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
	AL11966546	A. BUILDING: _____ B. WING _____	09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST DB&Y HOME FOR THE ELDERLY,	8715 NW 153RD TERRACE HIALEAH, FL 33018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A biennial survey with a generator monitoring was conducted at St Db & Y Home for the Elderly on . Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure that staff implemented proper hygiene and standard precautions in	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 accordance with their control policies and procedures for six out of six sampled residents (Resident #1 Resident #2, Resident #3, Resident #4, Resident #5 and Resident #6). Findings include: Observations conducted on from 7:45 a.m. to 9:20 a.m. revealed that Staff C (Caregiver) and Staff D (Caregiver) completed multiple tasks and did not change their gloves or perform hygiene: At 7:45 a.m., Staff D was observed wearing a pair of gloves in the kitchen washing a dish, then obtained a cup from Resident #3, who was sitting at the table. At 7:46 a.m., Staff D went to the bedroom to obtain clothes and took them to Staff C for Resident #6 while still wearing the same pair of gloves. At 7:47 a.m., Staff D returned to the bedroom and continued cleaning the bathroom, then exited the room and entered the kitchen while still wearing the same gloves. At 7:48 a.m., Staff D exited the kitchen, assisted the owner with positioning Resident #5 in the lounge chair, and then assisted Staff C with Resident #6 while still wearing the same gloves. At 7:49 a.m., Staff D returned to the kitchen with the same gloves on, obtained a cup of milk, and placed it in the microwave. At 7:50 a.m., Staff D obtained bread, opened the refrigerator to get margarine, prepared buttered bread, and brought it to the table for Resident #6	A 036		

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A 036	Continued From page 2 without changing gloves. At 7:52 a.m., Staff D returned to the kitchen, touched cabinets, obtained a glass, prepared ice and water, and continued working while still wearing the same gloves. 7:54 a.m., Staff D picked up a piece of paper from the floor, placed it in the garbage, opened a cabinet, and obtained an organizing container while still wearing the same gloves. At 7:55 a.m., Staff D placed food in an organizer container and put it under the cabinet while wearing the same gloves. 7:56 a.m., Staff D prepared breakfast for Resident #2 without changing her gloves. At 7:59 a.m., Staff D left the kitchen, went into a bedroom, returned to the kitchen, washed dishes, prepared coffee, microwaved it, removed trash from the trash can, obtained a bag of trash from Staff C, and took it outside without changing gloves. At 8:01 a.m., Staff D returned inside and assisted Staff C with Resident #1, who was in the shower, and then made beds in the rooms while still wearing the same gloves. At 8:06 a.m., Staff D went from # to # and began cleaning the restroom without changing gloves. At 8:09 a.m., Staff D opened the door for Staff E, then returned to the room and continued cleaning without changing gloves. At 8:16 a.m., Staff D exited # wearing the	A 036		

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A 036	Continued From page 3 same gloves, opened the sliding glass door, went outside, and obtained a broom without changing gloves. At 8:19 a.m., Staff D was observed sweeping the floor while wearing the same gloves. At 8:24 a.m., Staff D returned from the bedroom, opened the sliding glass door, obtained a mop and bucket, and continued working without changing gloves. At 8:30 a.m., Staff D was observed mopping the floor while wearing the same gloves. At 8:47 a.m., Staff D dipped a mopping cloth in a gray bucket, squeezed out water, mopped the floor, and touched the grip bars of a resident's walker while still wearing the same gloves. At 8:54 a.m., Staff C was observed wearing gloves while bringing a trash can from outside into the kitchen, placing it under the counter, opening a drawer, obtaining a knife, cutting open a bag of chicken, washing it, and placing it in a bowl. 8:57 a.m., Staff C washed dishes, touched the kitchen counter, adjusted her glasses by touching her , obtained a pot from under the counter, picked up a cleaning cloth, wiped the counter, opened the refrigerator, touched the table, returned to the kitchen, obtained an onion and garlic, and began preparing food-all while wearing the same gloves. At 8:59 a.m., Staff D brought the mop bucket, broom, and mop into the facility while still wearing the same gloves.	A 036		

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A 036	Continued From page 4 9:00 a.m., Staff D removed the soiled gloves. 9:01 a.m., Staff C exited the kitchen wearing gloves, touched Resident #1's puzzle book, returned to the kitchen, picked up garlic and peeled it, obtained a knife and cut the garlic and onion, picked up chicken and placed it in a pot on the stove, picked up a spoon and stirred the chicken, and continued cutting vegetables-all while still wearing the same gloves. 9:05 a.m., Staff C wiped the counter with a dishcloth, obtained potatoes, placed them on the counter, exited the kitchen to assist Resident #5 by repositioning her lounge chair, touched her own body by pulling up her pants, returned to the kitchen, and continued cutting potatoes and placing them in the pot-all while still wearing the same gloves. At 9:11 a.m., Staff C stirred a pot of food on the stove, raised the spoon, tasted the liquid, and placed the spoon into the pot while wearing the same gloves. At 9:14 a.m., Staff C exited the kitchen to reposition Resident #5 in the lounge chair, returned to the kitchen, picked up cloth, wiped the counter, and stirred the food-all while wearing the same gloves. 9:16 a.m., Staff C exited the kitchen to go to the front door, returned, opened the refrigerator, obtained a bowl, stirred food, returned a gallon of milk to the refrigerator, stirred the pot again, obtained Jello and juice, placed them on the counter, repositioned Resident #5, returned to the kitchen, and added seasoning to the chicken while still wearing the same gloves.	A 036		

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A 036	Continued From page 5 9:20 a.m., Staff C scratched behind her , stirred the pot of chicken, removed plastic from juice packs, placed a lid on the pot, wiped the counter, pulled up her pants, drank a shot of espresso, opened a drawer to obtain a knife, opened a package of muffins, opened juice box straws and inserted them, exited the kitchen, touched Resident #4's hair, and returned to the kitchen rubbing her on her sides and pulling up her pants-all while wearing the same gloves. A review of Staff C's employee file revealed that she completed control training on and Staff D completed control . A review of the facility's control policy revealed that it stated: " washing is the single most important means of preventing the spread of in the facility. PROCEDURE: A. Employee's must be washed. 1.Before and after direct care of individual residents (mandatory). 2.During performances of normal duties. 3. a. Handling . b. Handling specimens. c. Handling , . d. Handling any type of specimen. e. Preparing or serving meals, drinks, etc. B. Residents should always wash their , 1. Before eating. 2. After using toilet. C. The combination of soap and water, friction and time is essential to any good -washing procedure". During an interview at 9:30 a.m. on	A 036		

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A 036	Continued From page 6 regarding staff performing multiple tasks while without changing their gloves, the Owner stated that "she would inform the staff about changing their gloves." Class III	A 036		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 7 other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise	A 055		

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A 055	Continued From page 8 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain centrally stored medications in a locked cabinet, or other locked storage receptacle, room, or area at all times. Findings Include: Observations on at 6:56 a.m., revealed medications were in an unlocked kitchen cabinet, making the medications accessible and not secured. (photographic evidence obtained) During the exit interview on at 12:59 pm, the Administrator was informed of the findings and acknowledged them. Class III	A 055		
A 093 SS=G	59A-36.012(2) FAC Food Service - Dietary Standards	A 093		

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A 093	Continued From page 9 (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_ Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on	A 093		

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A 093	Continued From page 10 the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2	A 093		

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A 093	Continued From page 11 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that it followed the therapeutic diet for two out of six sampled residents (Resident #2 and Resident #3) as ordered by a health care provider. Findings include: An observation on at 7:15 am revealed that Staff D (Caregiver) served Resident's #2 and 3 buttered toasts, coffee, and a cup of milk. A review of Resident #2's health assessment	A 093		

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A 093	Continued From page 12	A 093		

dated showed a medical history and diagnoses , , , , and a right . Resident #2 required assistance in all areas of Activities of daily living (ADL). Further review of Resident #2's health assessment revealed the resident's meals were to be provided with a mechanically soft diet.

A review of Resident #3's health assessment dated showed a medical history and diagnoses , , , , and , and . Resident #2 required assistance with Activities of daily living (ADL) in the areas of ambulation, bathing, , toileting and transferring. Resident #2 also needed supervision with eating and self-care (grooming) and in addition to assistance with self-administration of medications. Further review of Resident #3's health assessment revealed the resident's meals were to be provided with a mechanically soft diet.

A review if the American Dietetic Association database revealed Doctors or other clinicians often prescribe a modified texture diet for individuals who have difficulty swallowing (" ") or problems preparing their food for swallowing. Dietary modifications are critical to ensure that individuals with eating difficulties get adequate nutrition, calories and fluids and to prevent foods or liquids from leaking into airways leading to choking, , , and .

A review of the facility's pureed diet menu revealed that Resident #2 and Resident #3 breakfast should have consisted of eight ounces of 100% natural juice (orange, apple, pineapple,

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A 093	Continued From page 13 cranberry), one cup of hot cereal, one scrambled egg, and eight ounces of coffee with milk, milk or yogurt. During an interview on at 9:34 am the Owner had been informed that Resident's #2 and Resident #3 meals should have been pureed. The Owner stated, "It's only with some foods, I had the doctor prescribe a puree diet myself as a backup because of a state agency." Class II	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects,	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966546	A. BUILDING: _____ B. WING _____	09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST DB&Y HOME FOR THE ELDERLY,	8715 NW 153RD TERRACE HIALEAH, FL 33018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 14 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment free of hazards for six out of six sampled residents. Findings include: Observation on at 6:42 am, a bottle of purple liquid labeled "All Purpose Cleaner" in the bathroom on the of the toilet. (Photographic evidence obtained) During an exit interview on at 12:59 pm, The Administrator was notified of the unlocked cleaning supplies and acknowledged the findings. Class III	A 152		