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
	AL11966548	A. BUILDING: _____ B. WING _____	R 03/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAVENLY HOME CARE OF FLORIDA, INC	17321 SW 109 AVENUE MIAMI, FL 33157

(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 revisit to a complaint investigation (complaint number 2020017904) was conducted at Heavenly Home Care of Florida Inc on to . A deficiency was identified at the time of the survey.	{A 000}		
{A 025} SS=H	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	{A 025}		

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{A 025}	Continued From page 1 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 observation, record review, and interview, the facility failed to offer personal supervision and maintain a general awareness of the resident's whereabouts for one out of five sampled residents (Resident #1). Resident #1 eloped from the facility on and was found the next day. Findings included: Observation on at 9:45 AM showed Resident #1 was not at the facility. Review of the resident sign in and sign out log	{A 025}		

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{A 025}	Continued From page 2 showed Resident #1 last signed out on the log on at 9:40 AM. Interview conducted on at 10:10 AM, Staff B stated Resident #1 went to the nearby gas station and to visit some friends and families. Review of Resident #1 record showed the health assessment (AHCA Form 1823) completed on , revealed a medical history and diagnoses of , , , and . The physician indicated the resident was considered an elopement risk and was independent with ambulation, toileting and transferring, needed supervision with eating and needed assistance with bathing, , and grooming, transferring, and self-administration of medication. A review of the facility adverse incident report filed on showed that Resident #1 left the facility without staff knowing his whereabouts on between 8 AM to 9 AM. The facility filed a missing police report at 10:00 AM. Staff C found Resident #1 one away walking to the facility on . The report documented "The resident did not have a history of elopement; his last elopement was in of 2020. The resident went outside to smoke a cigarette and did not return the facility, instead he went for his daily walk and told no one. The resident decided to go to the store and purchase more cigarettes without informing the staff." Interview conducted on at 3:58 PM, the Administrator stated on Resident #1 went out outside to smoke a cigarette and left the facility grounds without notifying the staff. The	{A 025}		

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{A 025}	Continued From page 3 Administrator also stated Resident #1 left the facility through a door that was left open for the other members to go to a program. She stated the resident ate dinner and took his medication the night before. She said after he returned the facility on he was sent to the hospital. The Administrator said she ordered a bracelet for the resident and it will be placed on his . . In addition she said she ordered a tracking device (GPS) to know his whereabouts at all times. Review of the facility records dated showed Resident #1 had two prior elopements from the facility; and . Review of the facility elopement evaluation assessment tool for Resident #1, dated , showed the resident sometimes off to visit his family and get lost on the way. Review of the facility Elopement policies and procedures dated showed, 'facility establish a method of assessing resident for risk of , and eloping at the time of admission and as needed. The facility develops and implement preventive measures to make sure to stop , and elopement whenever possible'. Class II Uncorrected	{A 025}		