

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DAVISITO'S, INC

**6524 NW 197TH LANE
HIALEAH, FL 33015**

(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 re-licensure survey revisit was conducted at Davis' Inc. Assisted Living Facility on Deficiencies were identified at the time of the survey.	A 000		
A 083 SS=D	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND (. . .). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that at least one staff member, who had First Aid and (. . .) was training is at the facility at all times. Findings Included:	A 083		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 083	Continued From page 1 On _____ at 8:55 AM, observed Staff C and D at the facility providing care to all residents. Review of employee files showed Staff C's and D's First Aid and _____ trainings had expired. Staff C was hired _____ and First Aid _____ expired in _____. Staff D was hired _____ and First Aid _____ expired in _____. Review of facility staffing schedule from _____ through _____, 2019 showed Staff C and D were scheduled to work from 6 AM to 6 PM with no other staff scheduled to work. On _____ at 1:10 PM, the Administrator stated he would ensure Staff C and D updated their First Aid _____ training's. The Administrator stated he would always ensure a staff member with the first aid and _____ training remain at the facility. Class III	A 083		