

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967425	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/08/2021
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NAME OF PROVIDER OR SUPPLIER HAPPY PLACE GROUP HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12216 SW 10 TERRACE MIAMI, FL 33184
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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 000	Initial Comments A complaint investigation (complaint number 2021016672) was conducted at Happy Place Group Home Inc from through . A deficiency was identified at the time of the survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (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	A 032		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 032	Continued From page 1 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 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 record review and interview, the facility failed to follow its policies and procedures regarding elopement for one out of six sampled residents (Resident #1). The facility failed to ensure that residents identified as an elopement risk have identification on their persons, including their name and the facility's name, address, and telephone number.	A 032			

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A 032	Continued From page 2 Findings include: A review of the adverse incident report submitted by the facility showed on _____, at around 5:30 AM showed that, while conducting her rounds, Staff B (caregiver) found that Resident #1 was not in her room nor anywhere inside the facility. Staff B then contacted the administrator, who began an external neighborhood search. At 6 AM, the facility contacted the police, and a missing person's report was filed. At 7:12 AM, Resident #1 was found by police at a nearby shopping center. A review of the facility's admission/discharge log showed Resident #1 was admitted on _____. A review of Resident #1's updated health assessment completed _____ showed medical diagnoses and a history of _____, and _____. Resident #25 was independent with ambulation, bathing, eating, _____, self-care, toileting, and transferring. The health assessment indicated that Resident #1 was an elopement risk. A review of the facility's elopement policies and procedures showed, "the facility shall 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." Observation on _____ at 9:35 AM showed that Resident #1 had no identification on her person, including her name and the facility's name, address, and telephone number.	A 032			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HAPPY PLACE GROUP HOME INC

**12216 SW 10 TERRACE
MIAMI, FL 33184**

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A 032	Continued From page 3 During an interview on at 9:42 AM, when asked if she knew the address of the facility she was residing at, Resident #1 stated, "I don't know." On at 9:56 AM, when asked if Resident #1 had any identification with the facility's name and address, Staff B replied no. Class III	A 032		