

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967185	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER JOY & LOVE REHABILITATION ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 910 NW 58 STREET MIAMI, FL 33157		
(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 Complaint (2013004061) Investigation Survey was completed at Joy & Love Rehabilitation ALF with Limited Nursing Services (LNS) and Limited Mental Health (LMH) on . There were deficiencies identified at the time of survey.	A 000			
A 007 SS=0	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable which is likely to be transmitted to other residents or staff; however, a person who has () may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident 's or the resident 's surrogate, guardian, or attorney-in-fact 's written informed consent to provide such assistance as required under Section 429.256, F.S.	A 007			

AHCA Form 3020-0001

TITLE

(X8) DATE

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

STATE FORM

0099

BQVU11

If continuation sheet 1 of 6

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A 007	Continued From page 1 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any _____ or 4 pressure sores. A resident requiring care of a _____ pressure may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident's record; and 3. If the resident's condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, _____, or _____ suctioning; 2. Assistance with tube feeding; 3. Monitoring of _____ gases; 4. Intermittent positive pressure breathing _____; or 5. Treatment of surgical _____ or wounds, unless the surgical _____ or _____ and the	A 007			

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A 007	Continued From page 2 condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to ensure that residents who were admitted to the facility did not have _____ for 1 out of 2 (#1) sampled residents. Findings include: Record review found that resident #1 was admitted to the facility on _____ from Jackson Hospital. Resident #1's health assessment dated _____ documented that he had a _____	A 007			

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A 007	Continued From page 3 healing . The facility documented that on at 10 a.m. the administrator took pictures of resident #1's hip and leg. Home health records and hospital records revealed that resident #1 had a on his right hip and on his right leg. Home health records stated skilled nurse has not seen any improvement and bone is expose dated . Skilled nursing has request I vac or rehab admission due to no (s/s) of improvement. Record review found that the facility's resident observation log did not have any written documentation of resident #1's , It's stage, or . care.	A 007			
A 025 SS=D	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	A 025			

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A 025	Continued From page 4 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 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the assisted living facility failed to have documentation on pressure sores and care for 2 out of 2 (#1 and #2) sampled residents. Findings include: Record review found that resident #1 was admitted to the facility on _____ from Jackson Hospital. Resident #1's health assessment dated _____ documented that he had a _____ healing _____. The facility documented that on _____ at 10 a.m. the administrator took pictures of resident #1's hip and leg. Home health records and hospital records revealed that resident #1 had a _____ on his right hip and _____ on his right leg. Record review	A 025			

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A 025	Continued From page 5 found that the facility's resident observation log did not have any written documentation of resident #1's , it's stage, or care. Record review found that resident #2's health assessment dated , documented that he had a pressure . Record review found that the facility's resident observation log did not have any written documentation of resident #2's , it's stage, or care. Interview with the live in staff member on at 11:12 a.m. revealed resident #1 was getting care for hip and knee. Hip is deep she stated. He says he got rob and he came in with . They said that when they mugged him he got stabbed. Resident #2 has above ankle- but it is almost healed. On at 12:30 p.m. the staff member confirmed that the facility did not have written notes for residents #1 and #2 on their wounds or care. Class III	A 025			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Joy & Love Rehabilitation Alf
910 Nw 58 Street
Miami, FL 33157

Re: CCR #2013004061

Dear Administrator:

This letter reports the findings of a state complaint 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 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

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