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
	AL11953440	A. BUILDING: _____ B. WING _____	R 07/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING RETIREMENT HOMES II	2787-2789 SW 33 AVENUE MIAMI, FL 33133

(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 revisit to a biennial survey was conducted at Assisted Living Retirement Home II on . A deficiency was found to be uncorrected at the time of the survey.	{A 000}		
{A 079} SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the	{A 079}		

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{A 079}	Continued From page 1 facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 58A-5.0191(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and [illegible]. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all	{A 079}		

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{A 079}	Continued From page 2	{A 079}		

aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire

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{A 079}	Continued From page 3 safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 58A-5.029, 58A-5.030 or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility continued to fail to maintain minimum staff hours per week to meet the scheduled and unscheduled needs of residents during the hours of 6:00pm to 6:00am. The facility only had one staff member taking care of 12 residents. Of those, five residents were under hospice care, including two who required total care and were bedridden. Findings included:	{A 079}		

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{A 079}	Continued From page 4 Review of the facility's staffing schedule for the month of [illegible] reflected a total of 303.30 hours per week: 1 staff from 7am through 5:30pm for 6 days which equaled to 63 hours a week. 1 staff from 6am through 4pm for 5 days which equaled to 50 hours a week. 1 staff from 7am through 6pm for 5 days which equaled to 55 hours a week. 1 staff from 7am through 5:30pm one day a week, from 6am through 4pm two days a week, and 7am through 6pm one day a week, which equaled to 40.30 hours a week. 1 staff from 7am through 6pm once a week which equaled to 11 hours a week. 1 staff from 6pm through 6am four days which equaled to 48 hours a week. 1 staff from 6 pm through 6am three days which equaled to 36 hours a week. Further review showed there was only one staff member scheduled during the hours of 6:00pm through 6:00am. The staff took care of 12 residents, including five residents who were under hospice care. Review of all hospice residents records revealed Residents # 2 and # 5 required total care with all Activities of Daily Living (ADLs) and were bedridden. Review of Resident's # 1 health assessment revealed she required assistance with all ADL's'; however, it stated under comments for Ambulation, "assist with wheelchair (w/c), by pushing the resident's wheelchair to assist in providing direction".	{A 079}		

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{A 079}	Continued From page 5 Review of Resident's # 3's health assessment stated she required assistance with all ADL's; however, it stated under comments for Ambulation, "With ambulatory device walker/wheelchair, by pushing the resident's wheelchair or providing the resident direction to assist in providing direction while the resident ambulates". Review of Resident's # 4's health assessment stated she required assistance with all ADL's; however, it stated under comments for Ambulation "providing the resident direction while the resident ambulate & to move about within or outside the facility". On [redacted] at 10:52AM, the Owner stated that in the case of a fire emergency, their sprinkler system in the facility would contain the fire and they would only have to evacuate that certain section. The Owner also stated that in the case of an emergency, they live a few minutes away and would go to the facility for extra assistance along with fire rescue. Furthermore, the Owner stated that during night time, the majority, if not all the residents, are sleeping. Class III	{A 079}		