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
	AL11967753	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

(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 An Complaint (CCR#2012008758) Investigation Survey was completed at Gomez Family Care with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components on and . There were deficiencies identified at the time of survey.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (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. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (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. (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 administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview the assisted living facility failed to provide care and services appropriate to meet the needs of 3 out of 6 (#2, #3, and #4) sampled residents. The facility failed to provide supervision that would prevent 3 out of 6 (#2, #3, and #4) sampled residents from falling and sustaining injuries. The facility failed to contact that 3 out of 6 (#2, #3, and #4) sampled residents' family members after the residents . The facility failed to keep a written record, updated as needed, of any significant changes to 3 out of 6 (#2, #3, and #4) sampled residents. Findings include: Facility tour on at 9:05 p.m. found that resident #2 was lying in bed with three/ fourth (¾) bed rails attached to her bed. Observation on at 12:05 p.m. found that resident #2 was sitting in a wheelchair in the sitting area. On at 12:15 p.m. staff #3 was observed feeling resident #2 lunch in the same area in the sitting . Resident #2 was observed unable to walk. The staff member stated during the tour on at 9:05 p.m. that the resident #2 had hip surgery. Interview with staff member #3 and the administrator on at 1:12 p.m. regarding care for resident #2, the administrator stated she was not aware if it was there or not. She had to speak to staff #3, staff #3 stated that resident does not have open wounds at 1:24 p.m. The administrator stated that the hospital referred the resident to a rehab	A 025		

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A 025	Continued From page 2 but the family did not want her to go to. She figure she would be gone for a month but daughter did not want her to go. Health assessment dates for hospital admission ( ) were reviewed because the dates were different from what the facility recorded ( ). The administrator stated "I know for a fact she on Sunday and on Wednesday she went to the hospital. She from the bed, staff found her on the floor early morning, staff checked her, she did not complaint of any pain, last thing we know her left hip is broken". Record review found that resident #2 in and a few days later on she was taken to the hospital because she "became ...". The facility notes for resident #2 stated the following: " They found she had a broken hip and had hip surgery ". The facility's incident report brief summary on stated " We were making rounds and found resident #2 on the floor she showed no signs of any wounds and she did not complain of any pain the doctor notified and was told to put her under observation ". Record review found that the facility did not document that resident #2's family was notified that she . Record review found that the facility did not document any changes in supervision that would be provided to resident #2 after she sustained the or after she was discharged from the hospital due to hip surgery. Hospital records showed that resident #2 was admitted on and discharged on after having left hip surgery. Record review found that the resident was ordered to have full bed rails on dated (future date) but the assisted living facility requirements are limited to half (½) bed rails. Record review found that the resident #2's health assessment	A 025		

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A 025	Continued From page 3 dated had the following diagnosis: Hip and . Physical limitations were bed bound. Resident #2 needed total care for the following activities of daily living (ADL): ambulation, bathing, dressing, , toileting, and transferring. The doctor stated that resident #2 had a sacral and that she was at risk for . Record review found that the facility did not have any documentation that the facility's limited nursing services (LNS) nurse or a home health agency nursed assessed resident #2's or that any licensed nurse provided to care to the resident. Based on the hospital's order for full bed rails and that fact that the facility did not make arrangements for resident #2's , the facility was unable provide care and services to resident #2 that she required. Interview with the administrator and owner on at 11:55 p.m. revealed that resident #3 had a she was not sure when he . She stated that Staff #3 was in charge and she knows what happened. She stated that injuries were not documented on his notes and he was not taken to the hospital. She said "he is in a wheelchair, has last stage , he was becoming rigid, and he was in position. He was not evaluated by hospice, walking a little bit, and has red on foot but they were putting a cream on it". Resident #3's notes stated that he had small on left foot on , the notes were reviewed with the administrator on at 1:32 p.m. The administrator was informed that hospital	A 025		

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A 025	Continued From page 4	A 025		

admission records show that resident #3 had multiple , . She said that staff #3 stated that the only that he had was on the left leg; staff #3 is caretaker and cook not a licensed nurse. Home health was not coming to facility after / for resident #3. The administrator stated that he hurt his right eye , doctor was called, and placed him on observation. Staff #3 stated on at 1:40 p.m. that he had a small scratch that did not ; they put ice, cleaned it, and put on it . Staff #3 stated at 1:41 p.m. that she placed Destin lotion that his daughter brought it in, they were using that, when that would change" pamper" they would put it to prevent wounds. She stated that resident #3 did not have any other wounds.

Record review found that the facility did not have any documentation regarding resident #3's decline activities of daily (ADLs) levels. Record review found that the facility did not have any documentation regarding resident #3's multiple , . Home health records revealed that resident #3 did not receive any type of care while at the facility and facility notes revealed that resident #3 did not receive any care by the facility's LNS nurse. The facility failed to have resident #3 transferred to the hospital after his on . On the facility documented that resident #3 "seems very on occasion, weak, reason for his ...". On the notes stated resident #3 "under observation he is doing well". The next note is dated "resident #3 is and in the state he is in has lost some weight one side is red assuming because of position". Record review found that the facility did not document any changes in supervision that would be provided to resident #2 after she sustained the . On

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A 025	Continued From page 5 "resident #3 is weak and some moments aggressive he is presenting a like a small on left feet". The facility writes on "daughter came in w(with) /husband and accused us of .... She called the ambulance. On the hospital writes "resident #3 is in the hospital was taken by daughter". Record review found that the facility documented the following incidents for resident #3 on the following dates: - Resident #3 "hurt his arm was taken to hospital brought him back same day. Has lost a little the appetite other than that is stable ". Incident report brief summary " resident #3 was found early in the morning lying in bed with his right arm twisted back and red, and complaining of pain. He was taken to the hospital and returned the same day cream only was prescribed". Record review found that the facility did not document that the resident's family was called after the incident or when he was transferred to the hospital. - Resident #3 " doctor was notified and put under observation. A little weak but stable still shows some signs of aggressiveness ". Incident report brief summary " Resident #3 was lying in the sofa when he became and he on the floor, he hurt himself on the right eyebrow. The doctor was called and we were told to put him under observation ". Record review found that the facility did not document that the resident's family was called after the incident Hospital admission records for resident #3 on found the following: 1. Redness and on right hip	A 025		

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A 025	Continued From page 6 2. right heel 3. left 4. Resident #3 was slightly contracted and upper extremities were rigid 5. The hospital documented that they will administer fluids for underlying Observations on at 12:00 p.m. found resident #4 on the sofa in the sitting area with her foot up on the sofa arm chair. Lunch observations on at 12:15 p.m. found that resident #4 answered staff #4 but she was not able to reposition herself on the chair to sit up and eat lunch. Observations found that resident #4 was fed lunch by a staff member. Staff member changed her position with total care. Resident unable to keep her body steady. Observations from 12:00 p.m. to 1:43 p.m. found that resident #4 did not move from her location on the chair. Record review found that resident #4's health assessment dated stated she was diagnosed with HBP (high) and a . Physical limitations is in right eye. Activities of daily living (ADL) supervision for ambulation, eating, and . She had assistance with bathing, dressing, toileting, and transferring. Record review found that resident #4' s incident report brief summary stated " on resident #4 was in her morning we found her on the floor, about four or five days ago was weak, she gets on occasion no open wounds just a small . Doctor was notified and put her under observation " . Record review found that the facility did not document that they contacted the resident's family.	A 025		

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A 025	Continued From page 7 On " Early in the morning resident #4 was found under the bed with small in the back the doctor was notified and to put her under observation ". Observation notes on say " resident #4 from her bed again we are going to request bed rail from the doctor ". On the facility writes " resident #4 feels but other than that no bad signs ". Record review found that the faciility did not document that they contacted the resident's family on both days. Record review found that the facility did not document any changes in supervision that would be provided to resident #2 after she sustained the Administrator stated on at 1:43 p.m. resident #4 was in the hospital because she had a lot of flem, she was there for a week from that. She stated that resident #4 transferred sometimes they use two people because she gets a little rigid. CLASS II	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (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. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident	A 030		

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A 030	Continued From page 8 complaints, and for residents to recommend 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 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 Hotline " 1(800)96- 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.	A 030		

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A 030	Continued From page 9 (g) The facility shall provide residents with 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.	A 030		

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A 030	Continued From page 10 (d) Unrestricted private communication, including 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	A 030		

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A 030	Continued From page 11 case of a resident who has been adjudicated mentally , 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, record review, and interview the assisted living facility to limit the use of physical to half (1/2) bed rails for 2 out of 6 (#1 and #2) sampled residents. Findings inlcude: Observations on from approximately 9:05 PM to approximately 9:22 PM found a 3/4 bed rail located on one of the beds in # for resident #2. The bed was occupied by a resident who was under the blanket. Observations found a wheelchair leaning up against one of the beds in # (which had resident #4 and another female resident). Resident was present in the	A 030		

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A 030	Continued From page 12 bed situated under the blanket. The wheelchair appeared to be used in place of a bed rail. Observations found two chairs up against the bed on the right in # . Resident #1 was present in the bed situated under the blanket. The two chairs appeared to be used in place of a bed rail. Staff member stated during the tour that the resident #2 had hip surgery. Interview with the administrator and the owner on at 11:55 p.m. confirmed that resident #2 had full bed rails on her bed to prevent her from falling. The administrator stated that resident #1 had an order for bed rails but the facility did not have the bed rails. The administrator was told that two chairs were used on the side of resident #1's bed as . Record review found that resident #2 in and she was taken to the hospital. " They found she had a broken hip and had hip surgery " per facility notes . Record review found that the resident was ordered to have full bed rails on (future date) but the ALF requirements are limited to ½ bed rails. The facility also had another order for resident #2 for 1/2 bed rails. Record review found that the facility had a ½ bed rail order for resident #1 but did not have the bed rails attached to her bed. Class III	A 030		
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	A 054		

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A 054	Continued From page 13 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 record review and interview the assisted living facility failed to ensure that 1 out of 6 (#1) sampled residents had the correct name listed on the medication observation record (MOR). Findings include: Record review found that resident #1's medication observation record did not have her named listed on the record. Resident #1 had two pages of medication observation records at the facility.	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 054	Continued From page 14 The MOR was review with the administrator and the assistant to the administrator on : at 11:00 p.m. who stated that the pharmacy placed the wrong name on the MOR for resident #1. Class III	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (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 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	A 055		

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A 055	Continued From page 15 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, [illegible], 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. (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	A 055		

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A 055	Continued From page 16 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 abandoned 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 staff interview the assisted living facility failed to ensure medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired. Findings Include: Observations on at approximately 11:28 PM found the following medications belonging to resident #6: acet 40 milligram/milliliter (mg/ml) sus, dp .05% cream (2), and .1 mg. Observations also found Cloridine .1 mg had an expiration date of . In an interview with staff #1 on at approximately 11:29 PM, he stated resident #6	A 055		

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GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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A 055	Continued From page 17 left the facility back in of 2012. In an interview with the administrator on at approximately 11:37 PM, she acknowledged the findings. Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions,	A 056		

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A 056	Continued From page 18	A 056		

including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled

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A 056	Continued From page 19 package, they shall be kept in a container that bears a label containing the following: 1. Practitioner ' s name; 2. Resident ' s name; 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure medications were properly labeled. Findings Include: Observations on at approximately 11:28 PM found acet 40 milligram/milliliter (mg/ml)sus with a label for resident #6; label did not read 1 of 2. Additional acet 40 mg/ml was found without a label. In an interview with the administrator at approximately 11:31 PM she stated that the unlabeled medication belonged to resident #6. She stated the label was located on the other medication container. She acknowledged that the medication that was labeled did not read 1 of 2. Class III	A 056		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing:	A 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 079	Continued From page 20	A 079		

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
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

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A 079	Continued From page 21	A 079		

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 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.

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GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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A 079	Continued From page 22 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 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	A 079		

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	AL11967753	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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A 079	Continued From page 23 work schedule which reflects its 24-hour staffing pattern for a given time period. Findings Include: Observations on at approximately 8:55 PM found only staff #5 present in the facility at the time of entry. Record review found staff #1 on the 2012 facility staffing schedule from 7 PM to 7 AM on In an interview with the administrator on at approximately 11:37 PM, she acknowledged the findings. Class III	A 079		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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A 083	Continued From page 24 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a staff member who has completed courses in First Aid and ( ) be in the facility at all times. Findings Include: Observations on at approximately 8:55 PM found only staff #5 present in the facility at the time of entry. Personnel record review found staff #5 did not have evidence of completion courses related to First Aid and . In an interview with the administrator on at approximately 11:37 PM, she acknowledged the findings. Class III	A 083		
A 161 SS=D	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification;	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967753	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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A 161	Continued From page 25 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 observation, record review and interview the facility failed maintain proper staff records for 1 of 6 staff (staff #6). Findings Include: Observations on at approximately 8:55 PM found staff #6 with a set of keys. The keys were able to open both the door to the facility as well as the door to the medications.	A 161		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GOMEZ FAMILY CARE	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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A 161	Continued From page 26 Record review failed to have any documentation for staff #6. In an interview with the administrator on at approximately 10:37 PM, she stated staff #6 is her mother in law. She stated staff #6 lives in the apartment in the back part. She stated staff #6 is not a current employee here but she was before and she is not now. She stated it has been awhile. She stated that she knew staff #6 still has a key to the facility but stated she was unaware she had keys to the medications. In an interview with the administrator on at approximately 11:37 PM, she stated she still has a file for staff #6 and will go retrieve it. Additional record review found staff #6 did not have record of an application with references, current verification of freedom from communicable including and documentation of compliance with all staff trainings. Class III	A 161		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 165	Continued From page 27 incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. [illegible]; 2. [illegible] or spinal damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967753	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 165	Continued From page 28 investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The	A 165		

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A 165	Continued From page 29 preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to submit adverse incident reports to the agency for 3 out of 6 (#2, #3, and #4) sampled residents that at the facility.	A 165		

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A 165	Continued From page 30 Findings include: Record review found that residents #2, #3, and #4 at the facility in the month of . Record review found that the facility did not complete and submit adverse incidents to the agency regarding resident #2, #3, and #4's at the facility. The administrator provided internal incident reports on to the surveyor but she did not provide documentation that adverse incident reports were submitted to the agency for residents #2, #3, and #4. She confirmed the findings on at 1:52 p.m. Class III	A 165		
AN277 SS=D	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services	AN277		

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AN277	Continued From page 31 as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed provide limited nursing services by an employed or contracted with a nurse(s) who shall be available to provide such services as needed for 2 out of 3 (#2 and #3) sampled residents. Finding include: Record review found that the facility failed to employ or contracted a nurse to provide limited nursing services for residents #2 and #3 who needed care. Record review found that resident #2 was discharged from the hospital on with a on her sacral. Hospital admission records revealed that resident #3 had multiple . Record review found that the facility did not provide or make arrangements to provide care to residents #2 and #3. Interview with staff member #3 and the administrator on at 1:12 p.m. regarding care for resident #2, the administrator stated she was not aware if it was there or not. She had to speak to staff #3, staff #3 stated that resident does not have open wounds at 1:24 p.m.	AN277		

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AN277	Continued From page 32 Resident #3's notes stated that he had small on left foot on , the notes were reviewed with the administrator on at 1:32 p.m. The surveyor told the administrator that hospital admission records show that resident #3 had multiple . She said that staff #3 stated that the only that he had was on the left leg; staff #3 is caretaker and cook not a licensed nurse. Home health was not coming to facility after // for resident #3. The administrator stated that he hurt his right eye ; doctor was called, and place him on observation. Staff #3 stated on at 1:40 p.m. that he had a small scratch that did not ; they put ice, cleaned it, and put on it . Staff #3 stated at 1:41 p.m. that she placed Destin lotion that his daughter brought it in, they were using that, when that would change" pamper" they would put it to prevent wounds. She stated that resident #3 did not have any other wounds. Class III	AN277		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Gomez Family Care
2535 Nw North River Drive
Miami, FL 33125

Re: CCR #2012008758

Dear Administrator:

This letter reports the findings of a state complaint 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121