

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966845</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         | (X3) DATE SURVEY<br>COMPLETED |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CASA DE PAZ ALF, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9360 SW 24 STREET<br/>MIAMI, FL 33165</b> |                                                                                                                          |                               |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE      |
| A 000                                                           | Initial Comments<br><br>An Abbreviated Survey was conducted on<br>1, 2012. Casa de Paz ALF had the<br>following deficiencies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A 000                                                                                 |                                                                                                                          |                               |
| A 081<br>SS=D                                                   | 58A-5.0191(2) FAC Training - Staff In-Service<br><br>(2) STAFF IN-SERVICE TRAINING. Facility<br>administrators or managers shall provide or<br>arrange for the following in-service training to<br>facility staff:<br>(a) Staff who provide direct care to residents,<br>other than nurses, certified nursing assistants, or<br>home health aides trained in accordance with<br>Rule 59A-8.0095, F.A.C., must receive a<br>minimum of 1 hour in-service training in<br>control, including universal precautions, and<br>facility sanitation procedures before providing<br>personal care to residents. Documentation of<br>compliance with the staff training requirements of<br>29 CFR 1910.1030, relating to _____ borne<br>, may be used to meet this<br>requirement.<br>(b) Staff who provide direct care to residents<br>must receive a minimum of 1 hour in-service<br>training within 30 days of employment that covers<br>the following subjects:<br>1. Reporting major incidents.<br>2. Reporting adverse incidents.<br>3. Facility emergency procedures including<br>chain-of-command and staff roles relating to<br>emergency evacuation.<br>(c) Staff who provide direct care to residents, who<br>have not taken the core training program, shall<br>receive a minimum of 1 hour in-service training<br>within 30 days of employment that covers the<br>following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident _____,<br>neglect, and _____. | A 081                                                                                 |                                                                                                                          |                               |

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6800

J41B11

If continuation sheet 1 of 6

Agency for Health Care Administration

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| A 081                                                           | <p>Continued From page 1</p> <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview facility administrator failed to provide or arrange for the following in-service training to 2 out of 4 (#2, &amp; 3) direct care staff.</p> <p>Findings include:</p> <p>Personnel record review on _____, 2013 revealed sampled staff that provides direct care to residents was unable to provide any</p> | A 081                                                                          |                                                                                                                          |                          |                               |

Agency for Health Care Administration

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| A 081                                                           | Continued From page 2<br><br>documentation to prove in-service training's in the following:<br><br>Staff #2 (hire date _____) did not have documentation verifying training for elopement response policies and procedures within thirty (30) days of employment.<br><br>Staff #3 (hire date _____) did not have documentation verifying training's for providing assistance with the activities of daily living, elopement response policies and procedures within thirty (30) days of employment, reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and 1-hour-in-service training within 30 days of employment in safe food handling practices.<br><br>Interview with administrator's assistant on _____, 2013 at 3:30 p.m. stated "I was reviewing their record and noticed the training's missing; I will schedule the missing training's as soon as possible."<br><br>Class III | A 081                                                                                 |                                                                                                                          |                               |
| A 082<br>SS=D                                                   | 58A-5.0191(3) FAC Training - _____<br><br>(3) _____<br><br>( / / ), Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on _____, including the topics prescribed in the Section 381.0035, F.S. New facility staff must                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 082                                                                                 |                                                                                                                          |                               |

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| A 082                                                           | Continued From page 3<br><br>obtain the training within 30 days of employment.<br>Documentation of compliance must be<br>maintained in accordance with subsection (12) of<br>this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on staff record review and interview the<br>facility failed to ensure that 1 out of 4 (#2)<br>sampled staff had completed a one time<br>education course on and<br><br>Findings include:<br><br>Personnel record review on , 2013<br>contained that sampled staff #2, (hire date<br>) did not have any documentation of<br>training completed.<br><br>Interview with administrator's assistant on<br>, 2013 at 3:30 p.m. stated "I was<br>reviewing their record and noticed the training's<br>missing; I will schedule the missing training's as<br>soon as possible." | A 082                                                                          |                                                                                                                          |                          |                               |
| A 085<br>SS=D                                                   | 58A-5.0191(6) FAC Training - Nutrition & Food<br>Service<br><br>(6) NUTRITION AND FOOD SERVICE. The<br>administrator or person designated by the<br>administrator as responsible for the facility's<br>food service and the day-to-day supervision of<br>food service staff must obtain, annually, a<br>minimum of 2 hours continuing education in<br>topics pertinent to nutrition and food service in an<br>assisted living facility. A certified food manager,<br>licensed dietitian, registered dietary technician or<br>health department sanitarians are qualified to<br>train assisted living facility staff in nutrition and                                                                                                                                                                                             | A 085                                                                          |                                                                                                                          |                          |                               |

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| A 085                                                           | Continued From page 4<br><br>food service.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility<br>failed to provide the annual, a minimum of 2<br>hours continuing education on nutrition training to<br>1 out of 4 (#3) staff who assist residents with<br>meals.<br><br>Findings include:<br><br>Record review on _____, 2013 for staff #3<br>(hire date _____) found no documentation<br>of having completed the required training<br>minimum of 2 hours continuing education in<br>topics pertinent to nutrition and food service in an<br>assisted living facility.<br><br>Interview with administrator's assistant on<br>_____, 2013 at 3:30 p.m. stated "I was<br>reviewing their record and noticed the training's<br>missing; I will schedule the missing training's as<br>soon as possible." | A 085                                                                                 |                                                                                                                          |                               |
| A 090<br>SS=D                                                   | 58A-5.0191(11) FAC Training - Do Not<br>Orders<br><br>(11)<br>TRAINING.<br>(a) Currently employed facility administrators,<br>managers, direct care staff and staff involved in<br>resident admissions must receive at least one<br>hour of training in the facility's policies and<br>procedures regarding _____ within 60 days<br>after the effective date of this rule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A 090                                                                                 |                                                                                                                          |                               |

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| A 090                                                           | <p>Continued From page 5</p> <p>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility 's policy and procedures regarding _____ within 30 days after employment.</p> <p>(c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on interview and record review facility failed to ensure 2 out of 4 (#2 &amp; 4) sampled staff who provide direct care to residents received a minimum of 1 hour in-service training in the facility 's policy and procedures regarding _____.</p> <p>Findings include:</p> <p>Facility's record review on _____, 2013 revealed that sampled staff #2 (hired _____), staff #3 (hired _____) record did not have any documentation verifying proof of 1 hour in-service training in the facility 's policy and procedures regarding _____'s training available at time of survey.</p> <p>Interview with administrator's assistant on _____, 2013 at 3:30 p.m. stated "I was reviewing their record and noticed the training's missing; I will schedule the missing training's as soon as possible."</p> <p>Class III</p> | A 090                                                                          |                                                                                                                          |                          |                               |



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

, 2013

Administrator  
Casa De Paz Alf, Inc  
9360 Sw 24 Street  
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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 3/8/2013 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,

  
for Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure  
XG90

