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
	AL11910951	A. BUILDING: _____ B. WING _____	08/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALMOS 23 #4 LLC	70 EAST 21ST STREET HIALEAH, FL 33010

(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 investigation (#2019007395) was conducted at Salmos … #4 LLC on … and concluded on … . Deficiencies were identified at the time of the 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.	A 025		

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A 025	Continued From page 1 (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. (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 appropriate supervision to one out of four sampled residents (#1). Findings included: On at 8:50 AM the Administrator stated Resident #1 eloped and he had not been found yet. Record review revealed Resident #1 was admitted on . . . . . On . . . . . he jumped the backyard fence and eloped. Resident had refused to sign the admission package. On . . . . . at 9:45 AM the Administrator stated the facility had a staff member supervising the backyard. On . . . . . at 11:25 AM did not observe any staff on the backyard. On at 11:25 AM the Administrator stated that the kitchen assistant or the person doing the laundry were supposed to supervise the residents	A 025		

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A 025	Continued From page 2 that were in the backyard. She stated Resident #1 jumped the wall on the right side of the facility that has a [redacted]. The one on the [redacted] has a [redacted] of a little more than 5 [redacted]. She stated the resident left within a few seconds because Staff B had just seen him sitting in the common area watching TV. She stated they called the number that was listed for as a friend of him but no one answered. On [redacted] at 11:56 AM Staff B stated, "Resident #1 was at lunch, he was seated by the TV room. He stated he was saying that he was going to leave. He had lunch and within seconds he was gone. He did not have his clothes with him. We were monitoring him. He jumped the backyard wall. Normally the lady that does the laundry is at the backyard. On [redacted] at 12:02 PM Staff C stated, "He was here and jumped the backyard wall. He was saying he was going to leave." Class III	A 025		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (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	A 152		

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A 152	Continued From page 3 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 . This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain ceilings. Findings included: During tour of the facility on at 8:40 AM on the second floor by observed a yellowish stain on the ceiling and in there was a hole in the ceiling and a yellowish stain too. On at 8:40 AM the Administrator stated	A 152		

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A 152	Continued From page 4 that it was because of the condensation from the air conditioner and that they were working on fixing it. Class III	A 152		