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
	AL11932406	A. BUILDING: _____ B. WING _____	12/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENLEAF ASSISTED LIVING LLC	509 W. VERONA STREET KISSIMMEE, FL 34741

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CZ821 SS=C	59A-35.110 FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under chapter 408, part II, F.S., or authorizing statutes for the provider type as specified in section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections; and, (f) Approval of revisions to emergency management plans. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	CZ821		

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CZ821	Continued From page 1 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPo rtal. 2. Assisted living facilities: a. Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 days after the occurrence of the incident as required in section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?N o=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPo rtal. b. Liability claim reports required pursuant to section 429.23(5), F.S., and rule 58A-5.0242, F.A.C. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?N o=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPo rtal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted	CZ821		

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CZ821	Continued From page 2 electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on records review and interview the facility failed to complete an electronic submission of a 15-day adverse report. Findings: Review of the facility's adverse reports noted a 1-day incident report dated that indicated a preliminary report was submitted to the Agency. The administrator stated that she was having difficulty logging in to the adverse reports site. She continued to get error message that	CZ821		

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CZ821	Continued From page 3 indicated her CORE training certification number was incorrect, although she had accessed the site before, and she had her CORE certificate card with her. She was unable to submit the 15-day report. Unclassified	CZ821		
A 000	Initial Comments A Complaint investigation # 2019016668 was conducted at Greenleaf Assisted Living on . Deficiencies were identified at the time of survey	A 000		
A 025 SS=D	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 025		

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A 025	Continued From page 4 (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. (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 interview and records review the facility failed to ensure it provided appropriate supervision and did activate the elopement policies and procedures after the unknown whereabouts of 1 of 2 sampled residents (#1). Findings: Health Assessment report AHCA form 1823 dated [redacted] for resident #1 indicated diagnoses of [redacted] extremities [redacted], high [redacted], hard of hearing and had [redacted].	A 025		

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A 025	Continued From page 5 He was not at risk of elopement, was independent with ambulation, eating, grooming, transfers and needed supervision with [illegible] and bathing and toileting. He was admitted to the facility on [illegible]. Facility notes dated [illegible] indicated the resident was brought to the emergency room Saturday evening. The evening shift did not notify other staff that he (resident) was not in the building. [illegible] resident went to rehab The [illegible] Medication Observation Record listed [illegible] tears last given [illegible] at 12 PM [illegible] 100 mg last given [illegible] 8 AM [illegible] 10 mg last given [illegible] 81 mg last given on [illegible] 8 AM [illegible] 40 mg last given [illegible] at 8 PM Faculty investigation of the event: Resident #1 left on [illegible] at 2:20 PM At 3:40 PM he was picked up by the local emergency services and taken to the hospital. He had [illegible] in the downtown area. On [illegible] at 8:15 AM, resident could not be located at the facility, staff called administrator, who instructed her to call the local hospital and the resident's family. The hospital confirmed he was in the emergency room. Staff statements dated: Saturday [illegible] - The 7 AM -3:30 PM shift staff (A) saw resident at breakfast and at 2:40 PM. Saturday [illegible] 7 AM - 3:30 PM another staff (B) last saw resident at about 1 PM after lunch.	A 025		

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A 025	Continued From page 6 Statement dated staff D (shift) indicated resident went missing on . . . . . " I Made a mistake on MOR, that is how I knew he was missing. I failed to follow elopement procedure. I assumed he was with family and wasn't reported. The next shift was notified". Incident report dated . . . . . at 5:30 PM completed by staff E (shift) indicated Resident #1 did not eat dinner, nor was he is his room. According the statement from staff D, who said she had not seemed him either. Checked room again and he was not there. " I assumed he was out with family and did not do anything about it. I notified the incoming shift (staff C). Statement dated indicated staff C came in to work at 11 PM on . . . . . Noticed resident #1 was not in his room. The other staff said they had not seen him at all. Staff C and co- worker did not see him. Staff C told staff A about resident #1 not being seen at the facility. (Staff C informed staff A when staff A came in to work at 7 AM on . . . . .). Statement dated Sunday indicated staff (C) who worked the 11 PM to 7 AM shift on . . . . . informed staff A that resident #1 was missing. Staff A called the administrator, the local emergency room (ER) and the resident's girlfriend. He was there at the hospital. The girlfriend called the ER. He was in a ditch unresponsive and was Ok now. In an interview with the administrator on at 1230 PM who said, the staff had been previously trained, they are free to call her ant time, as they always do. She did not know why they did not call this time. They have been	A 025		

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A 025	Continued From page 7 re-trained on elopement policies and procedures. Class III	A 025		
A 032 SS=C	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (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 59A-36.006(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 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 59A-36.011(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.	A 032		

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A 032	Continued From page 8 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, 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. This Statute or Rule is not met as evidenced by: Based on interview and facility records review the facility failed to ensure that as part of its resident elopement response policies and procedures, the facility conducted and documented 2 resident elopement drills a year, where all staff must participate. Findings:	A 032		

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A 032	Continued From page 9 In an interview with the administrator on at 11 AM who said all staff received an in-service regarding elopement and 2 drills were conducted yearly but she had no documentation and not all staff participated in the drills. Class III	A 032		