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
	AL11910961	A. BUILDING: _____ B. WING _____	05/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALMOS 23 V LLC	240 EAST 5TH STREET HIALEAH, FL 33010

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A 000	Initial Comments AMENDED A COVID-19 control visit was conducted at Salmos 23 V on and concluded on . Deficiencies were found at the time of the visit.	A 000		
A 030 SS=J	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (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. (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	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(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 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(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.
(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.

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A 030	Continued From page 2 (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 . . . . . 429.28 Resident bill of rights.- (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: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (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. (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. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,	A 030		

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A 030	Continued From page 3 autonomy, and interaction within the community. (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. (g) Share a room with his or her spouse if both are residents of the facility. (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. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (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 , , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (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 , , the guardian shall be given at least 45 days' notice of a nonemergency	A 030		

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A 030	Continued From page 4 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. (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 special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], 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	A 030		

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A 030	Continued From page 5 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. 429.27 Property and personal affairs of residents.- (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. (b) The admission of a resident to a facility and 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. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to safeguard residents' well-being by not following current control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated , for 58 out 58 sampled residents (Residents #1, #2, #3, #4, #5, #6, #,7,#8, #9,#10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45,	A 030		

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A	Continued From page 6 #46, #47,# . #, #49, #50, #51, #52, #53, #54, #55, #56, #57 and #58). Several residents and staff tested positive for the COVID-19 . . . . . . The facility placed residents and staff that tested negative for the COVID-19 . . at risk of getting . . by not ensuring that residents practiced social distancing. Staff did not encourage residents to wear masks or . . coverings, and staff exposed to COVID- 19 continued to work and care for residents, failing to self- , for the recommended 14 days. Findings included: On . . . . . at 10:30 AM, the facility staff reported having a census of 46 residents on site and five in the hospital. The Administrator reported three out of five residents hospitalized were confirmed with the COVID-19 . . . . . . Record review showed that Resident# 1, 2, and 21 were admitted to the hospital and on . . . . . were tested for the COVID-19 . . . Resident #1 and #2 received positive results on . . . . . Resident# 21 received positive results on . . On . . Resident# 3 was admitted to the hospital for . , ... and loss of balance. Resident #3 was tested for the COVID-19 . . and on . . . . . received positive results. On . . at 11:15 AM, the Administrator reported due to the issue of residents and staff testing positive for the COVID-19 . . she decided to have all the residents and staff tested. She stated on . . the Department of Health (DOH) tested the staff and residents. She stated that on . . , she hired a lab company to assist the facility with testing residents and staff.	A 030		

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A 030	Continued From page 7 On at 3:00 PM, during a phone interview the Administrator stated that on Staff B told her she wasn't feeling good and went home. The Administrator further stated on Staff B was tested for the COVID-19 and on she received results that she was positive. On at 11:00 AM, during a phone interview, the Administrator stated she had received some of the residents' and staffs' COVID-19 results and they were as follows: Resident #5, 6, 7, 8, 9, 10 and 11 were confirmed positive. The Administrator stated, Staff D, E, F, G, H were tested on and received positive results on at 8:00 PM. The Administrator acknowledged Staff D, E, F, G, and H were aware of the exposure to COVID-19 as early as but did not self- , and continued to provide direct care to residents without wearing proper Personal Protective Equipment (PPE). The Administrator stated, herself, Staff L, M, N and O had negative results. A review of documentation from the DOH showed, regarding facility staff B, that on during a DOH inspection, "[Staff B] is a staff member, she is positive, she was without PPE taking temperature and doing the screening. All staff has been exposed; they are supposed to be in isolation." On during a telephone interview at 8:05 AM, when asked about the discrepancy in the number of COVID-19 positive resident's reported, and the number reported by Department of Health, the administrator provided the names of the residents that tested positive for the COVID-19 .	A 030		

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A 030	Continued From page 8 On at 8:10 AM during the telephone interview, the Administrator said that on the DOH visited the facility and reported their concerns, of residents not social distancing, staff exposed to COVID-9 not in , , and recommended to her that the staff that was exposed to the COVID-19 should have self- , for 14 days. The Administrator reported she did not see the need for staff currently on duty to self- , because no staff currently on duty had tested positive for the , although she had not received the test results for those staff. On at 1:00 PM, during onsite inspection Resident #43 and #49 were observed sitting less than 6 of one another on a sofa in the television room and observed not wearing a mask or coverings. Also, the Administrator, Staff L, M, N and O, on duty at the time, were observed wearing surgical masks and gloves. On at 2:55 PM, during a telephone interview, when asked if she was aware of the Centers for Control(CDC) recommendations and the Governor's emergency order, the Administrator stated that she was aware of these things, but she reiterated that she felt that , was unnecessary in the absence of a positive test result. She further stated she had no plan in place or other staff available to care for the remaining three residents. When asked if she had contacted a staffing service or any staff working at the owner's other four sites and with proper PPE, the administrator stated that she had not. Review of the facility's control policies related to COVID-19 showed that staff and	A 030		

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A 030	Continued From page 9 residents who had been exposed to, or who potentially had been exposed to, COVID-19 would be [illegible] and the facility would have procedures to evaluate the circumstances surrounding exposure incidents. The COVID-19 [illegible] is a transmissible [illegible] that presents severe risk to persons who are aged, infirm, or suffer from co- [illegible] including, but not limited to, [illegible] system deficiency, [illegible], and [illegible]. See generally, Publications of the Centers for [illegible] Control. On [illegible], the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's citizenry, including those most [illegible] to the effects of [illegible]. Residents Tested Positive for COVID 19- [illegible]: Residents #1, #2, #3, #4, #5, #6, #,7,#8, #9,#10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #51, #52, #53, #54, #55, #56 and #57 . Resident Tested Negative for COVID-19 [illegible]: Residents # 48, #49 and #50. Staff D, E, F, G, H tested positive for the COVID-19 [illegible].	A 030		

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