. The menu for breakfast was juice, cereal, toast, and milk. The lunch menu stated chicken stew, potatoes, carrots, white rice, mixed salad, and peaches. Lunch observations on at 12:00 p.m. found that residents were served noodle soup with chicken, white rice, slice of bread, fruit cocktail, and yogurt. Based observations, residents were not served a meal with comparable nutritional value.

Record review found that the facility did not have menu for the last six months. The facility did not have the menu for the months of and , Record review found that the facility did not have documentation of meal substitutions for the last six months.

Emergency food review found the facility had 50 gallons of water instead of the required 54 gallons of water by the emergency management agency. The emergency management plan was approved for the facility on / . The facility only had the following for emergency food: mashed potatoes serving 145 (5.43 pounds), crackers 26 serving, cereals total 38 serving, mixed vegetables 15 serving (106 oz.), fruit 22 serving (6 pounds 10 oz.), sardines 42 serving (15 oz. each/ 7 serving each), and zero for milk. The facility is required to have 108 ounces of protein, 72 servings of vegetables, 54 servings of fruit,

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| A 093 | Continued From page 29<br>153 servings of starch, and 36 serving of milk.<br><br>The information regarding the menu and the emergency food were review with staff #1 on at 12:33 p.m. She acknowledged the findings.<br><br>Class II! | A 093 | | |
| A 160 SS=D | 58A-5.024(1) FAC Records - Facility<br>Records.<br>The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff.<br>(1) FACILITY RECORDS. Facility records shall include:<br>(a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s:<br>1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and<br>2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of .<br>Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.<br>(c) A log listing the names of all temporary | A 160 | | |

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emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.,
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with ' s or related , a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule

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| **EMANUEL RESIDENCE ACLF** | **343 W 44TH STREET HIALEAH, FL 33012** |

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| A 160 | Continued From page 31<br><br>58A-5.0182, F.A.C.<br>(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.<br>(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.<br>(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.<br>(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.<br>(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.<br>(q) The facility ' s resident elopement response policies and procedures.<br>(r) The facility ' s documented resident elopement response drills.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record review, and interview the assisted living facility failed have an up to date admission and discharge log.<br><br>Findings include: | A 160 | | |

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| A 160 | Continued From page 32<br><br>Facility tour on at 7:50 a.m. found that resident #1 was not at the facility and resident #1 did not have a bed at the facility. Observations found that resident #2 was in #1.<br><br>Interview with staff #2 on at 8:47 a.m. revealed that resident #1 left the facility yesterday afternoon. Interview with staff #1 on at 8:55 a.m. revealed that resident #1 was at another facility and he left about a month ago. Phone interview with resident #1 on at 9:05 a.m. revealed that he was at another home and he left there about two months ago.<br><br>Record review found that resident #1 was showing as active on the facility's admission and discharge log. Record review found that resident #2 was not written on the facility's admission and discharge log.<br><br>Interview with resident #2 on at 7:45 a.m. revealed that he has been there since . Interview with staff #1 on at 8:55 a.m. confirmed that resident #1 was not discharged on the log and resident #2 was not on the log.<br><br>Class III | A 160 | | |
| A 161 SS=D | 58A-5.024(2) FAC Records - Staff<br><br>(2) STAFF RECORDS.<br>(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:<br>1. Documentation of compliance with all staff | A 161 | | |

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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.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview the facility failed to ensure that 2 out of 2 ( #1 and #2) staff members have references documented.
The facility failed to ensure that 1 out of 2 (#2) sampled staff members have verification of freedom from communicable including

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| A 161 | Continued From page 34<br><br>Findings include:<br><br>Record review found staff members #1 (hired 2011) and #2 (hired 2012) did not have references documented. Staff #2 did not have verification of freedom from communicable including at the facility.<br><br>Interview with the staff #1 on at 12:05 p.m. confirmed that she and staff #2 did not have references documented. Staff #2 stated that her physical was at her home.<br><br>Class III | A 161 | | |
| A 162 SS=D | 58A-5.024(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name;<br>2. ;<br>3. Race;<br>4. Date of birth;<br>5. Place of birth, if known;<br>6. Social security number;<br>7. Medicaid and/or Medicare number, or name of other health insurance ;<br>8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and<br>9. Name, address, and phone number of health care provider, and case manager if applicable.<br>(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.<br>(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, | A 162 | | |

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, or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or 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 under Section 429.27, F.S.
(k) For any facility which 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 under Section

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429.27, F.S.
(l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, 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 under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be

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| A 162 | Continued From page 37<br>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 shall be provided a copy of their resident records upon departure from the facility.<br>(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the assisted living facility failed to have a resident record for 1 out of 4 (#2) sampled residents. The facility failed to have weights recorded at admission for 2 out of 4 (#2 and #4) sampled residents.<br><br>Findings include:<br><br>Record review found that the facility did not have a record for resident #2 which included: a demographic sheet, a signed contract, weight record at admission, and other admission forms.<br><br>Interview with resident #2 on : at 7:45 a.m. revealed that he has been there since<br><br>Record review found that resident #4 was admitted to the facility on . The facility does not have weights recorded for resident #4 from to .<br><br>Interview with staff #1 on at 12:28 p.m. confirmed that the facility does not have a record | A 162 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964219 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMANUEL RESIDENCE ACLF** | **343 W 44TH STREET HIALEAH, FL 33012** |

| (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 162 | Continued From page 38<br>for resident #2. She also confirmed that resident #4 has not had any weights recorded since being at the facility on .<br><br>Class III | A 162 | | |
| AL243 SS=D | 58A-5.0191(8) FAC LMH - Training<br><br>(8) LIMITED MENTAL HEALTH TRAINING.<br>(a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:<br>1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.<br>a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility ' s receiving a limited mental health license or within 6 months of employment in a limited mental health facility.<br>b. Staff in " direct contact " means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only incidental contact with mental health residents.<br>c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(4), F.S., and subsection (1) of this rule.<br>2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: | AL243 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964219 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMANUEL RESIDENCE ACLF** | **343 W 44TH STREET HIALEAH, FL 33012** |

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|---|---|---|---|---|
| AL243 | Continued From page 39<br>a. Mental health diagnoses; and<br>b. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident ' s status or condition that may affect other services received or may require intervention; and crisis services and the . . . procedures.<br>3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(4), F.S., and subsection (1) of this rule.<br>4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.<br>(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility ' s personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and staff interview the assisted living facility failed to ensure that 1 out of 2 (#1) sampled staff members received a minimum of 3 hours of continuing education in limited mental health training biennially. | AL243 | | |

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 |
|---|---|---|---|
| | AL11964219 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMANUEL RESIDENCE ACLF** | **343 W 44TH STREET HIALEAH, FL 33012** |

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|---|---|---|---|---|
| AL243 | Continued From page 40<br>Findings include:<br><br>Record review found that staff #1 who provided direct care to residents did not have any documentation of having a minimum of 3 hours of continuing education training in limited mental health.<br><br>Staff #1 stated on at 12:05 p.m. that the certificate was at one of her other facilities.<br><br>Class III | AL243 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emanuel Residence Aclf
343 W 44th Street
Hialeah, FL 33012

**Re: CCR #2012005826**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

***Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.***

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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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