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
	AL11953342	A. BUILDING: _____ B. WING _____	R 06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROFESSIONAL HOME CARE III, INC	447 EAST 26 STREET HIALEAH, FL 33013

(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 third revisit to biennial survey was conducted at Professional Home Care III on . . . . . Deficiencies were identified at the time of survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . , ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of 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 resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider	{A 025}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 025}	Continued From page 1 and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide care and services appropriate to adequately meet the needs of one of five sampled residents (Resident #16). Findings included: Observation on at 9:05 am revealed Resident #16 inside # , which was not his room, and while Resident #15 was sleeping on his bed. Staff B asked him, " What are you doing here; this is not your room." Staff B also stated Resident #16 sometimes is and go into other residents' rooms. Further, observation found Resident #16 was scratching his and complaining about the itching. Then, Staff B pulled his shirt up and helped him scratch his . Observation on at 9:30 am revealed that Resident #16 was sitting at the common area, and he was scratching his ( ) and his left (rear) side of his and his , and he was complaining again about the itching.	{A 025}		

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{A 025}	Continued From page 2 Interview on at 9:30 am Staff B stated, "Resident #16 is taking for the itchiness, but he is still itching." Interview on at 9:40 am, Staff A stated that she did not know that Resident #16 was itching. Staff A mentioned that he had for having , but she had no idea of the itching. Staff A noticed tiny red dots on both bottom of his and dark spot on his . She called primary Physician and requested a dermatologist consult. During exit conference at 1:27 pm, Staff B stated, "I saw Resident #16 on Friday ( ) scratching his on the wall, and I asked him, "Are you itching?" and he response me , "Yes, it is itching me." Then, Staff B stated, "I scratched him (referring to his); therefore, I thought that the prescribed for the Doctor last week it was for his itchiness." Interview on at 1:28 pm Staff A stated, "The Staff B never let me know about this." Record review revealed Resident #16 ( )'s health assessment (dated) reflected the following diagnoses: Loss of Memory and . Resident had poor judgement, precautions and was an elopement risk. Resident needed supervision on ambulation, eating, toileting and transferring plus assistance bathing, and grooming." Uncorrected deficiency	{A 025}		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 3 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .	A 152		

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A 152	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a safe living environment free of hazards to its residents and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order. Findings included: During a tour of the facility on . . . . at 9:00 AM the followings were observed: At the eating area, had a dark stain from water leak on the ceiling. Bathroom #1 had a water leak from the toilet, water observed # had water stains on the ceiling. Missing tiles and border from the main hallway. Observation on revealed Staff B putting a white blacked on top of wet floor on bathroom #2. Interview on . . . . . Staff A stated, "We are fixing those things right now." In addition, Staff A acknowledged that the facility needed to repair the mention above." Class III	A 152		