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
	AL11911288	A. BUILDING: _____ B. WING _____	11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEGGS POINTE ALF	4711 BEGGS ROAD ORLANDO, FL 32810

(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 Relicensure survey and Complaint Investigation #2019015612 were conducted on . The allegation was substantiated. Beggs Point ALF did not have any deficiencies for the Relicensure survey, but did have defceiencies for Complaint Investigation #2019015612.	A 000		
A 010 SS=D	429.26(&9) FS; 59A-36.006(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 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. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.	A 010		

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A 010	Continued From page 1 (9) A [redacted] 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. 59A-36.006 (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 [redacted] -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 59A-36.002, 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. (b) A resident requiring care of a [redacted] 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	A 010		

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A 010	Continued From page 2 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A , 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 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 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new 1823 Health Assessment form completed by the healthcare provider of significant change for 1 of 4 sampled resident, and for continued residency as required (#3). Findings: Resident #3's record revealed an admission date of . The 1823 Health Assessment, dated , indicated that the resident has , hearing and speech , and . She was not identified as an elopement risk but had eloped from the facility twice, and 1 attempted elopement within the 10 months before admission to the facility. The resident was granted an emergency Guardianship Order dated . Photographic evidence obtained. There was no evidence of a new 1823 Health Assessment completed by the healthcare provider for the significant change in level of care. Resident #3 was still eligible for continued residency and appropriate supervision in an unlocked assisted living facility. On at 5:30 PM, the Administrator that a new 1823 Health Assessment was not completed by the healthcare provider for the significant change in level of care. Class III	A 010		

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A 025	Continued From page 4	A 025		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 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. 59A-36.007 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 59A-36.012, 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.	A 025		

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A 025	Continued From page 5 (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the 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 facility's documentation, resident record review and interview, the facility failed to provide appropriate supervision for 1 of 4 sampled residents for safety as required (#3). Findings: Resident #3's record revealed an admission date of [redacted]. The 1823 Health Assessment, dated [redacted], indicated that the resident has [redacted], hearing and speech [redacted], and [redacted]. She was not identified as an elopement risk and needed supervision with bathing only. The resident was granted an emergency Guardianship Order on [redacted]. Photographic evidence obtained. On [redacted] at 3:30 PM, the facility reported that resident #3 eloped and was gone for two days at her mother's home in Apopka, Florida. She was returned to the facility by the local law enforcement. A referral was submitted to the Department of Children and Families (DCF). On [redacted] at 3:45 PM, the Administrator contacted the Guardian regarding the elopement and explained that resident may possibly need a secured facility for higher level of care and safety	A 025		

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A 025	Continued From page 6 but will continue to closely monitor resident. The facility reported a second elopement, a month later, on at 4:25 AM. Again, she was found at her mother's home in Apopka, Florida and returned to the facility the next day by the local law enforcement agency. On at 10 AM, the Administrator contacted the Guardian again about the 2nd elopement that occurred in the overnight hours and stated that resident was not safe at this facility as it is not a secured facility and a new 1823 Health Assessment was needed. Furthermore, there was no evidence that the facility followed their elopement policies and procedures by putting any additional services in place to prevent elopement. On at 3:30 PM, the facility reported that resident #3 attempted to elope from the facility but was caught immediately by the administrator. The resident was seen by the administrator trying to jump the fence. On at 5:30 PM, the Administrator confirmed the elopements and attempted elopement by resident #3. Class II	A 025		