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
	AL11968304	A. BUILDING: _____ B. WING _____	C 11/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEUROINTERNATIONAL HEALTHCARE LLC	7015 32ND AVE EAST BRADENTON, FL 34208

(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 (#2022015067)as conducted at Neurointernational Healthcare on . Deficiencies were identified at the time of the visit.	A 000		
A 010 SS=D	429.26(.) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible], [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on record review and interview the Facility failed to determine appropriateness for continued residency, with regard to care and services required for supervision and safety of one (Resident #1) of one resident sampled. Findings included: A review of the record for Resident #1 conducted on revealed an 1823 Agency for Healthcare Administration resident assessment dated : * /behavioral status: post-stress , reactive attachment , major , generalized , intellectual functioning *Nursing/treatment/ , service requirements: Nursing, and evaluation and treatment *Special Precautions: Behavioral Protocol must be implemented and followed. *Nursing progress note dated by Staff E stating a call was made to the hospital for a nurse-to-nurse report for Resident #1, and that resident was under a . A record review for Resident #1 conducted on revealed a Service Agreement dated of the care transition from another state's development services to the current Facility, stating Resident #1 "has a history of ingesting items that could potentially cause her damage, apparently in an attempt at self-harm.	A 010		

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A 010	Continued From page 5 She has swallowed a variety of items, including batteries, screws, paperclips, and tacks. Some items have needed to be surgically removed. She has also reported to staff, on several occasions, that she had saved up medications and ingested them." A record review of a case management summary notes by Staff A on 11/21/2022 for Resident #1 dated stated "Case Manager had a conversation with the guardian today about the plan to move [Resident #1] to the Wauchula campus. Guardian was receptive to the idea but asked to have a zoom meeting with the NH [nursing home] case manager and all of the treatment team so he could be "sold on the idea." Will be reaching out to everyone tomorrow to schedule a meeting." A record review of a Neuropsychiatrist notes for Resident #1 dated conducted on revealed "She is continuing to display a maladaptive pattern of pica and consistent with . She is constantly being for same. I have advised neurorestorative administration that her placement in an ALF [assisted living facility] is not appropriate due to lack of behavioral services and the inability to use protective equipment due to ALF license limitations. [Resident #1] needs to be transferred to the more appropriate setting of a TLF [transitional living facility], preferrable in a [Facility name] program due to continuity of care." A record review of a Neuropsychiatrist notes for Resident #1 dated revealed "Patient continues to display maladaptive behaviors consistent with . Have consistently advised	A 010		

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A 010	Continued From page 6 administration to need to transfer this patient to a TLF as placement in an ALF is not appropriate due to self-injury behavior. Was sent to hospital for headbanging episode. Was treated and released. She has had 5 behavioral episodes this month with one ." In an interview with Resident #1 conducted on at 11:50am she stated, "certain people need more help and don't belong here." Additionally, she said she said the Facility was going to move her to another facility in Florida and she wanted to go. In an interview conducted on at 1:00pm with Staff C they stated "nothing official yet but there was a call today and the parents don't want her to leave. Administrator said it needs to happen and we need to put it in writing. I am not sure what the final outcome is. No 45-day notice has been issued yet. We have been talking and talking and getting parents' consent to move to Wauchula. There is only so much liability that the facility can take. Mom feels there are a lot of worse behaviors in Wauchula and she feels she will take on those behaviors." In an interview with Staff B conducted on at 1:54pm they agreed that Resident #1 required a higher level of care. She stated both the doctor and management have agreed and "we asked to move her since last . It went on for a long time." Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 7 429.26 (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 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.	A 025		

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A 025	Continued From page 8 (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, interview, and record review the Facility failed to provide care and services appropriate to meet the needs of residents accepted for admission to the facility, by failing to maintain the level of supervision required to prevent elopement and self- injury, for one (Resident #1) of one sampled resident. Findings Included: In an interview with Staff B conducted on [redacted] at 11:18am they stated that Resident #1 was an elopement risk and had run away twice. Staff B stated that Resident #1 once got away from her 1:1 caregiver and into the woods next to the facility. In an observation conducted on [redacted] Resident #1's room at 11:40am, it was observed to have only a mattress on the floor and little furnishings. In an interview with Staff A and Staff C conducted	A 025		

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A 025	Continued From page 9 on . . . . . at 11:40am, they stated Resident #1 was not able to have the metal or coils from box springs in her room due to due to self-injurious behavior. Additionally, at 11:49am Staff C stated "no screws or hardware. Her behavior plan has restrictions in there." In an interview with Resident #1 conducted on . . . . . at 11:50am she stated that she had eloped twice from the facility and was found by the police. A review of the records for Resident #1 conducted on revealed: "An incident report dated where Resident #1 eloped from the facility "A hospital record dated where resident was seen for a "closed . . injury and ." "A hospital record dated 11/3/2022 where resident was seen for "intentional self-harm by sharp object; . . . . . of . . . . wall; . . . . . attempt." "An incident report dated . . . . . where Resident #1 eloped from the facility "Nursing progress note dated . . . . . by Staff E stating a call was made to the hospital for a nurse-to-nurse report for Resident #1, and that resident was under a . A facility record review of incident reports for Resident #1 conducted on . . . . . revealed: "A critical event report dated . . . . . where resident punched and kicked staff, punched a wall and banged her . . on the floor. "An incident report dated where resident was alleged to have swallowed a paper clip so a mobile was ordered.	A 025		

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A 025	Continued From page 10 "An incident report dated where resident "broke a light bulb and began to cut her . Staff intervened and was then struck in the by [Resident #1]. She was then brought to [facility] to both receive medical attention for her and to be stabilized ." "An action report dated the resident used her MP3 player to cut herself on her arm, , and . A record review of a Neuropsychiatrist note for Resident #1 dated conducted on revealed "[Resident #1] needs to be transferred to the more appropriate setting of a TLF [transitional living facility]." A Neuropsychiatrist note dated revealed he had consistently advised administration of the need to transfer the resident to a higher-level facility, as placement in an assisted living facility was not appropriate due to self-injury behaviors. He stated "was sent to hospital for headbanging episode. Was treated and released. She has had 5 behavioral episodes this month with one ." In an interview with Staff B conducted on at 1:54pm they agreed that Resident #1 required a higher level of care. They stated that both the doctor and management had agreed and "we asked to move her since last . It went on for a long time." Class II	A 025		
A 162 SS=D	59A-36.015(3) FAC Records - Resident	A 162		

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A 162	Continued From page 11 (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration	A 162		

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A 162	Continued From page 12 of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.	A 162		

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A 162	Continued From page 13 (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's [redacted], DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968304	A. BUILDING: _____ B. WING _____	C 11/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEUROINTERNATIONAL HEALTHCARE LLC	7015 32ND AVE EAST BRADENTON, FL 34208

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A 162	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain resident records with an updated Resident Health Assessment form, AHCA Form 1823 after a significant change for one Resident (Resident #1) of two sampled residents. Findings Included: A record review for Resident #1 conducted on , revealed the Agency for Health Care Administration form 1823 dated ..... was blank for elopement risk. A review of the facility records conducted on ..... revealed: *An incident report dated ..... where Resident #1 eloped from the facility and emergency services had to be called to assist with the search. Resident was missing for 14 hours and subsequently ..... before returning to the program. *An incident report dated ..... where Resident #1 eloped from the facility and emergency services had to be called to assist with the search. Resident was later found and transported to a local hospital. In an interview with Staff B conducted on at 1:37pm they stated elopement risk should be marked on Resident #1's 1823. Photo Evidence Obtained.	A 162		

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
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A 162	Continued From page 15 Class III	A 162		