

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PETSHIRL			STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138		
(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 Standard Survey was conducted on 2012 at Petshirl with Extended Congregate Care (ECC) component. The following deficiencies were found at time of survey.	A 000			
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (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. (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: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or _____ services required by the 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	A 008			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0899

HH8X11

If continuation sheet 1 of 43

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A 008	Continued From page 1 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 additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. 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. 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	A 008			

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A 008	Continued From page 2 apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (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. (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). (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 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	A 008			

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A 008	Continued From page 3 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 resident record review and interview the facility failed to have completed health assessment within 30 days of admission for 4 of 4 (#1-4) sampled residents. Findings include: * Record review found that the facility did not have any health assessments for residents #1, #2, #3, and #4. On _____ at 1:30 p.m. staff member #2 stated, "I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 008			

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A 009	Continued From page 4	A 009			
A 009 SS=D	58A-5.0181(3) FAC Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility shall make available to potential residents a written statement(s) which includes the following information listed below. A copy of the facility resident contract or facility brochure containing all the required information shall meet this requirement. 1. The facility 's residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provide by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. A statement of facility rules and regulations that residents must follow as described in Rule 58A-5.0182, F.A.C.; 11. A statement of the facility policy concerning pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S. 12. If the facility also has an extended congregate	A 009			

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A 009	Continued From page 5 care program, the ECC program 's residency criteria, and a description of the additional personal, supportive, and nursing services provided by the program; additional costs; and any limitations, if any, on where ECC residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.; 13. If the facility advertises that it provides special care for persons with 's and related , a written description of those special services as required under Section 429.177, F.S.; and 14. A copy of the facility 's resident elopement response policies and procedures. (b) Prior to or at the time of admission, the resident, responsible party, guardian, or attorney in fact, if applicable, shall be provided with the following: 1. A copy of the resident 's contract which meets the requirements of Rule 58A-5.025, F.A.C.; 2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided; 3. A copy of the resident 's bill of rights as required by Rule 58A-5.0182, F.A.C.; and 4. A Long-Term Care Ombudsman Council brochure which includes the telephone number and address of the district council. (c) Documents required by this subsection shall be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. This Statute or Rule is not met as evidenced by: Based on resident record review and interview the facility failed to have a completed admission	A 009			

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A 009	Continued From page 6 package for 4 out of 4 (#1, #2, #3, and #4) sampled residents. Findings include: Record review found the facility was unable to provide any documentation for residents #1, #2, #3, and #4 which include: 1. The facility contract which would detail the daily, weekly or monthly charge to reside in the facility and the services, supplies. 2. The policy concerning 3. The ECC program 's residency criteria. 4. A copy of the facility 's resident elopement response policies and procedures. 5. A copy of the resident 's bill of rights. On at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 009			
A 051 SS=D	58A-5.0185(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) A " pill organizer " means a container which is designed to hold solid doses of medication and is divided according to day and time increments. (b) A resident who self-administers medications may use a pill organizer.	A 051			

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A 051	Continued From page 7 (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident; 2. Transfer the medication from the original container into a pill organizer, labeled with the resident ' s name, according to the day and time increments as prescribed; 3. Return the medication container to the storage area or resident; and 4. Document the date and time the pill organizer was filled in the resident ' s record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident ' s record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider regarding questions, concerns, or observations relating to the resident ' s medications. Such communication shall be documented in the resident ' s record. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview facility failed to maintain pill organizer properly and failed to document the date and time the pill organizer was filled in the resident ' s record for 4 out of 4 (#1, 2, 3, and 4) sampled residents. Findings include:	A 051			

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A 051	Continued From page 8 Observations made on _____ at 9:40 a.m. resident #2 medications are taken out of pill organizer and pour into caretakers hands. The pill organizer is not labeled with the resident's name. He then walks over to kitchen and pour some water in a cup. Then he handed the resident her pills and a cup of water. The resident swallowed and then drinks the water. The resident was not prompted and not told what medications she is taking. The medication book is not initialed. Resident #2's file was not available for review at time of survey. There was no medication book available for review for any of the residents medications. On _____ at 1:30 p.m. staff member #2 stated, "I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 051			
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least _____, trained to assist with self-administered medication in accordance with Rule 58A-5.0191,	A 052			

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A 052	Continued From page 9 F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication	A 052			

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A 052	Continued From page 10 record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a _____. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of _____ preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) _____, _____, or _____ preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of	A 052			

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A 052	Continued From page 11 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance Findings include: Observations made on _____ at 9:40 a.m. resident #2 medications are taken out of pill organizer and pour into caretakers hands. The pill organizer is not labeled with the resident's name. He then walks over to kitchen and pour some water in a cup. Then he handed the resident her pills and a cup of water. The resident swallowed and then drinks the water. The resident was not prompted and not told what medications she is taking. The medication book is not initiated. Resident #2's file was not available for review at time of survey. There was no medication book available for review for any of the residents medications. On _____ at 1:30 p.m. staff member #2 stated, "I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and	A 052			

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A 052	Continued From page 12 does not know at this time where they are. Class III	A 052			
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (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. (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. (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. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview the facility to maintain a daily medication	A 054			

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A 054	Continued From page 13 observation record (MOR) for 4 out of 4 (#1, 2, 3, and 4) sampled residents. Findings include: Observations made on _____ at 9:40 a.m. resident #2 medications are taken out of pill organizer and pour into caretakers hands. The pill organizer is not labeled with the resident 's name. He than walks over to kitchen and pour some water in a cup. Then he handed the resident her pills and a cup of water. The resident swallowed and then drinks the water. The resident was not prompted and not told what medications she is taking. The medication book was not initiated. Resident #2's file was not available for review at time of survey. There was no medication book available for review for any of the residents medications. On _____ at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 054			
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	A 078			

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NAME OF PROVIDER OR SUPPLIER PETSHIRL			STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138		
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A 078	Continued From page 14 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 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		A 078		

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A 078	Continued From page 15 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 staff interview the facility failed to ensure that 1 out of 2 (#1) sampled staff members have an annual freedom from statement. Findings include: Record review found that staff members #1 last freedom from statements were dated and expired Interview with the facility's administrator on at 3:29 p.m. acknowledge the documentation from statement is not current. Class III	A 078																					
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: <table border="0"> <tr> <td>Number of Residents</td> <td>Staff Hours/Week</td> </tr> <tr> <td>0-5</td> <td>168</td> </tr> <tr> <td>6-15</td> <td>212</td> </tr> <tr> <td>16-25</td> <td>253</td> </tr> <tr> <td>26-35</td> <td>294</td> </tr> <tr> <td>36-45</td> <td>335</td> </tr> <tr> <td>46-55</td> <td>375</td> </tr> <tr> <td>56-65</td> <td>416</td> </tr> <tr> <td>66-75</td> <td>457</td> </tr> </table>	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	66-75	457	A 079			
Number of Residents	Staff Hours/Week																						
0-5	168																						
6-15	212																						
16-25	253																						
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36-45	335																						
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A 079	Continued From page 16 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. (b) Notwithstanding the minimum staffing	A 079			

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A 079	Continued From page 17 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 agency that resident needs are being met, or that	A 079			

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A 079	Continued From page 18 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 observation, record review and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern. Findings include: Observations made on _____ at 11:43 p.m. sampled staff #2 cooking in kitchen and assisting resident throughout the facility. Record review contained no staff schedule available or posted reflecting the facility's 24-hour	A 079			

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A 079	Continued From page 19 staffing patterns. Interview with the staff #2 confirmed 15 p.m. stated they do not have a schedule at this time. Per phone conversation with administrator on at 3:29 p.m. confirmed that she does not have the staff schedule available. Class III	A 079			
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility 's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietitian, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide the annual, a minimum of 2 hours continuing education on nutrition training to 2 out of 2 (# 1 and 2) staff who assist residents with meals. Findings include: Record review on _____, 2012 for staff #1 & 2 found no documentation of having completed the	A 085			

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A 085	Continued From page 20 required training on nutrition. Staff #1 did not have the safe food handling training and staff #2 safe food handling has expired on _____. Interview on with staff #2 on _____ at 3:28 p.m. acknowledge they did not have the nutrition and safe food handling training's. Class III	A 085			
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition 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	A 093			

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A 093	Continued From page 21 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 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.	A 093			

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A 093	Continued From page 22 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 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	A 093			

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A 093	Continued From page 23 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 observation, record review and interview the facility failed to have a dietician approved menu, have a current dietician license, to document substitutions before meal was served, and to have dates on menu a week in advance. Findings include: Observations on _____, 2012 at 8:05 a.m. during the tour revealed that the facility did not have the substitutions that were made to the meal documented. There were no dates on the menu and it was not approved by a licensed dietician. The residents were served for lunch Hotdog or hamburger with _____, fresh fruit, a banana, salad with tomato, juice and water. An option of ice cream or yogurt for dessert. Record review revealed that the dietician's license expired on _____, 2011. When questioned about the missing records staff #2 stated, "I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per conversation with the administrator via phone on _____ at 2:00 p.m. confirmed staff # is unable to locate all of the paperwork request to conduct survey and advised in the future she will	A 093			

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A 093	Continued From page 24 leave them all where he can retrieve them. Class III	A 093			
A 094 SS=D	58A-5.020(3) FAC Food Service - Food Hygiene (3) FOOD HYGIENE. Copies of inspection reports issued by the county health department for the last 2 years pursuant to Rule 64E-12.004 or Chapter 64E-11, F.A.C., as applicable, depending on the licensed capacity of the ALF, shall be on file in the facility. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to have a copy of inspection reports issued by the county health department for the last 2 years. Finding include: There was no sanitation inspection posted anywhere at the facility during tour conducted at 9:00 a.m. on _____ On _____ at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 094			

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A 121	Continued From page 25	A 121			
A 121 SS=D	58A-5.021(2) FAC Fiscal - Accounting Procedures (2) ACCOUNTING PROCEDURES. The facility shall maintain written business records using generally accepted accounting principles as defined in Rule 1-007, F.A.C., which accurately reflect the facility's assets and liabilities and income and expenses. Income from residents shall be identified by resident name in supporting documents, and income and expenses from other sources, such as from day care or interest on facility funds, shall be separately identified. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a written business records which accurately reflect the facility's assets and liabilities and income and expenses. Finding include: Record review on _____ of facility files contained no documentation verifying residents and facility income and expenses available at time of survey. On _____ at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are.	A 121			

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A 121	Continued From page 26	A 121			
	Class III				
A 127 SS=D	58A-5.021(8) FAC Fiscal - Liability Insurance (8) LIABILITY INSURANCE. Pursuant to Section 429.275, F.S., facilities shall maintain liability insurance coverage, as defined in Section 624.605, F.S., in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility shall file documentation of continued coverage with the AHCA central office. Such documentation shall be issued by the insurance company and shall include the name of the facility, the street address of the facility, that it is an assisted living facility, its licensed capacity, and the dates of coverage. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview the facility failed to have proof of liability insurance coverage during survey. Finding include: There was no sanitation inspection posted anywhere at the facility during tour conducted at 9:00 a.m. on On at 1:30 p.m. staff member #2 stated, "I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and	A 127			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PETSHIRL			STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138		
(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 127	Continued From page 27 does not know at this time where they are. Class III	A 127			
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. 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. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 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 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 . 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. (c) A log listing the names of all temporary 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	A 160			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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A 160	Continued From page 28 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 58A-5.0182, F.A.C. (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	A 160			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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A 160	Continued From page 29 catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (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. (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. (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. (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. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to have an up-to-date admission and discharge log, fire safety inspection reports, sanitation inspection reports, documented resident elopement response drills, and the facility ' s resident elopement response policies and procedures. Finding include:	A 160			

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A 160	Continued From page 30 There was no fire safety inspection reports, and sanitation inspection posted anywhere at the facility during tour conducted at 9:00 a.m. on Record review of the facility files had no admission and discharge log, fire safety inspection reports, sanitation inspection reports, documented resident elopement response drills, and the facility's resident elopement response policies and procedures available for review at time of survey. On at 1:30 p.m. staff member #2 stated, "I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 160			
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next	A 162			

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A 162	Continued From page 31 of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider's orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) 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	A 162			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2012
NAME OF PROVIDER OR SUPPLIER PETSHIRL			STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138		
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A 162	Continued From page 32 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 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	A 162			

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A 162	Continued From page 33 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 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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have a copy of the demographic data and medical examination, the resident ' s contract for 4 out 4 (#4) sampled residents. Findings include: Record review found that the facility did not have a copy of the resident's demographic sheet with the resident's information, health assessments and contracts with facility for residents #1, #2, #3, and #4. On _____ at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more	A 162			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 34 familiar with this and know where the file and paperwork is." Per phone conversation with administrator on at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	A 162			
A 181 SS=D	58A-5.026(2) FAC Emergency Mgmt - Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency. (a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised. (b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and	A 181			

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A 181	Continued From page 35 dated addendum that is not subject to review and approval. (d) The county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide a current approval letter from the county emergency management agency. Findings include: During tour on _____ at 9:00 a.m. the was no comprehensive emergency management plan posted anywhere in the facility. Facility's record review on _____ did not have comprehensive emergency management plan approval letter available. On _____ at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are.	A 181			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2012
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A 181	Continued From page 36		A 181		
	Class III				
AE201 SS=D	58A-5.030(2) FAC ECC - Policies (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address: (a) Aging in place. (b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and ECC services listed in subsection (8). (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility. (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff. (e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs. (f) A process for mediating conflicts among residents regarding choice of apartment and (g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident		AE201		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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AE201	Continued From page 37 representative shall be consulted. Choices shall include at a minimum: 1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan; 2. To remain in the same _____ the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed; 3. To select among social and leisure activities; 4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and 5. To provide input with respect to the adoption and amendment of facility policies and procedures. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the facility failed to have policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. Findings include: During tour on _____ at 9:00 a.m. the facility license posted contained the extended congregate care component on the license. Record review of facility file contained no documentation of extended congregate care policies and procedures available at time of survey.	AE201			

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AE201	Continued From page 38 On : at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on : at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	AE201			
AE203 SS=D	58A-5.030(4) FAC ECC - Staffing Requirements (4) STAFFING REQUIREMENTS. Each extended congregate care program shall: (a) Specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended congregate care license. 1. The extended congregate care supervisor shall be responsible for the general supervision of the day-to-day management of an ECC program and ECC resident service planning. 2. The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long term care, or acute care setting or agency serving elderly or persons. A baccalaureate degree may be substituted for one year of the required experience. A nursing home administrator licensed under Chapter 468, F.S., shall be considered qualified under this paragraph.	AE203			

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AE203	Continued From page 39 (b) Provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments. (c) Provide enough qualified staff to meet the needs of ECC residents in accordance with Rule 58A 5.019, F.A.C., and the amount and type of services established in each resident ' s service plan. (d) Regardless of the number of ECC residents, awake staff shall be provided to meet resident scheduled and unscheduled night needs. (e) In accordance with agency procedures established in Rule 58A-5.019, F.A.C., the agency shall require facilities to immediately provide additional or more qualified staff, when the agency determines that service plans are not being followed or that residents ' needs are not being met because of the lack of sufficient or adequately trained staff. (f) Ensure and document that staff receive extended congregate care training as required under Rule 58A 5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments. Findings include: Record review of facility files contained no documentation verifying a nurse has been	AE203			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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(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	
AE203	Continued From page 40 contracted to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments available. On : at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on : at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	AE203			
AE210 SS=D	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency Test. (7) EXTENDED CONGREGATE CARE TRAINING. (a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility 's receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , 1998, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the extended congregate care supervisor, if different from the	AE210			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PETSHIRL			STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138		
(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
AE210	Continued From page 41 administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, _____, or social needs of frail elderly and _____ persons, or persons with _____'s _____ or related _____. (c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have staff complete core training and 4 hours of initial training in extended congregate care prior to the facility's receiving its extended congregate care license. Findings include: Record review on _____ of facility files contained no documentation 4 hours of continuing education every two years in topics relating to the physical, _____, or social needs of frail elderly and _____ persons, or persons with _____'s _____ or related _____. Record review of staff #1 and 3 does not have the 2 hours of in-service training, provided by the	AE210			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PETSHIRL			STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138		
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AE210	Continued From page 42 facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. On _____ at 1:30 p.m. staff member #2 stated , " I don't know where to find any of the files you are asking me for. The administrator is more familiar with this and know where the file and paperwork is." Per phone conversation with administrator on _____ at 3:29 p.m. confirmed the caretaker can find the paperwork needed to conduct survey and does not know at this time where they are. Class III	AE210			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Petshirl
8361 N E 3rd Avenue
Miami, FL 33138

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 10/4/2012 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,


Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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