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
	AL11969549	A. BUILDING: _____ B. WING _____	05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S & M ASSISTED LIVING FACILITY LLC	9950 NW 24TH AVE MIAMI, FL 33147

(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 2022006675) was conducted at S & M Assisted Living Facility, LLC on to . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=H	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 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 provide adequate supervision and maintain a general awareness of the whereabouts of one out of eight (Resident #1) sampled residents. Resident #1 eloped from the facility and was found eight days later in the hospital. Findings included: A review of the Incident Report System (AIRS) revealed Resident #1 eloped on . . . . . The report showed that Resident #1 was last seen in the facility on . . . . . approximately 5:00 PM.	A 025		

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A 025	Continued From page 2 Review of Resident #1's health assessment completed on showed medical history and diagnoses of , , use and use dependence. The physician indicated that the resident's or behavioral status was congruent with his mental illness. The special precautions section revealed that the resident liked to pace. Resident #1 needed supervision with bathing and toileting; and needed assistance with self-care and with the self-administration of medication. The resident was not identified at risk for elopement. Review of Resident #1's record revealed a 45 Day Notice to Relocate dated , which was not signed by the resident. The document showed the reason for the notice was: The rent not being paid in full, and he keeps trying to escape the facility. Further review of Resident #1's record, showed a Community Living Support Plan and , Agreement completed in which the psychiatrist indicated in the section, "list any signs or symptoms that may indicate the ALF (assisted living facility) resident needs professional mental health services: "member history of elopement, symptoms, history of substance use." On at 9:37 AM, during an interview, the Owner stated on Resident #1, "woke up and had breakfast at about 9:00-9:30 AM, then he said that he wanted to go out for a walk, so at about 10:00-10:30 AM a facility staff went with the resident for a walk. After they came , Resident #1 continued with his daily routine. He had lunch at around :30 PM, went to the backyard to smoke and came to his room at 1:00-1:20 PM." The Owner further stated that the last time she saw Resident #1 was	A 025		

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A 025	Continued From page 3 about 5:00 PM when he came out of his room and passed through the kitchen to go outside. The Owner stated she went to the backyard and saw the other residents but did not see Resident # 1. She stated she asked the other residents where Resident #1 was, and the residents said he was inside the facility. The Owner said that she looked for the resident in his room, but he was not there, so she went outside to search again and still did not see him. The Owner stated afterwards she began searching the surrounded area and could not find him, so she called the police. The Owner stated she often checked on the resident because he always looked over the fence and she thought the resident wanted to escape. On at 1:27 PM the Administrator stated that Resident #1 was with a behavior program for a long time. She stated, "when he started a new program it seem he did not like the new nurse [case manager]. He always asked about a previous case manager and when someone from the new program was coming [to visit him] his . . . . would change. The day he eloped [ ] he put on jeans, tennis shoes and a jacket. He said that he wanted to go for a walk, so a staff member went with him, and after that he kept his normal behavior. I think the switch over of the program [case manager]affected his . . . . I expressed to the program manager resident always asked for the former case manager." On . . . . . at 1:38 PM, during a second interview,the Owner stated that she prepared the 45-days' notice to Resident #1 because of lack of payment and the resident wanted to escape. On at 9:35 AM conducted an	A 025		

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A 025	Continued From page 4 interview with Staff C (caretaker) by telephone, she stated "I was working that day [ ] with the Owner. I was in the kitchen that day. I did not see him in his room. I assumed he went outside. He was not outside. It seems he opened the gate and left. He had never left before. We went on the street in different directions to look for him." On at 12:10 PM, during a telephone interview with the nurse from Resident #1's behavioral program, she stated she learned from the Owner that Resident #1 attempted to elope from the facility a couple of months earlier. Review of the facility records dated revealed the staff had been aware Resident #1 was at risk for elopement. There was no documentation the facility informed the physician of resident being at risk for elopement and no documentation elopement precautions were put in place. On at 3:34 PM another interview was conducted with the Owner, by telephone. She stated Resident #1 was found in the hospital on and discharged from the hospital on to another place. Review of Resident #1 hospital record dated showed, "Resident presented to the hospital on . History of present illness: Patient was seen and evaluated. Patient states he is only here for placement and does not want any medication at this time. Patient is extremely disheveled and has a tremor. He denies any symptoms of , or . He denies any , visual or persecutory . Patient does not meet criteria for acute ,	A 025		

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A 025	Continued From page 5 admission at this time. Class II	A 025		
A 032 SS=E	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		

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A 032	Continued From page 6 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 interview and record review, the facility failed to conduct at least two elopement drills per year. The facility failed to follow its own elopement policy and procedures . Findings included: Review of the facility records showed that part of	A 032		

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A 032	Continued From page 7 the procedure in its elopement guidelines: "Administrator is to conduct an elopement drill 2 times per year (semi-annually) at a minimum. When an elopement occurs, the administration will conduct monthly drills per month for up to one year at a minimum." A review of the facility records showed no documentation elopement drills were conducted twice a year. Further review of the facility records revealed a prior resident elopement dated . . . . . and there was no documentation of monthly elopement drills (as stated in the facility elopement guidelines) being conducted after that resident elopement. On . . . . . at 1:25 PM, the Administrator stated she was not aware elopement drills had to be conducted. Class III	A 032		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee	A 081		

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A 081	Continued From page 8 completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 9	A 081		

other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily

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A 081	Continued From page 10 living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that one out of four sampled staff had documentation of the required in-service training within thirty (30) days of employment (the Administrator). Findings included: Review of personnel records for the Administrator showed no documentation of having received in-service training regarding the facility's resident elopement response policies and procedures. The Administrator's hire date was . . . . . . On . . . . . at 2:36 PM, the Administrator acknowledged that the training certificate was not on file.	A 081		

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A 081	Continued From page 11 Class III	A 081		