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
	AL11969382	A. BUILDING: _____ B. WING _____	11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF WILDWOOD	1477 HUEY STREET WILDWOOD, FL 34785

(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 2021015876) was conducted at Haborchase of Wildwood on , , , , and . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 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	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify a resident's health care provider when the resident exhibited a significant change of condition, and also failed to maintain a written record of a resident's significant change of condition that resulted in medical attention for 1 of 3 residents sampled, Resident #1. Findings: Review of Resident #1's clinical record revealed he was admitted to hospice on . The record revealed no documentation of the incident that occurred on .	A 025		

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A 025	Continued From page 2 Review of Resident #1's discharge summary from the local emergency room, dated , revealed Resident #1 was admitted to the hospital on and discharged on . The discharge summary read, "Patient admitted after being found unresponsive by staff at this ALF [assisted living facility.] The patient reportedly had been left outside for unknown amount of time, was noted to have elevated temp and hypoxic [having low levels in the .] Noted to have to his thighs and left ." During an interview on , at approximately 1:27 PM, the Resident Care Director stated, "I cannot provide documentation of investigation reports, progress notes, nursing notes or hospital records from the incident regarding Resident #1 on ." During an interview on , at approximately 2:14 PM, the Administrator stated there is no documentation of the incident from regarding Resident #1. She stated the notification to family and the physician would have been documented on an incident report, which she does not have. Class III	A 025		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality	A 165		

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A 165	Continued From page 3 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 incident, and the status of the facility's investigation of the incident.	A 165		

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A 165	Continued From page 4 (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 section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary	A 165		

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A 165	Continued From page 5 proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to adhere to adverse incident reporting requirements involving an event that required the transfer of a resident to a unit providing more acute care due to the incident for 1 of 3 residents sampled, Resident #1. Findings: Review of Resident #1's Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), dated [redacted], revealed the resident required assistance in transferring and ambulation, and his whereabouts were to be observed daily. Review of Resident #1's discharge summary from the local emergency room, dated [redacted], revealed Resident #1 was admitted to the hospital on [redacted] and discharged on [redacted]. The discharge summary read, "Patient admitted [redacted] after being found unresponsive by staff at this ALF [assisted living facility.] The patient reportedly had been left outside for unknown amount of time, was noted to have elevated temp and hypoxic [having low [redacted] levels in the [redacted].] Noted to have [redacted] to his thighs and left [redacted]." During an interview on [redacted], at approximately 10:15 AM, the Administrator confirmed she was aware of the incident regarding Resident #1 that occurred on [redacted], but she was not aware that	A 165		

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A 165	Continued From page 6 the incident needed to be reported. She stated she has had no adverse incidents to report in the last six months. Review of facility policy and procedures titled, "Adverse Incident Reports," read, "An adverse incident is defined as any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to incident; within 1 business day after occurrence of an adverse incident, provide a preliminary report to the Agency for Health Care Administration. Within 15 days, submit a full report that includes the community's investigation into the adverse incident to the Agency for Health Care Administration." Class III	A 165		