

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969444	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PLAZA AT PARKSQUARE (THE)

**2940 NE 207 STREET
AVENTURA, FL 33180**

(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 (Complaint number 019008704) was conducted at The Plaza at Parksquare 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		

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 (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 record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes, any illness for one out of two (Resident #1) sampled residents. Findings included: Review of Resident #1's record document she was admitted to the facility on Health Assessment dated indicated she was diagnosed with Overactive (. lower extremities) by the physician. The resident was independent with ambulation, eating, grooming, toileting and transferring, and needed assistance with bathing and Facility incident report documented "Resident #1 bumped her into the glass door. coming out her 911 was called." Interviewed on at 12:42 PM, Staff C	A 025		

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NAME OF PROVIDER OR SUPPLIER PLAZA AT PARKSQUARE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 2940 NE 207 STREET AVENTURA, FL 33180		
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A 025	Continued From page 2 stated she was at the third floor around 2:00 PM when she received a called and she run to the craft room. She said that when she arrived to the craft room she saw Resident #1 _____ from her _____. She was informed that Resident #1 hit her _____ on the glass door when she went to the bathroom. She said that she offered an ice _____ and Resident #1 put it. She stated she called 911 and left the resident under their care. She contacted resident's physician, but the office was closed because the incident happened a Sunday, and she left a message. She also contacted resident's daughter. She said Resident #1 got mad with her because she did not want that she contacted her daughter. Rescue offered to transferred her to the hospital, but she refused. Rescue said that her vital signs were ok. Resident #1 went _____ to her room. She stated she saw the resident the next day and she did not complain about anything. Interviewed on _____ at 12:16 PM, Staff D stated Resident #1 was in the Art and Craft room. She went out of the room to go to the bathroom and she bumped her _____ into the glass. Rescue came and checked her but she refused to go to the hospital. Med tech called her daughter, son and the physician. The incident happened on the weekend. Her physician ordered a _____ scan and she did it. Resident's #1 record did not have documentation that her primary physician and family members were notified. Class III	A 025			

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A 078 A 078 SS=D	Continued From page 3 58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of ... testing materials satisfies the annual ... examination requirement. An individual with a positive ... test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable ... (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078 A 078		

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A 078	Continued From page 4 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to keep on file an updated documentation of freedom from for one out of three (Staff A) sampled staff. Findings included: Staff A's record review showed that there was no current documentation of freedom from annually. The last statement on file was dated	A 078		

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A 078	Continued From page 5 Interviewed on at 12:10 PM, the Administrator confirmed Staff A did not have annual documentation of freedom from in the record. Class III	A 078		