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
	AL11968449	A. BUILDING: _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT HIDDEN LAKES	1200 54TH AVE W, BRADENTON BRADENTON, FL 34207

(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 (complaint numbers 2020017038 and 2020017282) was conducted at Inspired Living at Hidden Lakes on . There were deficiencies at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall 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 must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for 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	A 025		

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
	AL11968449	A. BUILDING: _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT HIDDEN LAKES	1200 54TH AVE W, BRADENTON BRADENTON, FL 34207

(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 025	Continued From page 1 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 observations, interviews and records reviews, the facility failed to adequately supervise 36 of 36 residents with and Related (ADRD), who had unrestricted access to an outdoor courtyard throughout the day, on a regular basis. Findings Included: A tour and observation of the facility on beginning at 10:15am revealed that the facility was an all memory-care facility, caring for residents with ADRD. The facility memory care unit contained a large outdoor courtyard, with walking trails, a gazebo, outdoor seating and landscaped areas. There was a 6 high iron	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968449	A. BUILDING: _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT HIDDEN LAKES	1200 54TH AVE W, BRADENTON BRADENTON, FL 34207

(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 025	Continued From page 2	A 025		

fence surrounding the outdoor courtyard, and, within eyesight of the courtyard, just outside the fence, was a large retention lake. The memory care unit had 4 doors that led outside to the courtyard. All 4 doors were unlocked and all memory care residents had access to outside courtyard without necessarily asking for assistance or permission from staff. There were residents who were observed going outside throughout the day and walking around the courtyard. All residents who lived in the facility were elderly, frail and had .

A review of an adverse incident report (AIRS) conducted on revealed the AIRS was filed with the agency on . Resident #1 was found on lying on (resident's) in the grass beside the sidewalk just outside an exit door to the courtyard at approximately 2:40pm by a nurse on duty. The nurse and another employee carried the resident into the building and began to cool the resident off. The resident was assessed and 911 was called at 3:00pm and the paramedics arrived at 3:20pm. The resident was transported to the hospital for observation. According to the report, the resident had just left the building to walk outside on the sidewalk, lost balance and onto the grass beside the sidewalk. An AIRS analysis of the incident, filed on , stated that the cause of the accident was that the resident simply lost balance and backwards from a concrete sidewalk onto the grassy area beside the sidewalk. The resident had just left the building to go for a walk when the resident . The resident was wearing non- slip tennis shoes at the time of the incident. The resident was not using any kind of assistive device. There was no walker, wheelchair or cane involved in the incident. An AIRS corrective action, also filed with the agency on

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
	AL11968449	A. BUILDING: _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT HIDDEN LAKES	1200 54TH AVE W, BRADENTON BRADENTON, FL 34207

(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 025	Continued From page 3 stated the facility "will assign care staff to monitor the outdoor courtyard every 30 minutes, in order to find any residents who need help or assistance." Interviews with caregivers who worked at the facility conducted on . . . . . from 10:40am until 12:00pm revealed that the facility did not monitor the outside courtyard on a regular basis and no staff, in , was assigned to ensure that residents that went outside were safe or who conducted checks for their well-being. All staff were asked the same question, "does the facility have a policy on documenting how often and when residents are checked on when they go outside in the courtyard?" All staff that were interviewed responded "No". According to an interview with the Administrator at 11:20am on , he stated that the residents had free access to the courtyard during the day, as it was their right to be able to go outside. The staff knew in general to keep an , on the courtyard, but the facility did not have documentation or a policy in place for making sure residents were checked on when they were outside in the courtyard. He stated the memory care facility had about 30 video cameras located both inside and outside, including the outdoor courtyard. He stated that all of the staff were responsible for monitoring the residents in the courtyard. He stated that he, the concierge (both of whom had offices in the front of the facility outside of the locking memory care unit) and the Health and Wellness Director, were all responsible for watching the video monitors to ensure that the residents were safe. He stated that, subsequent to the incident of Resident #1 being found on the ground in the courtyard on , he watched taped video footage of	A 025		

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
	AL11968449	A. BUILDING: _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT HIDDEN LAKES	1200 54TH AVE W, BRADENTON BRADENTON, FL 34207

(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 025	Continued From page 4	A 025		

Resident #1 going outside and falling down. He stated that he saw Resident #1, on the video tape, going outside and that the resident was outside for around 2 hours before being found on the ground outside. He stated that Resident #1 was transported to the hospital and never returned to the facility after that.

Historical weather data from the location of the facility from midday on was 90 - 91 degrees, in the of the humid Florida summer heat.

A record review of Resident #1's records on , indicated that the resident had , had poor eyesight and was a risk. Nurses' notes from the days just prior to the falling incident, and , indicated that the resident had no complaints of discomfort or , or any other health issues to report. The nurses notes from , that were late entries for at 3:00pm, stated that Resident #1 was found outside near the right exit to the courtyard on the ground. A nurse and the writer of the nurses' notes, former Health and Wellness Director, carried the resident into the building and immediately began removing the resident's clothes to begin trying to cool the resident off. They contacted care staff to bring towels and water. They assessed the resident and began applying cool cloths to the resident's body. They called 911. After calling 911, they continued trying to cool the resident and took vital signs. The local emergency management system arrived and the resident was transported to the hospital. An entry in the nurses notes by Staff A indicated that on , Resident #1's family member stated that the resident was in stable condition at the hospital. On , the notes indicated that Resident #1 was going to be

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
	AL11968449	A. BUILDING: _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT HIDDEN LAKES	1200 54TH AVE W, BRADENTON BRADENTON, FL 34207

(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 025	Continued From page 5 transferred to a skilled nursing unit from the hospital to receive further care and treatment. A review of the facility's admission and discharge log, on , indicated that Resident #1 was discharged from the facility on for a higher level of care. Observations, interviews and attempted record reviews, all conducted on , could not find any evidence that the facility had implemented the proposed corrective action plan to assign staff to monitor the outdoor courtyard every 30 minutes, leaving all of the residents in the facility still to being harmed outside with no supervision. (Photographic evidence obtained.) Class II	A 025		