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
	AL11965243	A. BUILDING: _____ B. WING _____	04/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDS AT HOME ASSISTED LIVING, INC	3680 CANAVERAL GROVES BLVD. COCOA, FL 32926

(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 #2021003123 and control assessment were conducted at Friends at Home Assisted Living, Inc. on . The facility had 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 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 the agency's report, record review and interview, the facility failed to provide appropriate supervision for 1 of 1 sampled resident (#1) eloping from the facility and returned to the facility by the local fire department. Findings: On . . . . . , the Agency received a report that resident #1 had eloped from the facility on . . . . . and returned to the facility 20 minutes later by the local fire department not harmed. Resident #1's record review revealed admission	A 025		

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A 025	Continued From page 2 date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical conditions of [redacted], and Dyslipidemia. She needs assistance with self-administration of medications and not an elopement risk. On [redacted] at 2:10 PM, an interview with resident #1, she stated, she did not remember about the incident of leaving. It was also asked if anyone hurt her at the facility. She answered no and that everyone treats her well and that she was placed there by her children because her husband, [redacted], and her children did not want her to live in the home alone. On [redacted] at 2:30 PM, an interview with the Administrator said that resident #1 had just moved into the facility about two weeks prior and had a hard time acclimating at first but is doing very well now. Furthermore, the Administrator stated that on the day of the elopement incident, caregiver staff A was assisting with another resident and few minutes later resident #1 had went out the door without anyone's knowledge. On [redacted] at 5 PM, an interview with the Administrator confirmed the findings. Class III	A 025		
CZ821 SS=D	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	CZ821		

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CZ821	Continued From page 3 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; (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	CZ821		

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CZ821	Continued From page 4 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: 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?N	CZ821		

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CZ821	Continued From page 5 o=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/SingleSignOnPortal. (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 (#1) after an elopement incident that involved the local fire department. Findings: On , the Agency received a report that resident #1 had eloped from the facility on and returned to the facility 20 minutes later by the local fire department not harmed. On at 2:10 PM, an interview with resident #1, stated she did not remember about the incident of leaving the facility. She stated that everyone treats her well and that she was placed there by her children because her husband , , and her children did not want her to live in the home alone.	CZ821		

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CZ821	Continued From page 6 On [redacted] at 2:30 PM, an interview with the Administrator said that resident #1 had just moved into the facility about two weeks prior and had a hard time acclimating at first but doing very well now. Furthermore, the Administrator stated that on the day of the elopement incident, caregiver staff A was assisting with another resident and few minutes later resident #1 had went out the door without anyone's knowledge. There was no documented evidence that an adverse incident electronically was reported and submitted to the Agency as required. On [redacted] at 5 PM, an interview with the Administrator confirmed the finding. Unclassified	CZ821		