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
	AL11967199	A. BUILDING: _____ B. WING _____	05/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA BONITA ALF LLC	931 NE 17 TERRACE HOMESTEAD, FL 33033

(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 COVID-19 monitoring was conducted at Casa Bonita ALF, LLC on [redacted] and concluded on [redacted]. Deficiencies were identified at the time of the survey.	A 000		
A 010 SS=G	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the	A 010		

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A 010	Continued From page 1 resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident ' s representative or designee or the resident ' s family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial	A 010		

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A 010	Continued From page 2 examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 3 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the appropriateness of continued residency for one out of six sampled residents (Resident # 3). Resident # 3 had a history of	A 010		

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A 010	Continued From page 4 verbal behavior towards staff and other residents and physically assaulted Staff B. Findings Include: In an interview on @ 3:25 PM, Staff B stated, "I quit because [Resident # 3] . . . . me. He's a drunk. He left in the morning on Friday and came . . . few hours later drunk and got violent because I wouldn't buy him ". Review of Resident # 3's progress note dated . . . . . revealed a Spanish progress note 'Es una persona un poco benatica. Nos esta trayendo problema con la bebida, tiene un caracter dificil pero lo mas que nos preocupa es que sale todos los dias y regresa borracho' which translated in English meant 'He's a person a little insane and bringing us issues due to . . . . and has a difficult character, but what worries us the most is that he leaves every day and returns drunk'. A second progress note dated . . . . . revealed another progress note in Spanish that showed 'Hoy se fresqueo con la doctora tocandole una nalga sale a la calle y regresa tomado y agresivo. Hoy se a comportado como una persona super violenta', which translated in English meant 'Today he was fresh with the doctor and touched her butt cheek. He leaves to the street and returns drunk and aggressive'. A third progress note dated . . . . . revealed a progress note in Spanish that showed 'Sigue muy agresivo mas los primeros dias de cada mes que cobra' which translated in English meant 'Continues very aggressive more often the first days of every month when he receives his money'.	A 010		

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A 010	Continued From page 5 Further review of Resident # 3's progress notes showed no documentation that Resident # 3 was treated by a health care provider or any interventions the facility implemented regarding Resident # 3's aggressive behavior and . . . . use. In an interview on at 10:11 AM, Staff C stated, "I didn't see anything. The one that was involved with everything was [Staff B]. I heard him screaming, but I was busy doing other things. I don't know if he hit her or not. I don't know anything if he was an . . . . . or not. No one has ever told me anything about him being an . . . . . ". In an additional interview on . . . . . at 1:08 PM, Staff B further stated, "This is not the first time. He leaves in the morning and comes . . . drunk. It started ever since he received his stimulus that he would leave to go buy . . . . and come . . . drunk. He would ask me before to buy him drinks because I was the only one that had a car and I would tell him no. He would verbally . . . me before, but this was the first time he was physical. He only pushed [Resident # 5]'s wheelchair and she didn't . . because I was in front of her. The first time he , me on Friday was when I helped him come inside the house because he's in a wheelchair. The second time was the physical push because I was telling him to no longer insult me and he pushed me against the sofa and was chasing me around the house to hit me. He pushed the table against me, he tried to throw a chair at me. I was able to quickly run and grab my stuff and left. I was scared. I was working with [Staff C], but she was helping out another resident. The previous times he's yelled at me, I would tell the administrator and she would talk to him".	A 010		

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A 010	Continued From page 6 Review of Resident # 3's hospital records dated . . . . showed 'This 56 yrs old White Male presents to ED (emergency department) via (emergency medical services) with complaints of Psych Problem - aggressive/ '. Further review of Resident # 3's hospital records dated . . . . showed an 'Admission Note - History & Physical' from Resident # 3's physician that showed 'What has happened is that this patient had been in a bout of aggressive behavior, which he gets frequently and had become physically aggressive toward patients at the facility and also towards staff member, which the patient hit. This is not the first time this patient had this anger outburst, they seem to be associated with leaving the home and around the neighborhood. use is suspected during those times that he goes out. When the patient returned, usually he is very verbally and physically aggressive. I experienced this myself in one of the times that I was at the facility. The patient was extremely loud, agitated and insulting towards myself". Review of Resident # 3's health assessment dated showed a medical history and diagnoses of , , Acute PE (,), and . . . . . Further review of the health assessment showed Resident # 3 did not pose a danger to self or others (considering any significant history of physically or aggressive behavior). Class II	A 010		

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A 025	Continued From page 7	A 025		
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 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.	A 025		

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A 025	Continued From page 8 (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 general awareness of two out of six sampled residents' whereabouts (Resident # 1 & # 2). Resident # 1 was reported as a missing person and found 17 miles away from the facility by the Administrator. Resident # 2 was found "lost and disoriented" at a local hospital and . . . by local law enforcement. Findings Include: 1) Review of a police report dated regarding Resident # 1 showed a narrative by the police officer 'I was dispatched to [address] to recover a missing person. Upon arrival I made contact with complainant [Administrator]. One of her residents, [Resident # 1] had been reported as missing by police department. [Administrator] located [Resident # 1] at this location".	A 025		

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A 025	Continued From page 9 According to Google Maps, the address where Resident # 1 was found was located 17.9 miles away from the facility. In an interview on at 10:50 AM, Staff B stated, "[Resident #1] is a person that is with , and a lot of . I wasn't working here when he left. [Staff C] was working and he jumped the fence. One day the door was left open and he left walking. That day he left to his girlfriend's house. We had to put one of those hurricane shelters because he breaks windows to escape. He's escaped at least 3 or 4 times approximately. I know this because [Staff C] would tell me. I don't remember the dates he's escaped. I remember one time I was coming into my shift and I looked for him. With [Resident # 1], we always have to monitor him". In an interview on at 11:05 AM, Staff C stated, "He's escaped multiple times. There has been times where one day he ate breakfast, took a shower, took his medications, and one minute to another, he's gone. I called 911 and then the Administrator. I told the police where he might have been which is the bus stop and if they hurried, they can catch him there and they brought him . Another time, [Administrator] has brought him . He's jumped the fence before too. I don't remember the dates he's escaped but it's been a couple of times, more or less 3 or 4 times." Review of Resident # 1's progress notes showed no documentation of Resident # 1's previous elopement incidents or any kind of documentation Resident # 1 was re-assessed after his first elopement incident by a health care provider. In an interview on at 12:10 PM,	A 025		

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A 025	Continued From page 10 Administrator stated, "[Resident # 1] called the cops because someone stole his bike. The cops came, did a report, and the next day, they found his bike. [Resident # 1] leaves when he wants and signs the sign out sheet". Review of the facility's sign out sheet showed ineligible writing and showed no documentation of when Resident # 1 left the facility. Review of Resident # 1's records showed Resident # 1 was admitted on and showed a Risk Scale with a score of 4. Further review of the facility's Risk Scale showed 'Action Required based on Risk Scale Score: If the resident is identified as Low Risk to , no nursing action to prevent is needed'. There was no documentation Resident # 1 was re assessed by the administrator after the first elopement. There was also no documentation of any preventative measures in place to prevent from Resident # 1 eloping. Review of Resident # 1's health assessment dated showed a medical history and diagnoses of (multiple episodes). The health assessment had no documentation of any physical/sensory limitations or /behavioral status and showed that Resident # 1 was not an elopement risk. Resident # 1 was also independent with all activities of daily living. 2) Review of a police report dated Regarding Resident #2 showed a narrative "I was dispatched to [address] in reference to an elderly male that appeared to be lost and disoriented. Upon my arrival I made contact with [Resident # 2] who did appear to be disoriented. [Resident #	A 025		

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A 025	Continued From page 11 2] stated that he walked from the [local food distribution center] and has been walking around all day. Other statements made by Mr. Martinez did not make any sense and were hard to understand. A records check revealed that [Resident # 2] was not reported as a missing person. Due to [Resident # 2] appearing to be disoriented, without the proper care or treatment, he is likely to suffer from neglect nor is he able to provide the proper care for himself. [Resident # 2] was . . . . . ." (sic) Review of Resident # 2's progress notes showed no documentation of Resident # 2's previous elopement incidents or any kind of documentation Resident # 2 was re-assessed after his first elopement incident by a health care provider. Further review of the police report showed an addendum was added stating Staff C] had called to report [Resident # 2] as a missing endangered adult and was advised that the resident was transported to the hospital under . . . . . . The police report also showed that [Resident # 2] originally advised local law enforcement that his name was completely different than his original name. In an interview on . . . . . at 10:50 AM, Staff B stated, "To my understanding, yes he has escaped more than once. None of which were during my shift. This happened 3 to 4 weeks ago where he also jumped the fence. [Staff C] was the one that told me. He escaped like around 12 at night. The police saw him disoriented and took him to the hospital. They don't have any bracelets or ID on them. That's why the police took him to the hospital". In an interview on at 11:05 AM, Staff C	A 025		

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A 025	Continued From page 12 stated, "That same day that [Resident #1] wanted to eat outside and then left and [Administrator] found him, [Resident # 2] left at night. He broke the lock on the sliding door and left. At approximately 5 in the morning, I noticed he was gone. I'm really bad at the dates but this happened in , . [Resident # 3] was the one that told me that he doesn't think [Resident # 2] wasn't in here. I called 911 and when I call 911 they told me that they had already found him and took him the hospital. [Resident # 2] way before has escaped. [Resident # 1] would always talk to him about leaving and that same day that [Resident # 1] left, [Resident # 2] left too". Review of Resident # 2's health assessment dated showed a medical history and diagnoses of Ataxia, ( ), , and ( ). The health assessment showed Resident # 2 needs assist in /Behavioral Status and was an elopement risk. In an interview on at 11:43 AM, Resident # 3 stated, "They were always buddies. They always talked about leaving. [Resident # 1] would always tell me that he wanted to leave and [Resident # 2] would just follow his footprints. [Resident # 1 would tell him what to do and where to go. [Resident # 2] would jump the fence". In an interview on at 11:50 AM, when Resident # 2 was asked what was the name of the facility and what was the facility's address, Resident # 2 stated, " Nina Bonita". Resident # 2 also stated that he did not know the address to the facility. In an interview on at 12:10 PM, the	A 025		

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A 025	Continued From page 13 Administrator stated, "With [Resident #2], I gave him some money to go to the gas station to buy some cigarettes and the next thing I know, he was by the cops. I don't know why he was . . . . . I called his legal guardian and called his psychiatrist and we couldn't get him out of the hospital. I didn't understand why they took him to the hospital". In an interview on at 9:46 AM, Resident 2's legal guardian stated, "He has in the past had elopement issues, but at another ALF (assisted living facility)". Review of Resident # 2's records showed Resident # 2 was admitted on and a showed a ˘ Risk Scale with a score of 4 (scores of 0-8 were considered 'low risk). Further review of the facility's . . ˘ Risk Scale showed 'Action Required based on ˘ Risk Scale Score: If the resident is identified as Low Risk to , no nursing action to prevent . . . ˘ is needed'. There was no documentation Resident # 2 was re-assessed by the administrator after the first elopement. There was also no documentation of any preventative measures in place to prevent from Resident # 2 eloping. Class II	A 025		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as	A 030		

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	AL11967199	A. BUILDING: _____ B. WING _____	05/21/2021

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A 030	Continued From page 14 described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and	A 030		

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A 030	Continued From page 15 6. Administrative and housekeeping schedules and requirements; 7. [illegible] control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical [illegible] by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical [illegible]. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a	A 030		

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A 030	Continued From page 16 facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including	A 030		

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A 030	Continued From page 17 the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . . . for health care services, the provision of or arrangement of transportation to health care . . . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . . . , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff	A 030		

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A 030	Continued From page 18 of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of	A 030		

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A 030	Continued From page 19 residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure six out of six sampled residents were treated with dignity, respect, and free from . (Resident # 1 - 6). The facility's main door was locked from the inside and could not be unlocked without a key, which the residents did not have. The facility also used two of the residents' closet as a supply closet for emergency food. Findings Include: 1) Observation on ..... during the tour of the facility revealed the main door was equipped with a lock that can only be unlocked with a key from the inside of the facility. Further observation showed both Staff B and C unlock the front door with keys to allow the Administrator inside the facility.	A 030		

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A 030	Continued From page 20 In an interview on . . . . . at 12:33 pm, the Administrator stated, "I put the chain and lock on the door. I put lock and chain on the fences around. I put the lock and chain on the sliding doors". 2) Observation on . . . . . at 9:41 AM, observed a closet locked with a small silver lock in # . The closet was used as storage for the facility's emergency food supply. Furthermore, a second closet was locked with a silver lock in . . # . . The second closet was used as a supply room for the facility's supply of adult briefs. In an interview on . . . . . at 9:41 AM, Staff B stated, "[Resident # 4] isn't the only one that would wear the adult briefs. [Resident # 5] wears them too and sometimes [Resident # 6]". Staff B then stated that Resident # 5 and # 6 lived in # . In an additional interview on at 12:35 PM, the Administrator stated, "Where do you want me to put the food? I don't have anymore space". Class III	A 030		
A 032 SS=H	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 032		

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A 032	Continued From page 21 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 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	A 032		

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A 032	Continued From page 22 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)(l), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow its policies and procedures regarding elopement when two out of six sampled residents eloped from the facility (Resident #1, #2). Resident #1 and #2 had a history of elopements and no interventions were implemented to prevent the occurrence from happening at the facility. Findings include: Review of Resident # 1's police report dated . . . showed a narrative by the police officer 'I was dispatched to [address] to recover a missing person. Upon arrival I made contact with complainant [Administrator]. [Administrator] told me that she owns an Assisted Living Facility (ALF) called Casa Bonita. One of her residents, [Resident # 1] had been reported as missing by police department. [Administrator] located [Resident # 1] at this location". In an interview on at 11:05 AM, Staff C stated regarding Resident # 1's past elopement	A 032		

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A 032	Continued From page 23 incidents, "He's escaped multiple times. There has been times where one day he ate breakfast, took a shower, took his medications, and one minute to another, he's gone. I called 911 and then the Administrator. I told the police where he might have been which is the bus stop and if they hurried, they can catch him there and they brought him . Another time, [Administrator] has brought him . He's jumped the fence before too. I don't remember the dates he's escaped but it's been a couple of times, more or less 3 or 4 times." Review of Resident # 2's police report dated showed a narrative "I was dispatched to [address] in reference to an elderly male that appeared to be lost and disoriented. Upon my arrival I made contact with [Resident # 2] who did appear to be disoriented. [Resident # 2] stated that he walked from the [local food distribution center] and has been walking around all day. Other statements made by Mr. Martinez did not make any sense and were hard to understand. A records check revealed that [Resident # 2] was not reported as a missing person. Due to [Resident # 2] appearing to be disoriented, without the proper care or treatment, he is likely to suffer from neglect nor is he able to provide the proper care for himself. [Resident # 2] was ". In an interview on at 11:05 AM, Staff C stated, "That same day that [Resident #1] wanted to eat outside and then left and [Administrator] found him, [Resident # 2] left at night. He broke the lock on the sliding door and left. At approximately 5 in the morning, I noticed he was gone. I'm really bad at the dates but this happened in . [Resident # 3] was the one that told me that he doesn't think [Resident # 2] wasn't	A 032		

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A 032	Continued From page 24 in here. I called 911 and when I call 911 they told me that they had already found him and took him the hospital. [Resident # 2] way before has escaped. [Resident # 1] would always talk to him about leaving and that same day that [Resident # 1] left, [Resident # 2] left too". Review of the facility's elopement policy and procedures showed "Facilities are required to conduct two elopement drills per year (every 6 months) and continue to conduct drills throughout the existence of the business". Review of the facility's elopement drills showed the last elopement drill was conducted on . There was no documentation of an elopement drill conducted six months later in . Further review of the facility's elopement policy and procedures also showed an Elopement Risk Assessment protocol under a different facility's name. Review of the facility's , Risk Scale showed the residents would be reassessed "whenever there is a change in Resident's clinical status". Further review of Resident # 1's and # 2's records showed no documentation that the residents were reassessed by their healthcare provider or by the administrator after their first elopement incident. There was also no documentation that showed the facility implemented any preventative measure to prevent the residents from eloping. In an interview on at 11:43 AM, Resident # 3 stated, "They were always buddies. They always talked about leaving. [Resident # 1] would	A 032		

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A 032	Continued From page 25 always tell me that he wanted to leave and [Resident # 2] would just follow his footprints. [Resident # 1 would tell him what to do and where to go. [Resident # 2] would jump the fence". In an interview on at 9:46 AM, Resident 2's legal guardian stated, "He has in the past had elopement issues, but at another ALF". Review of Resident # 2's records showed Resident # 2 was admitted on and a showed a Risk Scale with a score of 4. Further review of the facility's Risk Scale showed 'Action Required based on Risk Scale Score: If the resident is identified as Low Risk to , no nursing action to prevent is needed'. In an interview on at 12:33 PM, the Administrator stated, ""I put the chain and lock on the door. I put lock and chain on the fences around. I put the lock and chain on the sliding doors. I put the doorbell camera and cameras around the house". Class II	A 032		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept	A 055		

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A 055	Continued From page 26 locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration	A 055		

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	AL11967199	A. BUILDING: _____ B. WING _____	05/21/2021

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A 055	Continued From page 27 of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	A 055		

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A 055	Continued From page 28 failed to ensure that all medications were centrally stored and kept in a locked cabinet, locked cart, or other locked storage receptacles, room, or area at all times. Findings Include: Observation on at approximately 8:30 AM showed a medication cabinet fully open next to the facility's kitchen. Further observation showed Resident's # 4 and Resident # 2 sitting in the dining table unsupervised next to the unattended and unlocked medication cabinet. In an interview on at approximately 8:30 AM, Staff B stated, "We just finished giving them their medications. That's why it's open". Class III	A 055		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida	A 078		

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A 078	Continued From page 29 Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must:	A 078		

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A 078	Continued From page 30 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff submitted a negative . . . . . (. .) examination and a free of communicable statement for one out of three sampled staff (Staff C). Findings Include: Review of Staff C's records revealed a hire date of and showed no documentation of a negative . . examination and a free of communicable statement. In an interview on at 12:05 PM, the Administrator stated, "I'll have her get the papers from her doctor".	A 078		
	Class III			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural,	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 31 mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible]. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure all existing architectural, mechanical, electrical, and structural systems, and appurtenances were maintained in good working order. The facility also failed to provide a clean and safe environment for all residents.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 32 Findings Include: Observation on at 9:41 AM showed a small roach in one of the closets in # where Resident # 3 and Resident # 4 live in. Further observation on at 11:24 AM showed Resident # 3, Resident # 2, and the Administrator try to open the sliding door that was jammed and could not be opened. Resident # 3 had to enter the facility from a second sliding door from # . In an interview on at 11:24 AM, Staff C stated, "That door always gives me trouble to open and close". In an interview on at 12:04 PM, the Administrator stated, "I have a fumigator that comes every month. I have the checks. I'll call someone to come and get the sliding door fixed too". Review of facility's records showed no documentation of fumigation/pest services were provided at the facility. Class III	A 152		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if	A 161		

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A 161	Continued From page 33 applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ˽ to provide direct or indirect services to residents and the facility. However, the facility	A 161		

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A 161	Continued From page 34 must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a copy of the employment application with references furnished for one out of three sampled staff (Staff C). Findings Include: Review of Staff C's personnel records showed a job application dated with no documentation of any references. In an interview on at 12:05 PM, the Administrator stated, "I'll have her fill it out now". Class III	A 161		
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. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number,	A 162		

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A 162	Continued From page 35 7. Medicaid and/or Medicare number, or name of other health insurance 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, , 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 record that is initiated on admission. 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.	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 36 (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 , ( ), CF-ES 1006, , 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 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	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 37 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 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 have a completed health assessment for one out of six sampled residents (Resident # 3). The facility also failed to ensure Resident # 6's and Resident # 1's contract were signed. Findings Include:	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 38 Review of Resident # 1's records showed Resident # 1 was admitted on [redacted] and also showed a contract that was not signed neither by the resident or by the resident's legal guardian/power of attorney. Review of Resident # 3's health assessment dated [redacted] showed no documentation of the health care provider's medical license number, their telephone number, and address of examiner. The health assessment also had no documentation regarding Resident # 3's [redacted] right [redacted] and used a wheelchair. Review of Resident # 6's records showed Resident # 6 was admitted on [redacted] and also showed a contract that was not signed neither by the resident or by the resident's legal guardian/power of attorney. In an interview on [redacted] at 12:14 PM, the Administrator stated, "[Resident # 6]'s sister hasn't signed the contract yet. I don't have anyone that is his proxy and he can't sign it. At 12:26 PM, the Administrator further stated, "[Resident # 1] doesn't want to sign it no matter how many times I ask him to". Class III	A 162		
A 165 SS=D	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967199	A. BUILDING: _____ B. WING _____	05/21/2021

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A 165	Continued From page 39 part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967199	A. BUILDING: _____ B. WING _____	05/21/2021

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(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 165	Continued From page 40 incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) . . . . , neglect, or . , ... must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967199	A. BUILDING: _____ B. WING _____	05/21/2021

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A 165	Continued From page 41 section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit an adverse incident report within one business day and within 15 days of the incident to the Agency for Healthcare Administration (AHCA) for two out of three sampled residents (Residents # 1 and # 2). Resident # 1 eloped from the facility and Resident # 2 was by local law enforcement after being found lost and disoriented. Findings Include: A review of facility records and police reports showed that Residents #1 and 2 eloped from the facility. Resident #2 was hospitalized under the	A 165		

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
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A 165	Continued From page 42 A review of the online Adverse Incident Reporting System database showed no documentation the facility filed a one - day and a 15-day report regarding either incident. In an interview on . . . . at 12:03 PM, the Administrator stated, "I didn't know I had to report a . . . . . I didn't know honestly". Class III	A 165		