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
	AL11965458	A. BUILDING: _____ B. WING _____	03/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN COVE ALF	918 EGAN DRIVE ORLANDO, FL 32822

(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 #2021004155 and [redacted] Control Assessment was conducted at Golden Cove ALF on [redacted] and [redacted]. The facility had a deficiencies at the time of the survey.	A 000		
A 025 SS=D	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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 record review and interview, the facility failed to have a written incident report, and supporting documentation evidence that supervision measures were in place for 1 of 1 sampled resident (#4) as required after the local law enforcement agency involved. Findings: On at 11:35 AM, the Administrator called 911 to report that resident #4 was missing after checking his bedroom to let him know lunch. The Administrator observed the bedroom window wide open with a recliner chair against the wall	A 025		

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A 025	Continued From page 2 used as support. On . . . . . at 4 PM, 24 hours later, resident #4 was unharmed, tired and was able to flag down a local law enforcement officer visiting Wawa convenience store located at East Orlando, the corner of state road 50 and Lake Baldwin drive where the police immediately called the Guardian listed on the court document for resident #4 and also transported him to Orlando Regional Medical Center (ORMC) and admitted for observation. Reviewed resident #4's record revealed admission into the assisted living facility on from Dr. Phillips hospital after being found . . . . interstate 4 in the rain on . Resident #4 was not identified as an elopement risk on the 1823 Health Assessment dated , in addition had , and victim of homelessness. Furthermore, the 1823 indicated that he was independent with all activities of daily living (ADLs) but need assistance with self-administration of medications. On at 5:50 PM, an interview with the Guardian confirmed that the Administrator called her immediately on at 11:45 AM to inform her that resident #4 was not in the facility. The guardian stated that she helped with the search for using her own vehicle but did not find him. On at 3:25 PM, received an email from the law enforcement officer that resident #4 had flagged down at Wawa convenience store and transported him to Orlando Regional Medical Center. She confirmed that he was but	A 025		

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A 025	Continued From page 3 not harmed. On . . . . . at 2 PM, received and reviewed admission medical records from ORMC dated . . . . . revealing resident #4 did not suffer any harm. He was , upon entry but resolved and all lab work normal. (Photographic Evidence Obtained) Observation on . . . . . at 10:30 AM, resident #4's bedroom where the elopement incident occurred. The bedroom has two windows, one located in the front of the facility, and the Administrator stated that he had completely closed the blinds to this window so no one could see him, but on the side window completely open with the recliner chair propped up to assist him out of the window. On . . . . . at 2 PM, an interview with the Administrator confirmed the findings. Class III	A 025		
CZ821	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;	CZ821		

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CZ821	Continued From page 4 (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 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 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:	CZ821		

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CZ821	Continued From page 5 https://www.flrules.org/Gateway/reference.asp?No=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/SingleSignOnPortal. 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?No=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/SingleSignOnPortal. 4. Ambulatory Surgical Centers: 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 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/SingleSignOnPo	CZ821		

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CZ821	Continued From page 6 rtal. (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 facility's records and interview, the facility failed to electronically submit an Adverse incident to the Agency for Health Care Administration (AHCA) within 15 calendar days required for 1 of 1 sampled resident (#4) after an incident occurred involving the local law enforcement agency. Findings: On . . . . . at 11:35 AM, the Administrator called 911 to report that resident #4 was missing after checking his bedroom to let him know lunch is served. The Administrator observed the bedroom window wide open with a recliner chair against the wall used as support. On at 4 PM, 24 hours later, resident #4 was unharmed, tired and . . . . . was able to flag down a local law enforcement officer visiting Wawa convenience store located at East Orlando, the corner of state road 50 and Lake Baldwin drive where the police immediately called the Guardian listed on the court document for resident #4 and also transported him to Orlando Regional Medical Center and admitted for observation.	CZ821		

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CZ821	Continued From page 7 There was no documented evidence that an adverse incident electronically was reported and submitted to the Agency as required. On ..... at 1 PM, an interview with the Administrator confirmed the finding.	CZ821		