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
	AL11968250	A. BUILDING: _____ B. WING _____	R 08/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINELLE SOUTH ASSISTED LIVING FACILITY INC	1750 NW 41 STREET MIAMI, FL 33142

(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 Revisit number 2019006792 Survey was conducted at Calvinelle South ALF, Inc. on ˬ 8, 2019. Deficiencies were identified at the time of survey.	{A 000}		
{A 054} SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ˬ ˬ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical ˬ ˬ ˬ ˬ, the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	{A 054}		

AHCA Form 3020-0001

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

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an accurate daily Medication Observation Record (MOR) for two out of 13 sampled residents (Residents 6 and 9). The facility also failed to provide doctor's orders for three of 13 sampled residents,(Residents 6, 7, and 9). Findings included: A review of Resident 6's MOR revealed a handwritten MOR which did not have any documentation of any known [illegible] and the name of the resident's healthcare provider along with their phone number. Further review of Resident 6's records showed no documentation of any prescriptions from a healthcare provider. A review of Resident 7's records did not show any documentation of any prescriptions from a healthcare provider. A review of Resident 9's MOR revealed a handwritten MOR which did not have any documentation of any known [illegible] and the name of the resident's healthcare provider along with their phone number. Further review of Resident 9's records showed no documentation of any prescriptions from a healthcare provider. On [illegible] at 10:55 AM, the Administrator acknowledged the records were written and that the facility did not have any prescriptions to provide. Uncorrected Class III	{A 054}		

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{CZ814} SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a change in status within 10 business days on its employee roster in the background screening clearinghouse system for one of 12 sampled staff (Staff F).	{CZ814}		

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{CZ814}	Continued From page 1 Findings Included: On [redacted] at 7:50 AM, the Administrator stated that Staff F was no longer working at the facility, that he had been transferred to another facility. A review of the facility's background screening database system revealed Staff F was an active employee as of and had no termination date. Uncorrected Unclassified	{CZ814}		