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
	AL11910699	A. BUILDING: _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW BAY SENIOR RESORT	4001 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442

(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 An unannounced Relicensure Survey, Control and Generator Monitoring Survey was conducted on and at Willow Bay Senior Resort. The facility had deficiencies at the time of the survey.	A 000		
A 032 SS=B	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	A 032		

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A 032	Continued From page 1	A 032		

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,
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)(i), F.S.

This Statute or Rule is not met as evidenced by:
Based on Record Review, Interview and Observation, the facility failed to ensure that all direct staff participated in at least two (2) Elopement Drills annually.

The Findings Include:

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A 032	Continued From page 2 Relative to Resident Elopement, 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. During review of the facility's Elopement drills conducted on , this Surveyor observed drills conducted on the following: a) at 10:00 AM. Three (3) employees attend the drill, which included the Director of Nursing. The facility had more than 32 direct care staff listed on the Background Roster at the time of the drill. b) at 4:00 PM. There were four (4) employees attended the Drill. The facility had more than 30 direct care staff listed on their Background Roster at the time of the drill, which included the Director of Nursing. c) at 4:30 (?). There were two (2) employees that attended the drill, which included the Director of Nursing. The facility had more than 35 direct care staff listed on their Background Roster at the time of the drill, which included the Director of Nursing. d) at 6:00 AM - There were three (3) employees that attended the drill. The facility had more than 40 direct care staff listed on their Background Roster at the time of the drill, which included the Director of Nursing.	A 032		

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A 032	Continued From page 3 e) at 5:00 PM - There were four (4) employees that attended the drill. The facility had more than 40 direct care staff listed on their Background Roster at the time of the drill. f) . . . . . at 12:00 PM - There were six (6) employees (2 unidentified) who attended the drill which included the Administrator. The facility had more than 40 direct care staff listed on their Background Roster at the time of the drill, g) On . . . . . a review of the facility's Background Roster revealed that the facility had more than 30 direct care staff during each of the elopement drills conducted in 2020, 2019 and 2018. However, no more than six (6) staff during any of the drills. During the Exit Interview the DON, stated that she did not know that they had to train staff twice every year. She stated that they train all new employees during their Orientation. This Surveyor reminded them that all staff from all shifts must participate in Elopement Drills at least twice per year. They stated they understood. They were also advised that all Surveys undergo Supervisory review and are subject to change. And that they would receive a report from our office within ten (10) business days. They stated they understood. Class	A 032		