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
	AL11968390	A. BUILDING: _____ B. WING _____	07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERLOX HAVEN LLC	3151 GRANADA BLVD KISSIMMEE, FL 34746

(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 #2022009010 and generator monitoring was conducted at Merlox Haven ALF on . Deficiencies were identified at the time of survey.	A 000		
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 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 observations, interviews and record reviews, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision to 1 of 3 sampled residents who eloped from the facility (#1). Findings: On . . . . . at 10:18 AM, staff A said on after dinner, most residents were out on the screened patio. She said she went inside at about 7 PM to prepare medications. She said the other residents came inside but resident #1 stayed on patio. She said she was the only staff	A 025		

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A 025	Continued From page 2 in the facility at that time. She said she locked the 3 screen doors on the patio before going inside. She said she went out to the patio at about 7:20 PM and resident #1 was not on the patio. She said the patio door was unlocked. She said she searched the house and looked outside. She said she could not leave the facility because she was the only staff in the facility. She said she called the administrator at about 8 PM and she came to the facility. She said the administrator checked the property and then called 911. Staff A said the Police found resident #1 down the road later that night. She said the ambulance took resident #1 to the hospital to get checked out because he had on his arms. On at 9:50 AM, resident #1 said he liked to go outside and sit on the patio. During the interview, a Global Positioning System (GPS) bracelet was seen on resident #1's right . Resident #1's record revealed he was admitted to the facility on . Resident #1's 1823 Resident Health Assessment, dated , indicated the resident was not an elopement risk. A facility note, dated (no time indicated), indicated the resident eloped from facility via the patio door. On at 10:46 AM, the Administrator/owner said resident #1 moved into the facility in . She said he was referred by a case manager. She says she found out the resident was an elopement risk and part of Project Lifesaver, when the local Sheriff's department texted her on about the GPS bracelet needing a new battery. She said the resident did have a bracelet on when he was admitted but she did not know what it was.	A 025		

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A 025	Continued From page 3 The Administrator/owner said she left the facility on at about 7 PM. She said staff A called her just after she left and told her resident #1 was missing. The Administrator/Owner said she returned to the facility and searched the property, then called 911. When police arrived, she said they reviewed the camera footage and found resident #1 had left through the screen door. He walked around the . . . . of the building to the front driveway, and then out to the street and turned left. She said the police found him down the street at about 10:30 PM. She said they used a helicopter to track his GPS device and a K-9. She said resident #1 was transported to the hospital to be checked out. She said she notified his ex-wife who is responsible for him. "Project Lifesaver is the premier search and rescue program operated internationally by public safety agencies and is strategically designed for 'at risk' individuals who are prone to the life-threatening behavior of . The primary mission of Project Lifesaver is to provide timely response to save lives and reduce potential injury for adults and children with the propensity to due to a condition." (Retrieved on . . . . . projectlifesaver.org). On . . . . at 11:00 AM, the administrator/owner confirmed she was made aware of resident #1 being a risk for elopement on . . . . . when the local Sheriff's department called to inform her that resident #1's GPS bracelet needed a battery change. On at 3:00 pm with a representative from the Osceola sheriffs' office revealed resident #1 received a GPS tracer from Project lifesaver since . . . . because he had a previous elopement when he lived with his ex-wife.	A 025		

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A 025	Continued From page 4 Class II	A 025		
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 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being	A 032		

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A 032	Continued From page 5 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 conduct and document resident elopement drills for 2 of 3 staff records reviewed (A & B). Findings: 1. Staff A's personnel record revealed she was hired by the facility on and had not participated in any elopement drills.	A 032		

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A 032	Continued From page 6 2. Staff B's personnel record revealed she was hired by the facility on and had not participated in any elopement drills in 2021. On at 3:06 PM, the Administrator/owner confirmed staff A and B did not participate in any elopement drills in 2021. Class III	A 032		