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 |
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| | AL11966208 | A. BUILDING: _____ B. WING _____ | R 12/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MAUD'S PLACE | 860 NW 186 DR MIAMI, FL 33169 |

| (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 |
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| {A 000} | Initial Comments<br><br>A revisit to re-licensure survey was conducted at Maud's Place on . . The provider had deficiencies identified at the time of the survey. | {A 000} | | |
| A 033 SS=D | 59A-36.007(8) PHYSICAL<br><br>(8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident.<br>(a) The care plan must specify:<br>1. The device prescribed for use;<br>2. The maximum amount of time the resident is to have the applied each day; and,<br>3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed .<br>(b) Facility staff must ensure that the device is applied appropriately and safely.<br>(c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure that there was a written care plan for the use of a physical developed within 14 days of the device being prescribed for | A 033 | | |

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| A 033 | Continued From page 1<br>one out of five (Resident #2) sampled residents.<br><br>Findings included:<br><br>Observation on at 9:00 AM showed that Resident #2 had full bed rails attached to the bed.<br><br>A review of Resident #2's record revealed a order for the use of full bed rails dated . There was no documentation of a care plan for the use of a physical .<br><br>On 12.18/24 at 1:30 PM, the Administrator confirmed that Resident #2's record did not have a written care plan for the use of a physical restrain.<br><br>Class III | A 033 | | |
| A 034 SS=D | 59A-36.007(9) ASSISTIVE DEVICES<br><br>(9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices.<br>(a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device.<br>(b) Documentation of each assistive device a resident uses must be included in the resident's record.<br>(c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment.<br>(d) All assistive devices must be clean, in good repair, and free of hazards. | A 034 | | |

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| A 034 | Continued From page 2<br><br>(e) The facility must encourage and allow the resident to function with independence when using the assistive device.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure there were policies and procedures for a assistive device and documentation of each assistive device a resident uses included in the resident's record for one out of three sampled residents (Resident #3).<br><br>Findings included:<br><br>Observation on at 9:10 AM showed Resident #3 using a walker.<br><br>A review of Resident #3's 1823 health assessment completed on showed Resident #3 needed assistance with ambulation. Record review revealed Resident #3 had no assistive device policy available for review.<br><br>Interviewed on at 11:20 PM the Administrator acknowledged that Resident #3 did not have documentation for the use of the walker in the file.<br><br>Class III | A 034 | | |
| {A 084} SS=D | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in | {A 084} | | |

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| {A 084} | Continued From page 3<br>rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with | {A 084} | | |

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| {A 084} | Continued From page 4<br>prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with ;<br>j. Use a to perform testing;<br>k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;<br>l. Apply and remove stockings and hosiery;<br>m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,<br>n. Measurement of , , rate, temperature, and , rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of | {A 084} | | |

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| {A 084} | Continued From page 5<br><br>continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.<br><br>429.52<br>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure that one of six (Staff G) sampled staff who supervise and assist residents with self-administration of medications received the initial 6 hour medication and ( Staff B and Staff E) the 2 hour continuing education training every year<br><br>Findings included:<br><br>On at 8.05 AM Staff G was observed | {A 084} | | |

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| {A 084} | Continued From page 6<br><br>when assisted Resident #4 with self-administration of medications<br><br>Record review revealed Staff B completed medication training (six hours) on . Staff E completed medication training (6 hours) on . There was no documentation of the two hour medication continuing education training in records for Staff B and Staff E.<br><br>Record review revealed Staff G had no documentation of receiving the six hours medication training- no updated available.<br><br>On at 11:45 AM the Administrator acknowledged Staff B And Staff E had not received the two hour medication continuing education training and that Staff G did not have the medication training in file.<br><br>Class III | {A 084} | | |
| {A 090} SS=D | 59A-36.011(11) FAC Training -<br><br>(11)<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information | {A 090} | | |

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| {A 090} | Continued From page 7<br><br>included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that staff knew information for ( ) training for one out of six (Staff B) sampled staff<br><br>Findings included:<br><br>Review of Staff B's personnel file revealed had no documentation he completed the training.<br><br>On at 11:13 AM The Administrator acknowledged Staff B did not have the training available for review.<br><br>Class III | {A 090} | | |
| {A 161} SS=D | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references | {A 161} | | |

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| {A 161} | Continued From page 8<br><br>furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,<br>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C.<br>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to have updated copy of the level 2 background screening for three out | {A 161} | | |

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| {A 161} | Continued From page 9<br>of three (Staff E, F, and G) sampled staff.<br><br>Findings included:<br><br>On at 8:20 AM Staff G was observed in the kitchen cooking, plating and serving residents lunch meal and assisting residents to walk and sit on the couch.<br><br>Record review revealed Staff E background paperwork was not in file. Review of database showed eligible. Staff F background paperwork was dated was not updated. Database search showed eligible. Staff G had no background paperwork in file. The database showed eligible.<br><br>Class III | {A 161} | | |

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AHCA Form 3020-0001

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

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| {A 084} | Continued From page 3<br>rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, , dosage forms, and . . , and dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with | {A 084} | | |

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| {A 084} | Continued From page 4<br>prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with ;<br>j. Use a to perform testing;<br>k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;<br>l. Apply and remove stockings and hosiery;<br>m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,<br>n. Measurement of , , rate, temperature, and , rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of | {A 084} | | |

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| {A 084} | Continued From page 5<br><br>continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.<br><br>429.52<br>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure that one of six (Staff G) sampled staff who supervise and assist residents with self-administration of medications received the initial 6 hour medication and ( Staff B and Staff E) the 2 hour continuing education training every year<br><br>Findings included:<br><br>On at 8.05 AM Staff G was observed | {A 084} | | |

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| {A 084} | Continued From page 6<br><br>when assisted Resident #4 with self-administration of medications<br><br>Record review revealed Staff B completed medication training (six hours) on . Staff E completed medication training (6 hours) on . There was no documentation of the two hour medication continuing education training in records for Staff B and Staff E.<br><br>Record review revealed Staff G had no documentation of receiving the six hours medication training- no updated available.<br><br>On at 11:45 AM the Administrator acknowledged Staff B And Staff E had not received the two hour medication continuing education training and that Staff G did not have the medication training in file.<br><br>Class III | {A 084} | | |
| {A 090} SS=D | 59A-36.011(11) FAC Training -<br><br>(11)<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information | {A 090} | | |

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| {A 090} | Continued From page 7<br><br>included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that staff knew information for ( ) training for one out of six (Staff B) sampled staff<br><br>Findings included:<br><br>Review of Staff B's personnel file revealed had no documentation he completed the training.<br><br>On at 11:13 AM The Administrator acknowledged Staff B did not have the training available for review.<br><br>Class III | {A 090} | | |
| {A 161} SS=D | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references | {A 161} | | |

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| {A 161} | Continued From page 8<br><br>furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . . . In addition, records must contain the following, as applicable:<br>1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,<br>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,<br>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C.,<br>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C.,<br>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.<br>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C.<br>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to have updated copy of the level 2 background screening for three out | {A 161} | | |

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| {A 161} | Continued From page 9<br>of three (Staff E, F, and G) sampled staff.<br><br>Findings included:<br><br>On at 8:20 AM Staff G was observed in the kitchen cooking, plating and serving residents lunch meal and assisting residents to walk and sit on the couch.<br><br>Record review revealed Staff E background paperwork was not in file. Review of database showed eligible. Staff F background paperwork was dated was not updated. Database search showed eligible. Staff G had no background paperwork in file. The database showed eligible.<br><br>Class III | {A 161} | | |