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
	AL11943128	A. BUILDING: _____ B. WING _____	11/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S HOME	718 W. WINTER PARK STREET ORLANDO, FL 32804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation #2019011540 was conducted at St. Mary's Home Assisted Living Facility with Limited Mental Health (LMH) on . . . . . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission.	A 008		

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A 008	Continued From page 1 The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the	A 008		

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A 008	Continued From page 2 operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name,	A 008		

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A 008	Continued From page 3 signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by	A 008		

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A 008	Continued From page 4 the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a current AHCA Form 1823 Health Assessment and have all the	A 008		

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A 008	Continued From page 5 required information completed by a healthcare provider for 1 of 3 sampled residents (#11). Findings: Resident #11's record review revealed an admission date of . . . . . The 1823 Health Assessment on file was dated that was completed more than sixty prior to admission to the assisted living facility. In further review, the 1823 Health Assessment page 4, section B, the type of assistance of medication was not checked. However, it documented that resident #11 needed help with taking medications. "Photographic evidence obtained" On at 2:30 PM, an interview with caregiver staff in charge confirmed the findings. Class III	A 008		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without	A 010		

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A 010	Continued From page 6 consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 58A-5.0181 (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 -to-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: (a) The resident may be bedridden for no more than 7 consecutive days.	A 010		

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A 010	Continued From page 7 (b) A resident requiring care of a [illegible] may be retained provided that: 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, 2. The condition is documented in the resident's record; and, 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. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 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; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 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, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (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	A 010		

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A 010	Continued From page 8 the scope of the facility's license. (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. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to determine continued appropriateness criteria of residency by getting a new AHCA Form 1823 Health Assessment completed by the healthcare provider for 1 of 3 sampled residents (#1) as required in an Assisted Living Facility (ALF). Findings: Resident #1's record review revealed admission date . The 1823 Health Assessment dated documented was an elopement risk and on page 2, section C "pose danger to self and others" and "requires 24-hour nursing or care". Furthermore, this assisted living facility is not a secured or not a locked unit to ensure safety measures to the resident. "Photographic evidence obtained" On at 2:30 PM, an interview with caregiver staff in charge confirmed the finding. Class III	A 010		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 9 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the	A 025		

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A 025	Continued From page 10 resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview, record review and interviews, the facility failed to provide appropriate supervision by meeting the needs of care and services safe for 1 of 3 sampled residents (#1). Findings: Resident #1's record review revealed admission date . The 1823 Health Assessment, dated , documented , and was an elopement risk, "pose danger to self and others" and "requires 24-hour nursing or , care". Photographic evidence obtained. The facility has a specialty Limited Mental Health (LMH) license #4680. The facility did not have any documentation and a log for daily effort observation checks. The facility documented that on , the resident eloped from the facility for 3 hours without supervision which required local law enforcement to be called. Local law enforcement returned resident #1 to the facility. During this occurrence, the case manager stated that she was seeking a locked and secured assisted living facility for this resident. A second elopement incident occurred on , a month later, that did not require law	A 025		

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A 025	Continued From page 11 enforcement, but the surrounding community and businesses were very concerned for the resident's safety because she has [illegible] and walks through busy oncoming cars and traffic on a major road without supervision and will beg for money from strangers and construction workers. This assisted living facility does not have a secured or locked unit to ensure safety measures for the resident. On [illegible] at 11:15 AM, the caregiver working with resident #1 was asked about the second elopement. The Administrator was on the facility phone listening and explained that the resident has a right to come and go from the facility when they want. Bothe the caregiver and Administrator stated that the facility cannot keep residents hostage at the facility because that is kidnapping. The caregiver staff stated this was what was told to him by the Case Manager from the Limited Mental Health facility. After reviewing the recent 1823 Health Assessment dated [illegible] the resident was assessed an Elopement risk, poses a danger to self/others and needs [illegible] care. On [illegible] at 11:30 AM, a voice message was left to the Case Manager to return the call. At 11:35 AM, the caregiver called the Case Manager from the facility phone and requested the Case Manager to call the Agency for Health Care Administration (AHCA) surveyor [illegible] because AHCA was in the facility for a complaint investigation. At 11:42 AM, a telephone interview with the Case Manager confirmed that she told the facility that they cannot keep residents from coming in or	A 025		

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A 025	Continued From page 12 going out of the facility. She said that they are free to come and go as they like. It was explained that does not apply for an elopement risk resident. The Case Manager stated that she was not aware of the current 1823 Health Assessment documenting that resident #1 was an elopement risk, pose a danger to self and others, and needed , , care. The Case Manager stated that she had ran out of options as she has called multiple locked and secured assisted living facilities and would not accept resident #1 because of income. The Case Manager stated that she would submit a referral to the Department of Children and Families to see if they can assist with emergency placement. On at 2:30 PM, an interview with caregiver in charge confirmed the findings. Class II	A 025		
A 032 SS=G	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards 58A-5.0182 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 58A-5.0181(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children	A 032		

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A 032	Continued From page 13 and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,	A 032		

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	AL11943128	A. BUILDING: _____ B. WING _____	11/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S HOME	718 W. WINTER PARK STREET ORLANDO, FL 32804

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A 032	Continued From page 14 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S. 429.41(1)(a)3 & 3(l),FS 3. Resident elopement requirements.-Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures. (l) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a daily effort of routine observation check of whereabouts as required implemented into the elopement written policies and procedures for 2 of 3 sampled residents identified as an elopement risk (#1 & 2). Findings: 1. Resident #1's record review revealed admission date . The 1823 Health Assessment dated documented , and was an elopement risk,	A 032		

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A 032	Continued From page 15 "pose danger to self and others" and "requires 24-hour nursing or , , care". Photographic evidence obtained. Facility's documented that on , the resident eloped from the facility for 3 hours without supervision. This required local law enforcement to be called and they returned resident #1 to the facility. During this occurrence, the case manager stated that she was seeking a locked and secured assisted living facility. A second elopement incident occurred on , a month later, that did not require law enforcement, but the surrounding community and businesses were very concerned for the resident's safety because she has , and walks through busy oncoming cars and traffic on a major road without supervision and will beg for money from strangers and construction workers. This assisted living facility does not have a secured or locked unit to ensure safety measures for the resident. On at 11:15 AM, the caregiver working with resident #1 was asked about the second elopement. The Administrator was on the facility phone listening and explained that the resident has a right to come and go from the facility when they want. Both the caregiver and Administrator stated that the facility cannot keep residents hostage at the facility because that is kidnapping. The caregiver staff stated this was what was told to him by the Case Manager from the Limited Mental Health facility. On at 11:30 AM, a voice message to	A 032		

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A 032	Continued From page 16 the Case Manager was left to return the call. At 11:42 AM, a telephone interview with the Case Manager confirmed that she told the facility that they cannot keep residents from coming in or going out of the facility. They are free to come and go as they like. It was explained that does not apply for an elopement risk resident. The Case Manager stated that she was not aware of the current 1823 Health dated . . . . Assessment documenting that resident #1 was an elopement risk, pose danger to self and others, and needed 24-hour nursing or , , care. The Case Manager stated that she had ran out of options as she has called multiple locked and secured assisted living facilities and would not accept resident #1 because of income. The Case Manager stated that she would submit a referral to the Department of Children and Families to see if they can assist with emergency placement. 2. Resident #2's record revealed an admission date of . The 1823 Health Assessment, dated . . . . . , identified resident #2 as an elopement risk, and that resident #2 has been known to . . . . away and needs 24/7 supervision due to her . status. Photographic evidence obtained. The facility has a specialty Limited Mental Health (LMH) license #4680. The facility did not have any documentation and a log for daily effort observation checks, or this implemented in the elopement written policies and procedures. "Photographic evidence obtained". On at 2:30 PM, an interview with the caregiver in charge confirmed the findings. Class II	A 032		

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A 152	Continued From page 17	A 152		
A 152 SS=D	58A-5.023(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; 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	A 152		

Agency for Health Care Administration

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A 152	Continued From page 18 be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a clean living and decent environment to the residents as required in an Assisted Living Facility (ALF). Findings: Observation on at 10 AM, the carpet in the living room, a common area where all the residents congregate together had heavy carpet stains throughout. "Photographic evidence obtained" On at 2:30 PM, an interview with the caregiver staff in charge confirmed the findings. Class III	A 152		