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
	AL11966280	A. BUILDING: _____ B. WING _____	03/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAVISITO'S, INC	6524 NW 197TH LANE HIALEAH, FL 33015

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A 000	Initial Comments A Complaint Investigation (complaint numbers 2020017974 and 2021002527) and a COVID-19 Monitoring were conducted at Davisito's, Inc. on [redacted] through [redacted]. Deficiencies were identified at the time of survey.	A 000		
A 032 SS=G	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		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 032	Continued From page 1 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 and interview, the facility failed to follow its policy and procedures regarding elopement when one resident, Resident 1 eloped from the facility and did not have the facility's information on her. In addition, the resident was not assessed for elopement risk as required after she returned to the facility. The	A 032		

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A 032	Continued From page 2 resident left the facility without staff's knowledge and was found ␣ on the streets by a neighbor who called the local authorities. The facility also failed to conduct an elopement drill in more than six months. Findings included: 1) Review of the facility's reports showed that on Resident 1 left the facility by opening the side door of the patio after sitting with other residents on the backyard. Around 10:00 AM, Staff B and D realized the resident was gone and started searching for her. When Staff B walked away from the facility, saw the resident with the police and a neighbor The police brought Resident #1 to the facility at 10:45 AM. On , at 10:06 AM, during a phone interview, Staff B stated, "I was working with a new employee the day she left. She was very strong, she left by the door, it was in the morning between 9:00 AM, and 10:00 AM." Review of Resident 1's Health assessment dated showed diagnoses of generalized , essential , mixed . The resident also had tenderness, difficulty walking, and poor balance. She was alert but disoriented with memory loss, and had abnormality of gait. She needed precautions, and was not identified as an elopement risk. The resident needed assistance with all activities of daily living. A review of the observation notes showed that on , at approximately at 10:00 AM, staff	A 032		

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A 032	Continued From page 3 noticed that the resident was not at the facility. At 10:39 AM, the daughter was contacted. A review of the facility's elopement policy and procedures showed, "With every resident admitted to the facility, we assume a , level of risk, especially if the resident tends to elope and/or . At the facility, Elopement refers to an unauthorized absence of a resident from the facility. The risk of and elopement increases when residents are mobile and , , , especially if they suffer from or ". The policy stated, "It is the policy of the facility to establish a method of assessing residents for risk of and eloping at the time of admission and as needed. Develop and implement preventive measures to make sure to stop and elopement whenever possible. The facility will make, at a minimum, a daily effort to determine that at-risk residents has identification on their persons that includes their name and the facility's name, address, and telephone number. The facility has developed a daily log that will be kept for each resident identified at risk where staff will make sure that facility and resident information is on their person." On , at 10:40 AM, the Administrator stated, "I'll show you a video of the resident trying to open the front door to leave; she had and 's . Resident 1 left the facility by the patio door; they were sitting at the Florida room, she opened the door that leads to the patio and opened the side door and walked a little bit; a neighbor saw her and called the police, and they brought her to us." On the video, Resident 1 can be seen trying to open the front door and one staff telling her that	A 032		

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A 032	Continued From page 4 she needed to go to wash her . . . and sit at the other room. The resident was telling the staff, that she was coming . . . in a little bit. A review of the resident record showed no documentation that Resident #1's health care provider was contacted regarding the resident's attempts to leave the facility. There was no documentation of a daily effort to determine that the resident had identification on her person that included the facility's name and contact information, or of any other intervention that the facility made or planned about the behavior. Further review showed no documentation of an updated . . . . . risk assessment. On . . . . . at 11:25 AM, the administrator stated, "I did not communicate with the doctor that the resident had left the facility, so I did not ask the doctor to assess her again. I never told the doctor she had tried to leave previously. We did not assess her either." On . . at 10:25 AM, Resident 1's family member stated, "She had a very advanced . . ; a man found her and took her to the facility, I think he called the police, that's what they told me. They told me that once in while she wanted to leave. I understand, she left by the . . door. They had a new staff that day, she was the cook and the other one was taking care of the residents. She did not have any bracelet or any type of identification on her." 2) Review of the facility's elopement drills showed they were conducted on	A 032		

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A 032	Continued From page 5 Class II	A 032		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission.	A 162		

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A 162	Continued From page 6 Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌣ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , [illegible] (), CF-ES 1006, [illegible], which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has	A 162		

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A 162	Continued From page 7 made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon	A 162		

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A 162	Continued From page 8 departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a new health assessment from a licensed care provided for one of three sampled residents, (Resident 1). The resident was found [redacted] near the facility, and was brought [redacted] to the facility by the local police. Findings included: Review of the facility's adverse report from [redacted], showed Resident 1 eloped from the facility, by opening the side gate of the property's backyard. The resident was last seen by staff while she was sitting on the backyard with other residents. The resident was brought [redacted] to the facility by the local police. Review of Resident 1's record showed an admission date [redacted]. A review of the health assessment dated [redacted] showed diagnoses of generalized [redacted], essential [redacted], mixed [redacted] and [redacted]. The assessment showed that the resident was alert but disoriented, and had memory loss, and abnormality of gait, needed [redacted] precautions, and was not an elopement risk. The resident needed assistance in all activities of daily living. Notes on [redacted] stated that	A 162		

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A 162	Continued From page 9 approximately at 10:00 AM, staff noticed that the resident was not at the facility. At 10:39 AM, the daughter was contacted. At 10:45 AM the resident was brought by the police. On , at 11:25 AM, the Administrator stated, "I did not communicate with the doctor that the resident had left the facility, so I did not ask the doctor to assess her again. I never told the doctor she had tried to leave previously. " Class III	A 162		