

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>AL11967124</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/18/2019</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ZUNI ALF**

**370 NW 133RD PLACE  
MIAMI, FL 33182**

| (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 |
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| {A 000}                  | Initial Comments<br><br>A 2nd revisit to a change of ownership survey was conducted at Zuni ALF on _____ and concluded on _____. Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {A 000}             |                                                                                                                          |                          |
| A 030<br>SS=D            | 58A-5.0182(6) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>58A-5.0182<br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C.<br>(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow 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.<br>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96- _____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. | A 030               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 030                                               | <p>Continued From page 1</p> <p>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____;</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. _____ control, sanitation, and universal precautions; and,</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers.</li> </ol> <p>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.</p> <p>(f) The facility must 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 must allow 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 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> <p>(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical _____</p> | A 030                                                                                        |                                                                                                                                                          |

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| A 030                                               | <p>Continued From page 2</p> <p>by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . .</p> <p>429.28 Resident bill of rights.-</p> <p>(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:</p> <p>(a) Live in a safe and decent living environment, free from . . . . . and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(f) Manage his or her financial affairs unless the</p> | A 030                                                                          |                                                                                                                          |  |                                                                    |

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| A 030                                               | <p>Continued From page 3</p> <p>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.</p> <p>(g) Share a room with his or her spouse if both are residents of the facility.</p> <p>(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.</p> <p>(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.</p> <p>(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.</p> <p>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ill, 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.</p> <p>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without undue interference, coercion,</p> | A 030                                                                                        |                                                                                                                          |

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| A 030                                               | <p>Continued From page 4</p> <p>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.</p> <p>(2) The administrator of a facility shall ensure that a written notice of the rights, ... and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. ... The notice must state that a complaint made to the Office of State Long-Term Ombudsman or a local long-term care ombudsman council, the names and identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the local ombudsman council, central hotmail, and Rights Florida.</p> <p>429.27(1)(a), FS<br/>Property and personal affairs of residents.-<br/>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated ... or ... under state law, managing his or her own affairs.<br/>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for</p> | A 030                                                                                        |                                                                                                                          |  |                                                                    |

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| A 030                                               | <p>Continued From page 5</p> <p>the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review, and interview the facility used bed rails as on two out of six (Resident #2 and #5) sampled residents' beds.</p> <p>Findings included:</p> <p>Observation on _____ at 09:10 AM showed that Resident #2 had full bed rail and Resident #5 had half (½) bed rail attached to their beds.</p> <p>Record review showed there was no written physician's order for the use of full rails for Resident #2 and ½ bed rails for Resident #5.</p> <p>Interview conducted on _____ at 11:30 AM, Administrator confirmed that there was no documentation for the use of full bed rails in Resident's #2 file and ½ bed rails in Resident's #5 file.</p> <p>Class III</p> | A 030                                                                                        |                                                                                                                          |  |                                                                    |
| (A 077)<br>SS=D                                     | <p>429.176 FS; 429.52( ), 58A-5.019(1) FAC<br/>Staffing Standards - Administrators</p> <p>429.176<br/>Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (A 077)                                                                                      |                                                                                                                          |  |                                                                    |

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| {A 077}                                             | <p>Continued From page 6</p> <p>provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.</p> <p>429.52( ), FS</p> <p>(4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19.</p> <p>(5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.</p> <p>58A-5.019<br/>Staffing Standards.</p> <p>(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.</p> <p>(a) An administrator must:</p> <ol style="list-style-type: none"> <li>1. Be at least _____;</li> <li>2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.;</li> <li>3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and</li> <li>4. Complete the core training and core</li> </ol> | {A 077}                                                                                      |                                                                                                                          |

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| (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) |
| {A 077}                                             | <p>Continued From page 7</p> <p>competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before _____, are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule.</p> <p>5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C.<br/>Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.</p> <p>(b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:</p> <ol style="list-style-type: none"> <li>1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and</li> <li>2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.</li> </ol> <p>(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care. Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an</p> | {A 077}                                                                                      |                                                                                                                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ZUNI ALF</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>370 NW 133RD PLACE</b><br><b>MIAMI, FL 33182</b> |                                                                                                                          |
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| {A 077}                                             | <p>Continued From page 8</p> <p>administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile _____ of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.</p> <p>(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to _____, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not _____, serve as an administrator of any other facility.</p> <p>(e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, _____, which is incorporated by reference and available online at: <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04002">http://www.flrules.org/Gateway/reference.asp?No=Ref-04002</a>.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have an Administrator who completed the required CORE training including the competency test, within 90 days after date of employment as an administrator. The facility has</p> | {A 077}                                                                                      |                                                                                                                          |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              | (X5)<br>COMPLETE<br>DATE                                                                                                 |

Agency for Health Care Administration

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| {A 077}                                             | Continued From page 9<br><br>being operating for more than 120 consecutive<br>days without an administrator who has completed<br>the core educational requirements.<br><br>Findings as follow:<br><br>Staff record review showed the Administrator was<br>hired on . . . . . Further record review<br>showed the facility failed to have proof of the<br>CORE competency test results for the<br>Administrator. The Administrator provided<br>documentation of the CORE training completed<br>on . . . . . The facility failed to provide<br>evidence that a CORE trained administrator who<br>passed the competency test for more than 120<br>consecutive days.<br><br>Interview conducted on . . . . . at 11:00 AM,<br>Administrator stated that she did the competency<br>test on . . . . . but she did not obtain a passing<br>score.<br><br>Class III<br>Uncorrected | {A 077}                                                                                      |                                                                                                                          |  |                                                                    |
| A 160<br>SS=D                                       | 58A-5.024(1) FAC Records - Facility<br><br>The facility must maintain required records in a<br>manner that makes such records readily available<br>at the licensee's physical address for review by a<br>legally authorized entity. If records are maintained<br>in an electronic format, facility staff must be<br>readily available to access the data and produce<br>the requested information. For purposes of this<br>section, "readily available" means the ability to<br>immediately produce documents, records, or<br>other such data, either in electronic or paper<br>format, upon request.<br>(1) FACILITY RECORDS. Facility records must                                                                                                                                                                                                                      | A 160                                                                                        |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| A 160                                               | <p>Continued From page 10</p> <p>include:</p> <p>(a) The facility's license displayed in a conspicuous and public place within the facility.</p> <p>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:</p> <ol style="list-style-type: none"> <li>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and</li> <li>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of _____.</li> </ol> <p>(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).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.;</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s _____ or _____.</p> | A 160                                                                                        |                                                                                                                          |

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| A 160                                               | <p>Continued From page 11</p> <p>related . . . . ., a copy of all such facility advertisements as required by Section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.</p> <p>(j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p> <p>(k) 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 2 years.</p> <p>(l) 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.</p> <p>(m) 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> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to proof of a satisfactory annual fire</p> | A 160                                                                                        |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| A 160                                               | Continued From page 12<br><br>inspection.<br><br>Findings Include:<br><br>Facility's record review showed the fire inspection<br>dated                      and                      had one violation.<br><br>Interview conducted on                      at 11:39,<br>Administrator stated the facility had a satisfactory<br>fire inspection but she need to print the report.<br><br>Class III | A 160                                                                                        |                                                                                                                          |  |                                                                    |