

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968978</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/20/2019</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**INTEGRITY GROUP HOME CORPORATION**

**15025 MONROE ST  
MIAMI, FL 33176**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint investigation (2019014762) was<br>conducted at Integrity Group Home Corporation<br>on _____ and concluded on _____.<br>Deficiencies were identified at the time of the<br>survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 000               |                                                                                                                          |                          |
| A 010<br>SS=D            | 429.26(1&9) FS; 58A-5.0181(4) FAC Admissions<br>- Continued Residency<br><br>429.26<br>(1) The owner or administrator of a facility is<br>responsible for determining the appropriateness<br>of admission of an individual to the facility and for<br>determining the continued appropriateness of<br>residence of an individual in the facility. A<br>determination shall be based upon an<br>assessment of the strengths, needs, and<br>preferences of the resident, the care and services<br>offered or arranged for by the facility in<br>accordance with facility policy, and any limitations<br>in law or rule related to admission criteria or<br>continued residency for the type of license held<br>by the facility under this part. A resident may not<br>be moved from one facility to another without<br>consultation with and agreement from the<br>resident or, if applicable, the resident's<br>representative or designee or the resident's<br>family, guardian, surrogate, or attorney in fact. In<br>the case of a resident who has been placed by<br>the department or the Department of Children<br>and Families, the administrator must notify the<br>appropriate contact person in the applicable<br>department.<br>(9) A _____, ill resident who no longer meets<br>the criteria for continued residency may remain in<br>the facility if the arrangement is mutually<br>agreeable to the resident and the facility;<br>additional care is rendered through a licensed<br>hospice, and the resident is under the care of a | A 010               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 010                                                                       | <p>Continued From page 1</p> <p>physician who agrees that the physical needs of the resident are being met.</p> <p>58A-5.0181</p> <p>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a _____ medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:</p> <p>(a) The resident may be bedridden for no more than 7 consecutive days.</p> <p>(b) A resident requiring care of a _____ may be retained provided that:</p> <ol style="list-style-type: none"> <li>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,</li> <li>2. The condition is documented in the resident's record; and,</li> <li>3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.</li> </ol> <p>(c) A _____, ill resident who no longer meets the criteria for continued residency may continue</p> | A 010                                                                               |                                                                                                                          |

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| A 010                                                                       | <p>Continued From page 2</p> <p>to reside in the facility if the following conditions are met:</p> <ol style="list-style-type: none"> <li>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;</li> <li>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;</li> <li>3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,</li> <li>4. Documentation of the requirements of this paragraph is maintained in the resident's file.</li> </ol> <p>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.</p> <p>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.</p> <p>(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.</p> <p>(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review and interview the facility failed to ensure the appropriateness of continuing residency for one out of four sampled residents (Resident # 1).</p> | A 010                                                                          |                                                                                                                          |  |                                                        |

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| A 010                                                                       | <p>Continued From page 3</p> <p>Findings included:</p> <p>A review of Resident # 1's record revealed that the health assessment completed on _____ stated that he required total assistance for transferring and ambulation and medication administration.</p> <p>On _____ at 1:50 PM the Administrator stated, "He can assist with transfer. He uses one _____ he does not need medication administration."</p> <p>On _____ at 2:40 PM Resident # 1 stated that he was not able to walk and not able to assist with transfer and that they used a machine with a blue belt to get him out of bed; he stated he was able to assist with the medications. he stated he would not get out of bed that day.</p> <p>_____ at 12:25 PM observed Resident # 1 getting into bed. He was able to crawl out of the wheelchair to the bed, but it took him a long time. At 12:38 PM he tried to get out of bed and into the wheelchair, but he could not; Staff B ended up lifting him up and carrying him to the wheelchair; Resident # 1 did not assist at all.</p> <p>Class III</p> | A 010                                                                          |                                                                                                                          |                          |                                                        |
| A 030<br>SS=D                                                               | <p>58A-5.0182(6) FAC; 429.28( ) FS 429.27<br/>Resident Care - Rights &amp; Facility Procedures</p> <p>58A-5.0182<br/>(6) RESIDENT RIGHTS AND FACILITY<br/>PROCEDURES.<br/>(a) A copy of the Resident Bill of Rights as<br/>described in section 429.28, F.S., or a summary<br/>provided by the Long-Term Care Ombudsman</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                    | <p>Continued From page 4</p> <p>Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C.</p> <p>(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.</p> <p>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96-_____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.</p> <p>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____;</li> <li>6. Administrative and housekeeping schedules and requirements;</li> </ol> | A 030               |                                                                                                                          |                          |

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| A 030                                                                       | <p>Continued From page 5</p> <p>7. .... control, sanitation, and universal precautions; and,</p> <p>8. The requirements for coordinating the delivery of services to residents by third party providers.</p> <p>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.</p> <p>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> <p>(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical ..... by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical .....</p> <p>429.28 Resident bill of rights.-<br/>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:<br/>(a) Live in a safe and decent living environment,</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                                       | Continued From page 6<br><br>free from . . . . . and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.<br>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance | A 030                                                                               |                                                                                                                          |                                                        |

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| A 030                    | <p>Continued From page 7</p> <p>at religious services, shall be imposed upon any resident.</p> <p>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making arrangements for health care services, the provision of or arrangement of transportation to health care services, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.</p> <p>(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ill, the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.</p> <p>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or</p> | A 030               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY GROUP HOME CORPORATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15025 MONROE ST<br/>MIAMI, FL 33176</b>                                      |  |                                                        |
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| A 030                                                                       | <p>Continued From page 8</p> <p>special interest groups.</p> <p>(2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and _____, Rights Florida.</p> <p>429.27(1)(a), FS<br/>Property and personal affairs of residents.-<br/>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____ or _____ under state law, managing his or her own affairs.<br/>(b) The admission of a resident to a facility and</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| A 030                                                                       | <p>Continued From page 9</p> <p>his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to honor a resident's right to be free of . The facility used a safety belt to restrain one out of four sampled residents in a wheelchair (Resident #1).</p> <p>Finding included:<br/>Observation on ..... at 11:00 AM showed Resident #1 sat on a wheelchair and had a safety belt on.<br/>Staff B stated they put the belt on Resident #1 to prevent him from falling off the wheelchair.</p> <p>On ..... at 11:20 AM, Staff A asked Staff B to unfasten the safety belt for Resident #1. Staff A stated, "I told you to use the safety belt when you're transporting him only; when you're pushing the chair only. When he sits still, do not fasten the belt on him."</p> <p>Class III</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 054<br>A 054<br>SS=D                                                      | Continued From page 10<br><br>58A-5.0185(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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:<br>1. The name of the resident and any known _____ the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical _____, 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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to maintain an accurate medication observation record for four out of four sampled residents. | A 054<br><br>A 054                                                             |                                                                                                                          |                          |                                                        |

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| A 054                                                                       | Continued From page 11<br><br>Findings included:<br><br>Review of the medication observation records for Residents #1, #2, #3 and #4 revealed that they had no signatures from the persons assisting the residents with self-administration of medications, but had check marks for all residents.<br><br>On _____ at 11:58 AM the Administrator stated, "we have always done it like that. There is only one person giving the medications and I do it on the weekends."<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                      | A 054                                                                               |                                                                                                                          |                                                        |
| A 081<br>SS=D                                                               | 58A-5.0191( ) FAC Training - Staff In-Service<br><br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br><br>(3) STAFF IN-SERVICE TRAINING. Facility | A 081                                                                               |                                                                                                                          |                                                        |

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| A 081                    | <p>Continued From page 12</p> <p>administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to bloodborne pathogens, may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident neglect, and abuse. The facility must use its prevention policies and procedures when offering this training.</li> </ol> <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training</p> | A 081               |                                                                                                                          |                          |

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| A 081                    | <p>Continued From page 13</p> <p>within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to provide a pre-service orientation of at least 2 hours to two out of four sampled staff (Staff B and Staff C) prior to their interacting with residents.</p> <p>Findings Included:</p> <p>A review of employee records showed the facility hired Staff B on _____, and hired Staff C on _____ . Staff B 's and Staff C's employee records did not have any documentation of having received 2 hours of pre-service orientation prior to interacting with residents.</p> <p>On _____ at 03:10 PM, Staff A</p> | A 081               |                                                                                                                          |                          |

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| A 081                    | Continued From page 14<br><br>acknowledged the findings and stated she would<br>take care of it.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A 081               |                                                                                                                          |                          |
| A 162<br>SS=D            | 58A-5.024(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records<br>must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name;<br>2. ;<br>3. Race;<br>4. Date of birth;<br>5. Place of birth, if known;<br>6. Social security number;<br>7. Medicaid and/or Medicare number, or name of<br>other health insurance ;<br>8. Name, address, and telephone number of next<br>of kin, legal representative, or individual<br>designated by the resident for notification in case<br>of an emergency; and<br>9. Name, address, and telephone number of the<br>health care provider and case manager, if<br>applicable.<br>(b) A copy of the Resident Health Assessment<br>form, AHCA Form 1823 described in Rule<br>58A-5.0181, F.A.C.<br>(c) Any orders for medications, nursing services,<br>therapeutic diets, , or<br>other services to be provided, supervised, or<br>implemented by the facility that require a health<br>care provider ' s order.<br>(d) Documentation of a resident's refusal of a<br>therapeutic diet pursuant to Rule 58A-5.020,<br>F.A.C., if applicable.<br>(e) The resident care record described in | A 162               |                                                                                                                          |                          |

AHCA Form 3020-0001  
STATE FORM

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY GROUP HOME CORPORATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15025 MONROE ST<br/>MIAMI, FL 33176</b>                                      |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 162                                                                       | <p>Continued From page 16</p> <p>the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.</p> <p>(m) Documentation of the . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C.</p> <p>(o) The resident 's . . . , DH Form 1896, if applicable.</p> <p>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:</p> <ol style="list-style-type: none"> <li>1. A log listing the names of residents participating in this arrangement;</li> <li>2. The resident demographic data required in this paragraph;</li> <li>3. The health assessment described in Rule 58A-5.0181, F.A.C.;</li> <li>4. The resident's contract described in Rule 58A-5.025, F.A.C.; and</li> <li>5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.</li> </ol> <p>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period</p> | A 162                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968978</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/20/2019</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**INTEGRITY GROUP HOME CORPORATION**

**15025 MONROE ST  
MIAMI, FL 33176**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 162                    | <p>Continued From page 17</p> <p>of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to complete an accurate health assessment for one out of four sampled residents (Resident # 3).</p> <p>Findings included:</p> <p>Review of Resident # 3's record revealed that the health assessment completed on ..... stated that the resident needed total care for ambulation, bathing, ....., grooming and toileting.</p> <p>On ..... at 2:09 PM observed resident # 3 walking to the kitchen and getting something from the floor.</p> <p>On ..... at 2:13 PM the Administrator stated, "The family brought it like that." and at 2:15 PM she stated, "She does everything. When she takes a shower we supervise her."</p> <p>Class III</p> | A 162               |                                                                                                                          |                          |