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
	AL11969314	A. BUILDING: _____ B. WING _____	10/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HSRE-ASL CASSELBERRY TRS LLC	2701 HOWELL BRANCH RD WINTER PARK, FL 32792

(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 Complaint Investigation #2021014078 was conducted on [redacted]. HSRE-ASL Casselberry Trs Lic had deficiencies at the time of the visit.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	A 008		

AHCA Form 3020-0001

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

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A 008	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible], [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care	A 008		

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A 008	Continued From page 3 practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted	A 008		

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A 008	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the health assessment was complete and accurate for 1 of 3 sampled residents (#3). Findings: Resident #3's record revealed an admission date of . His assessment, dated ,	A 008		

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A 008	Continued From page 5 included diagnoses of [redacted] and [redacted]. He was noted to be at risk for elopement. He required supervision with ambulation, eating and toileting. He required assistance with bathing, [redacted], and grooming. He required medication administration. Review of his medication observation record for [redacted] revealed medications were being provided by unlicensed staff. On [redacted] at 12:30 PM, the memory care unit assistant director confirmed resident #3 was able to take his medication and did not require administration. She stated she was not aware the health assessment reflected that medication administration was needed. Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (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	A 010		

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A 010	Continued From page 6 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 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	A 010		

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A 010	Continued From page 7 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 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 practitioner 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 the practitioner's form or 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 010		

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A 010	Continued From page 8 (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible] 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 practitioner, 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 practitioner, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions 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 an 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.	A 010		

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A 010	Continued From page 9 (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 a health assessment was obtained after a significant change for 2 of 3 sampled residents (#1 & 2). Findings: 1. Resident #1's record revealed an admission date of . . . . . His most recent assessment was dated and included diagnoses of . . . . . He required assistance with activities of daily living (ADLs) and was noted to be oriented to self. He was documented to be at risk for elopement. Facility progress notes revealed resident #1 exhibited increased . . . . . and exit-seeking behaviors since . . . The facility report revealed a note that documented resident #1 eloped from the facility through his window on . . . . . at approximately 7:30 AM. The facility was notified that resident #1 was found by police at 7:50 AM. He was returned to the facility without injury. The record did not reveal an updated assessment following the elopement. Photographic evidence was obtained.	A 010		

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A 010	Continued From page 10 2. Resident #2's record revealed an admission date of . . . . . . Her most recent assessment was dated and included diagnoses of , ... and she was noted to be at risk for . She was not noted to be at risk for elopement. She required assistance with ADLs. Facility progress notes from to revealed resident #2 had increased , and hid in the facility. On . . . . . , her husband/roommate reported he could not find her. Staff found her hiding by another room. On . . . . . , her husband again reported her missing. She was found inside another apartment. On . . . . . , she was moved to the memory care unit. On , she exited the door of the unit into the courtyard, setting off the alarm. Staff escorted her into the unit without harm. On . . . . . , exit-seeking behaviors were noted. An updated health assessment was not found following with elopement for resident #2. Photographic evidence was obtained. On10/11/21 at 2:30 PM, the administrator confirmed they did not have updated health assessments for either resident #1 or resident #2 following their significant events. Class III	A 010		
A 025 SS=G	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	A 025		

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A 025	Continued From page 11 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 Resident Care Standards. 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. (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.	A 025		

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A 025	Continued From page 12 (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 observation, record review and interview, the facility failed to make at a minimum a daily effort to determine that at risk residents have identification (ID) on their persons that includes their name and the facility's name, address, and telephone number for 1of 22 sampled residents at risk for elopement (#2), and did not ensure staff were generally aware of the location of all residents assessed at high risk for elopement at all times for 1 of 3 sampled residents (#1). Findings: Review of the facility's elopement book found 22 of the 25 residents in memory care were assessed to be at risk for elopement. 1. Resident #1's record revealed an admission date of . His most recent assessment was dated and included diagnoses of . He required assistance with activities of daily living (ADLs) and was noted to be oriented to self. He was documented to be at risk for elopement. Facility progress notes revealed resident #1 exhibited and exit-seeking behaviors since . Facility reports noted that resident #1 eloped from the	A 025		

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A 025	Continued From page 13 facility through his window on . . . . . at approximately 7:30 AM. The facility was notified that resident #1 was found by police at 7:50 AM. He was returned to the facility without injury. Photographic evidence was obtained. Facility report revealed on . . . . . , resident #1 removed the window panels in his room that prevented the window from opening fully. He then left the facility through his first-floor room window. He went across a very busy 4 lane road to an apartment , across the street where a resident in the . . , . . saw him sitting on the steps, and called police. Police notified the facility that the resident was with them at the apartment , . Care staff were sent to bring him to the facility without injury. On . . at 10:30 AM, the memory care coordinator stated that on at 8:03 AM, she was notified by police that resident #1 was found sitting on the steps of an apartment . . , . across the street, and she and another caregiver went to pick him up. She stated staff reported to her that resident #1 was last seen between 6:50 and 7:15 AM saying he was looking for his truck. She stated ID are checked at 8 AM and 6 PM daily, but he went out prior to the 8 AM check on . . . . and was wearing ID. She confirmed that resident #1 was not known to be missing until the police called the facility. 2. A tour of the memory care unit on . . . . at 10:15 AM with the unit coordinator found resident #2, who was identified as an elopement risk by the unit coordinator, was not wearing an ID bracelet. Resident #2's record revealed an admission date of . Her most recent assessment was	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969314	A. BUILDING: _____ B. WING _____	10/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 025	Continued From page 14 dated ..... and included diagnoses of , , and she was noted to be at risk for .... She was not noted to be at risk for elopement. She required assistance with ADLs. Facility progress notes from ... to ..... revealed resident #2 had increased ..... , ... and hid in the facility starting on . On , her husband/roommate reported he could not find her. Staff found her hiding by another room. On , her husband again reported her missing. She was found inside another apartment. On , she was moved to the memory care unit. On ..... , she exited the door of the unit into the courtyard, setting off the alarm. Staff escorted her ... into the unit without harm. On , exit-seeking behaviors were noted. There were no notes documenting the healthcare practitioner was notified of a change in the resident's status. Photographic evidence was obtained. On at 10:20 AM, the memory care coordinator stated resident #2 just moved to the unit from assisted living over the weekend and they had not ordered an ID ... for her yet. She confirmed she was able to make a temporary ... .- On at 11:30 AM, the administrator confirmed the healthcare practitioner for resident #2 had not been notified of the resident's change in status. Class II	A 025		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007	A 032		

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A 032	Continued From page 15 (7) 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 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	A 032		

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A 032	Continued From page 16 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 Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to make at a minimum a daily effort to determine that at risk residents have identification (ID) on their persons that includes their name and the facility's name, address, and telephone number for 1of 22 sampled residents at risk for elopement (#2), and did not ensure staff were generally aware of the location of all residents assessed at high risk for elopement at all times for 1 of 3 sampled residents (#1). Findings: Review of the facility's elopement book found 22 of the 25 residents in memory care were assessed to be at risk for elopement.	A 032		

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A 032	Continued From page 17 1. A tour of the memory care unit on at 10:15 AM with the unit coordinator found resident #2, who was identified as an elopement risk by the unit coordinator, was not wearing an ID bracelet. Resident #2's record revealed an admission date of . Her most recent assessment was dated and included diagnoses of , and noted to be at risk for . She was not noted to be at risk for elopement. She required assistance with activities of daily living (ADLs). Facility progress notes from to revealed resident #2 had increased , and hid in the facility. On , her husband/roommate reported he could not find her. Staff found her hiding by another room. On , her husband again reported her missing. She was found inside another apartment. On , she was moved to the memory care unit. On , she exited the door of the unit into the courtyard, setting off the alarm. Staff escorted her into the unit without harm. On , exit-seeking behaviors were noted. Photographic evidence was obtained. 2. Resident #1's record revealed an admission date of . His most recent assessment was dated and included diagnoses of . He required assistance with ADLs and was oriented to self. He was documented to be at risk for elopement. Facility progress notes revealed resident #1 exhibited increased and exit-seeking behaviors since . Facility reports noted that resident #1 eloped from the facility through his window on at approximately 7:30 AM. The facility was notified resident #1 was found by police at 7:50 AM. He was returned to the facility without	A 032		

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A 032	Continued From page 18 injury. Photographic evidence was obtained. Facility report revealed on . . . . . resident #1 removed the window panels in his room that prevented the window from opening fully. He then left the facility through his first-floor room window. He went across a very busy 4 lane road to an apartment , across the street where a resident in the . . , . . saw him sitting on the steps and called police. Police notified the facility that the resident was with them at the apartment , . Care staff were sent to bring him to the facility without injury. On . . at 10:30 AM, the memory care coordinator stated that on at 8:03 AM, she was notified by police that resident #1 was found sitting on the steps of an apartment . . , . . across the street. She and another caregiver went to pick him up. She stated staff reported to her that resident #1 was last seen between 6:50 and 7:15 AM, saying he was looking for his truck. She stated ID . . . . are checked at 8 AM and 6 PM daily, but he went out prior to the 8 AM check on . . . . . and was wearing ID. The memory care coordinator stated resident #2 just moved to the unit from assisted living and they had not ordered an ID for her yet. Class III	A 032		