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
	AL11965681	A. BUILDING: _____ B. WING _____	C 10/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR LIVING AT DUNEDIN	3175 BELCHER ROAD DUNEDIN, FL 34698

(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 (#2022014598 and 2022015600) was done in conjunction with a revisit to [redacted] biennial survey at Angels Senior Living at Dunedin Assisted Living Facility on [redacted]. Angels Senior Living at Dunedin Assisted Living Facility had deficient practice identified at the time of the 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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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,	A 025		

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A 025	Continued From page 1 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 observation, records review and interviews, the facility failed to provide personal supervision and oversight required for each resident to include awareness of general health, safety and well-being of the residents for 2 (Resident #1 and #2) of 32 residents who resides in the facility's memory care unit. This lack of oversight and awareness led to Resident #1 and Resident #2 who both eloped from a secured memory care unit. Findings Included:	A 025		

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A 025	Continued From page 2 During an interview with the administrator conducted on [redacted] at 09:20 a.m., The Administrator stated the facility is short of staff. When asked what the facility census was, she stated "32." She stated the facility had to let go two direct care staff members a couple days ago. Record review conducted on [redacted] of Resident's#1 1823(Health Assessment) dated [redacted] revealed Resident #1 ([redacted]) was admitted to the facility on [redacted] as an elopement risk. Resident #1's was diagnosed with Ablepharon Macrosomia [redacted] (AMS} and abdomen [redacted]. Record review conducted on [redacted] revealed Resident#1 had physician ordered medications [redacted] 500 milligrams by [redacted] twice a day, order dated [redacted]. During an interview with the administrator conducted on [redacted] at 11:45 am, The Administrator stated that Resident #1 was last seen on [redacted] at 1:00 p.m. in the dining room. [redacted] around 4:15pm he was not in his room. All the staff went to look for Resident #1 and could not find him. He had managed to climb out of another resident's window and eloped from the facility. Resident #1was found by law enforcement on [redacted] at 12:30 p.m. the next day. Resident#1 was missing for more than 21 hours. Record review conducted on [redacted] of Resident's#2 1823(Health Assessment) dated [redacted] revealed Resident #2 ([redacted]) was admitted to the facility on [redacted] as an elopement risk. Resident #2 was diagnosed [redacted], protein calorie [redacted]	A 025		

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A 025	Continued From page 3 deficiency, . D deficiency, , , , , , , , and , , During an interview with the administrator conducted on at 12:15 p.m., The Administrator stated that it was unknown exactly when Resident #2 was last seen. On at 5:40 p.m. Staff A reported that she could not locate Resident#2. All the staff went to look for Resident #2 and could not find her. She had managed to easily open the door to the facility entrance after holding it for 15 seconds and walked out. The facility door buzzer did sound however, it wasn't loud enough for staff to hear it. Resident #2 managed to leave the locked unit unwitnessed. Resident#2 made it into a neighbor's yard two houses down from the facility. at 6:37 p.m. Resident #2 was located and brought to the facility by the administrator. The administrator confirmed the only thing that have been put in place to prevention this from happening again is a quote from a fencing company. However, she is uncertain when the fence installation will occur. During an interview with the administrator conducted on at 01:45 p.m., The Administrator stated Resident#2 receives spot checks every two hours and this gets documented in the facilities "Assisted with Daily Living Electronic Tracking System online." Resident#2 is always walking around, she " all day." The administrator confirmed the facility didn't do a staff in-service for elopement after Resident#2 had eloped . She stated, "what can we do they are elopement risks? we accept elopement risk residents." The administrator confirmed she felt the elopement in-service that was completed in was enough. She stated,	A 025		

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A 025	Continued From page 4 yes, we have residents that can sign in and out of memory care. If a resident is high enough they can sign out and leave by themselves. Attempted record review was conducted on /20222 revealed there was no documentation that staff checked on Resident #2 every 2 hours. During an interview with Staff B conducted on at 12:00 p.m., Staff B stated she is normally assigned to 17 residents at a time. The facility is short of staff most of the time. During an interview with Staff C conducted on at 12:25 p.m., Staff C stated, she feels like we need more staff, right now there are only two people for 32 residents at a time. Staff C stated, for the quality care and to be able to check on the whereabouts of residents we need more staff. She is always running after the residents because it's too much. When asked if there have been any residents who eloped from the facility, she confirmed the following; yes, three residents walked out. I don't understand how they open the door when the doors are supposed to be locked. They just open the door; the alarm goes off and we find them outside. I think we need to have a better system; can you help us? An observation of the facility was completed on . Surveyor pushed door open at 10:30AM. The door was not fully locked. It opens after 15 seconds. The maintenance director came to turn off the alarm at 10:36AM. During an interview with the maintenance director conducted on at 10:36 a.m. The maintenance director stated, "The doors do not	A 025		

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A 025	Continued From page 5 lock to the outside, they are unlocked, but an alarm goes off." Class II	A 025		
A 200 SS=D	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in	A 200		

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A 200	Continued From page 6 the . . . . . to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize	A 200		

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A 200	Continued From page 7 a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary	A 200		

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power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.
4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan.
(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.
(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its

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systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.
(3) APPROVED PLANS.
(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.
(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.
(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.
(4) IMPLEMENTATION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than [illegible], have implemented the plan required under this rule.
(b) The Agency shall allow an extension up to [illegible] to providers in compliance with paragraph (c) below and who can show delays

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caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S.
(c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours.
1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.
2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:
a. Fully and safely evacuate its residents prior to the arrival of the event; or
b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a

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state of emergency for the area of the assisted living facility.
(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.
(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.
(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.
(5) POLICIES AND PROCEDURES.
(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:
1. The use of cooling devices and equipment;
2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;
3. Wellness checks by assisted living facility staff

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A 200	Continued From page 12 to monitor for signs of [illegible] and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any	A 200		

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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 200	Continued From page 13 future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to follow their approved Comprehensive Emergency Management Plan in the event of loss of electrical power to the facility. Findings included: During record review of the facility's approved comprehensive emergency management plan (CEMP) conducted on revealed the statement, "Turn on generators and air-conditioning units to cool the room for	A 200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965681	A. BUILDING: _____ B. WING _____	C 10/31/2022

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A 200	Continued From page 14 the residents and staff". The CEMP described the use of multiple portable air-conditioning units and generators in the event of power outage. During observation of the generators conducted on at 10:00AM, the Maintenance Director was able to provide proof of only one portable generator on site. During observation of the maintenance room conducted on at 10:05AM, the Maintenance Director was able to provide proof of only one portable air-conditioning unit on site. During an interview with the Maintenance Director conducted on at 10:15AM, the Maintenance Director confirmed that there was only one portable generator on site. During an interview with the Maintenance Director conducted on at 11:00AM, the Maintenance Director confirmed that there was only one portable air conditioning unit on site. Class III	A 200		