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
	AL11963737	A. BUILDING: _____ B. WING _____	10/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (WEST PALM BEACH)	2330 VILLAGE BLVD WEST PALM BEACH, FL 33409

(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 (#2022012717 & #2022014789) and Generator Monitoring survey was conducted on at Arden Courts (West Palm Beach). The facility had deficiencies identified at the time of the survey related to the complaints.	A 000		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.	A 091		

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A 091	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on interview and employee personnel record review, the facility failed to ensure 3 of 10 sampled employee personnel records reviewed, to include Staff B, Staff C and Staff D, contained the mandatory Elopement Response Training in-service which is required to be completed by all facility staff. The findings included: On at 10:30 AM, an interview was conducted with Caregiver Staff F who stated she arrived to work on at 7:00 AM and did her early morning rounds. She stated she spoke to Caregiver Staff D, Resident #2's assigned caregiver, and he stated Resident #2 was up, dressed and walking around. Caregiver Staff F stated Licensed Practical Nurse (LPN) Staff B was looking for Resident #2 to give her morning medications and was unable to locate the resident. Caregiver Staff F further stated Caregiver Staff C and all the staff started to look for Resident #2 within the community. Resident #2 was unable to be located and it was determined she had eloped from the Memory Care Unit of the facility on . . . . . . 1) Review of the personnel record for LPN Staff B revealed a date of hire of to work the 11:00 PM to 7:00 AM shift. Further review of the personnel record revealed the 1-hour in-service Elopement Response Training was not available for review. 2) Review of the personnel record for Caregiver Staff C revealed a date of hire of 11/22/2021 to work the 7:00 AM to 3:00 PM shift. Further review of the personnel record revealed the 1-hour in-service Elopement Response Training was not	A 091		

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A 091	Continued From page 2 available for review. 3) Review of the personnel record for Caregiver Staff D revealed a date of hire of to work the 11:00 PM to 7:00 AM shift. Further review of the personnel record revealed the 1-hour in-service Elopement Response Training was not available for review. On at 4:15 PM, an interview was conducted with the Administrator who acknowledged the personnel records of LPN Staff B, and Caregivers Staff C and Staff D did not include the required Elopement Response Training documentation. Class III	A 091		
A 165	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 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:	A 165		

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A 165	Continued From page 3 1. [illegible]; 2. [illegible] or [illegible] damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] 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. (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) [illegible], neglect, or [illegible] 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,	A 165		

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A 165	Continued From page 4 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 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 timely submit the Adverse Incidents Reports as required following an elopement incident for 1 of 10 residents reviewed, affecting Resident #2. The findings included:	A 165		

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A 165	Continued From page 5 A complaint survey was conducted at the facility on . . . . . During a review of the facility's incident investigation documentation revealed that Resident #2 eloped from the facility on . . . . . resulting in her being found and taken to (name of Hospital) by local Law Enforcement who located Resident #2 in an adjacent community. During an interview conducted on . . . . . at 10:15AM with the Administrator, she provided documentation of the Adverse Incident Report and it reflected the 1-day report was created on . . . . . but not submitted until . . . . . . No documentation was provided for the required 15-day report and no explanation was forthcoming for the delay in submitting the 1-day report. During an interview conducted with the Administrator and Director of Nursing on . . . . . at 4:15 PM, they acknowledged the findings and no additional documentation was provided for review. Class III	A 165		