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
	AL11932659	A. BUILDING: _____ B. WING _____	12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

(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 An unannounced complaint investigation (complaint number 2021017135) was conducted on , at Woodmont A Pacifica Senior Living Community. The facility had deficiencies at the time of the survey.	A 000		
A 008	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	A 008		

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A 008	Continued From page 1	A 008		

available to the agency during inspection or upon 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 , , 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,

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A 008	Continued From page 2 Department of Children and Families personnel 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 require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- 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 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 , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 3 in the opinion of the examining health care 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).	A 008		

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A 008	Continued From page 4 (d) An assessment that has been conducted 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 staff interviews and review of resident medical records, the facility failed to ensure a Resident Health Assessment (AHCA Form 1823) was obtained within 30 days after admission for 1 of 3 residents (Resident #1) reviewed. The findings include:	A 008		

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A 008	Continued From page 5 On ... . at 11:30 AM, an interview was conducted with the Executive Director (ED) which revealed, Resident #1 was a .. , ... male who admitted to the facility a little over a month ago (... ...). At the time of admission his sister stated that she did not feel her needed to be in the facility's locked unit. The ED went on to report that the resident had exited the building unattended on ... . and was found approximately 24-hours later in a park located approximately 1 mile from the facility. A review of Resident #1's medical record revealed there was no Resident Health Assessment (AHCA Form 1823) in his record. According to the observation notes, the resident was admitted on ... . Review of a History and Physical Exam conducted by the resident's physician on .. .. revealed, "The patient is having increasingly agitated and difficult to control behavior. He is getting up at night walking around the house packing up things leaving suitcases out front locking himself out of the house ...He appears to have increasingly less and less insight into the severity of the symptoms." The exam goes on to reveal an assessment/plan that stated " ... ... - Advanced, with significant agitation and growing concern for safety at house, patient has very little insight into severity of problems and sister is starting to become overwhelmed. Nocturnal behavior (such as packing bags and leaving them outside the house and locking himself out) are starting to effect both of their sleep cycles". On at approximately 2:56 PM, a follow-up interview was conducted with the ED who stated that she admitted Resident #1 into the facility on ... ... pending the Resident Health Assessment form (1823) from the	A 008		

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A 008	Continued From page 6 resident's physician. However, as of the time of the interview, the facility had yet to receive the completed health assessment. A review of the facility's Elopement Policy dated revealed 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. Further review revealed if the resident has a diagnosis of or history of elopement, a physician's statement regarding leaving the building unescorted will be obtained. Class II	A 008		
A 025	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	A 025		

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A 025	Continued From page 7 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. (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 interviews and record reviews, the facility failed to maintain a general awareness of the resident's whereabouts for 1 of 3 residents (Resident #1) reviewed for supervision which	A 025		

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A 025	Continued From page 8 resulted in Resident #1 eloping from the unsecured unit of the facility for more than 24-hours. The findings include: On [redacted] at 11:30 AM, an interview was conducted with the Executive Director (ED) which revealed, Resident #1 was a [redacted] male who admitted to the facility a little over a month ago ([redacted]). The ED stated there were alarms on the exit doors, but they do not alert during the day from 9:00 AM - 8:30 PM. She stated Resident #1 normally came downstairs and had breakfast in the dining room, then went to the living room in the lobby and paced and forth. She stated she noticed she did not see him in the lobby area around 9:30 AM, on [redacted], so she asked staff to search out front. When he was not found there, staff checked his room, but he was not there either. Staff then conducted a headcount and perimeter check around the building. When Resident #1 was not found, they immediately notified family and law enforcement. According to the ED, a Silver Alert was issued, and his picture appeared on the news. The ED reported the resident was found the next morning at approximately 10:00 AM, in a park just down the road from the facility. He was found in a watery area washing himself off. He was taken to the hospital where he was treated for [redacted] but has since returned to the facility. The ED added that the sister admitted Resident #1 to the facility and did not feel he needed to be in a locked unit at that time. On [redacted] at approximately 12:49 PM, an interview was conducted with the Business Office Manager (BOM) who stated the ED asked during the morning meeting if Resident #1 had come by	A 025		

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A 025	Continued From page 9	A 025		

the door because she could not find him. According to the BOM, they looked outside, conducted a perimeter check of the building, and checked all the rooms upstairs and could not locate him. The BOM stated she then drove around the neighborhood but still did not see him. The BOM further stated that she made flyers with his picture and contacted the family, the local sheriff's office, and local media outlets. She stated she drove around Lake Jackson and Lake posting flyers until 8:30 PM. The BOM reported, "I came in at 6:00 AM, and got the team together again and searched more, then [the ED] received a call from the sheriff's office stating they found him." According to the BOM, the sheriff's office reported he was found at Okeechobee Park at the end of the road. The BOM provided the following instructions from the facility, "Take a left, go down the road, around a curve, first road on the left, then stop sign, turn right and park is on the left- side." The BOM reported Resident #1 was found in the water cleaning himself off after going to the bathroom on himself, according to the sister. The BOM also reported attending an in-service on elopement when she first started in .

On at 12:50 PM, a follow-up interview was conducted with the ED who revealed Resident #1 was missing for approximately 24-hours. He was found near the Lake Jackson area, and offered that the lake had been drained, but there were still watery areas throughout. She also stated the resident's sister reported that he was in the water when he was found because he had soiled himself and was trying to clean himself off. The ED stated that prior to admission, Resident #1 had lived at home with his sister. When he was admitted, the initial assessment showed he was able to converse, and his sister

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A 025	Continued From page 10	A 025		

reported he was not exit seeking and did not need memory care. However, after this incident, the sister advised that he used to walk 4 miles per day, which she did not disclose previously. When asked why the side exit door alarms do not sound during the day, she stated she thinks it is because the previous ED set the alarm hours. She stated the alarm company is set to come out on ... to set the alarms to sound during all hours (around the clock.) She stated the alarm company advised her that the person who installed the system would have to be the one to return and reset the alarms. According to the ED, they have employed enhanced supervision by all staff to monitor the exit doors continuously during those hours until the door alarms can be reset.

On at 12:55 PM, an interview was conducted with the Resident Care Director (RCD) who stated, "We saw the resident pass by the door headed toward the snack machine (which is also located near the North exit door). We noticed he hadn't come . . . . We had never seen him exit seek or have any other behavior issues, but he had cursed at a staff person earlier that day. I looked outside because he loved to walk around the parking lot, but he always knew to turn around and come ." She further stated they checked all the rooms, all the cars in the parking lot, around the facility, and then got in their cars and started driving around looking for him. The RCD reported, "When we could not locate him, we contacted the sheriff's office and the family. When he returned, he was moved to a room in the Memory Care Unit." She stated Resident #1 had a little , , but no injuries and was otherwise fine.

On at approximately 12:30 PM, a tour of the resident's likely path from the facility to the

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A 025	Continued From page 11	A 025		

location he was found was conducted. Based on security camera footage, the tour began by exiting out the north side of the building and continuing toward the parking area in front of the building. The surveyor then followed the directions provided by the BOM and found that the park where the resident was located, was approximately 1-mile from the facility. The park provided access to Lake Jackson, which had been drained at the time of the observation, but still had several pockets of standing water. (Photographic evidence obtained)

On at 2:30 PM, an interview was conducted with customer service representative from the alarm company in the presence of the ED. The customer service representative reported the facility was not currently being provided alarm service due to a past due bill. The customer service representative clarified the check for the outstanding bill posted on , however, due to business volume in the month of , the alarm company was unable to send out a tech to reactive the alarm system until at 8:00 AM. The ED who was present for the conversation revealed she was unaware the facility had no alarm system for the exit doors.

A review of the most recent Elopement Service Training Inservice Form dated revealed 19 staff received training. There was no record of elopement training provided since the incident occurred on .

A review of Resident #1's medical record revealed there was no Resident Health Assessment (AHCA Form 1823) in the record. Review of the observation notes revealed the resident was admitted on . The History

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and Physical Exam conducted by the resident's physician dated revealed, "The patient is having increasingly agitated and difficult to control behavior. He is getting up at night walking around the house packing up things leaving suitcases out front locking himself out of the house ...He appears to have increasingly less and less insight into the severity of the symptoms." The History and Physical Exam also documented " - Advanced, with significant agitation and growing concern for safety at house, patient has very little insight into severity of problems and sister is starting to become overwhelmed. Nocturnal behavior (such as packing bags and leaving them outside the house, and locking himself out) are starting to effect both of their sleep cycles". The following medication orders were included as part of the assessment/plan: , 10 mg tablet - take 1 tablet every day by oral route, 5 mg tablet - take 1 tablet twice a day by oral route, , 25 mg tablet - take 1 tablet every day by oral route at bedtime.

On at 2:56 PM, a follow-up interview with the ED revealed she admitted Resident #1 into the facility on pending the Resident Health Assessment form (1823) from the resident's physician. However, at the time of the interview, the facility had not received the completed health assessment.

A review of the facility's Elopement Policy dated revealed 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. Further review revealed if the resident has a diagnosis of or history of elopement, a physician's statement regarding leaving the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

(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 025	Continued From page 13 building unescorted will be obtained. Class II	A 025		