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
	AL11910926	A. BUILDING: _____ B. WING _____	06/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ROSA I, INC	182 WEST 9 STREET HIALEAH, FL 33010

(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 (complaint number 2021004126) was conducted at Villa Rosa 1, INC on . A deficiency was identified at the time of 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 resident diets in accordance with rule	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a general awareness of the resident's whereabouts for Resident #1. Findings included: A review of the Incident Report revealed "Resident #1 eloped from the facility on . The report showed that Resident #1 was last seen in the facility on at 2.00 am while staff was doing rounds. At 2.30 AM Staff noticed resident was not in bed and the room window was open with the window screen taken off. Supervisor and staff started the search in and outer part of facility. The search was also done	A 025		

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A 025	Continued From page 2 nearby neighborhood. Resident's mother was contacted, and she stated she was talking to him on the phone, and he asked her to pick him up in the gas station near the facility. The mother stated she told him no, I will not pick you up. At 3.20 AM supervisor called the police who arrived the facility at 3.30 AM to report resident was missing. Primary care physician was informed. Resident was wearing an identification bracelet with facility information. Supervisor called the mother at 5:06 AM and the mother stated he had contacted her again and she told him no she will not pick him up." A review of Resident's #1 1823 health assessment dated showed a diagnosis and medical history of , , , , , . Patient was alert, and oriented times 3. He was Independent with all ADLs and needed assistance with self- administration of medications. Resident was not listed as an elopement risk. On at 8:30 AM Staff C (caretaker) stated, " On Resident #1 eloped from the facility at night by opening the window, removed the screen and remove part of the fence to exit the facility. He was found by a nurse and returned to the facility. On at 9:46 AM Staff D (third party nurse) stated, "I saw Resident #1 in the morning (he did not remember date or time) walking in front of another assisted living facility nearby. I asked him if he was hungry, he seemed to be in good condition but clothes a little bit dirty. I called the Administrator and told her I found him, and they called the ambulance who transported him to the hospital."	A 025		

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A 025	Continued From page 3 On . . . . . at 10:26 AM the Administrator stated Resident #1 eloped from the facility on . . . . . and was found on . . . . . when a nurse found him walking in front of another nearby assisted living facility. He was sent to the hospital and returned to the facility on . . . . . . The administrator stated a night shift staff found resident was not in bed during the night round check. She believed he may have eloped from his bedroom window. His mother was called and said the resident called her from a nearby gas station. She stated a staff member from the facility went to look for him at the gas station and other gas stations near the facility but could not find him. The police were called. On . . . . . at 11:06 AM an interview was conducted by telephone with Resident #1 mother. She stated, " my son has a mental condition, and it has been worsening, he says incoherent things. He is happy where he lives at present time, he is also going to a day program, and I think this it is helping him a lot to behave. I have talked to him, telling him he cannot go out without permission. He had a copy of his identification with him and his cell phone. He received good care at the assisted living facility and the staff supervised him day and night, but he got obsessed about the and told me he eloped because he was going to be . . . . . and he did not want it. I told him, if he did not get , I am not going to visit him anymore. The day he eloped from the facility he called me and told me he was at a gas station and wanted me to pick up him, and I told him no. The staff was in contact with me and did all they could. Class III	A 025		

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