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
	AL11965870	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ZOURCE LIVING CARE	1401 NE 176 STREET MIAMI, FL 33162

(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 #2020015626) was conducted at 1 Zource Living Care on . A deficiency was identified at the time of the visit.	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
	AL11965870	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ZOURCE LIVING CARE	1401 NE 176 STREET MIAMI, FL 33162

(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 record review and interview, the facility failed to maintain a general awareness of the whereabouts of one out of five sample residents (Resident #1). The facility also failed to assess and provide adequate supervision to Resident #1 who expressed a desire to leave the facility on several occasions. Resident #1 eloped from the facility and was found 2 days later by fire rescue. The resident was hospitalized for two days. Findings included: A review of facility records showed Resident #1 eloped from the facility on	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
	AL11965870	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ZOURCE LIVING CARE	1401 NE 176 STREET MIAMI, FL 33162

(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 On [redacted] at 12:52 PM, Staff B stated that Resident #1 was found missing after having lunch at around 12:00 PM. She stated that the resident always wanted to go outside. She also stated that Resident #1 once went out without informing staff, but the administrator was nearby and caught up to her and asked her to come [redacted] to the facility. She further stated that the resident was always complaining about not being able to go outside of the house. Staff B stated that on [redacted], Resident #1 jumped the fence at the [redacted] of the facility. A review of Resident #1's health assessment showed the resident had a medical history and diagnoses of Essential [redacted] ([redacted] Type), and [redacted]. The resident was independent in all activities of daily living such as ambulation, bathing, [redacted], eating, grooming, toileting, and transferring. The resident needed assistance with self-administration of medications. The resident was prescribed medications [redacted] 20 mg, [redacted] 50 mg, [redacted] 500 mg, [redacted] 10 mg, and [redacted] 300 mg. A review of a missing person report showed that officer responded to a call on [redacted] at 03:41 PM at the facility. The report also stated that Staff B told the police that Resident #1 usually left the facility for hours and would [redacted] around but always returned. Hospital record showed Resident #1 arrived in ED (Emergency Department) on [redacted] at 07:50 AM via fire rescue, 2 days after eloping from the facility. The resident had "c/o (complaint of) [redacted] tremors due to [redacted] withdrawal. [redacted] since [redacted]."	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
	AL11965870	A. BUILDING: _____ B. WING _____	01/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ZOURCE LIVING CARE	1401 NE 176 STREET MIAMI, FL 33162

(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 On at 10:28 AM, the Administrator stated the resident wanted to go out, but because of the COVID-19 they told her that she had to stay inside. The administrator confirmed that the resident always wanted to leave the facility. He stated that that the resident once went out before, but he went after the resident, found the resident very close to the facility, and called the police to bring the resident to the facility. The administrator stated that the resident was not an elopement risk, and he stated he did not conduct any elopement drill after Resident #1 escaped because he did not have any resident at elopement risk; however, the administrator admitted that he knew the resident always wanted to leave the facility. Further review of the resident record showed no documentation of the resident's prior elopement, and no documentation of an updated assessment or interventions having been put into place after it. Class II	A 025		