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
	AL11969433	A. BUILDING: _____ B. WING _____	11/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEAGRASS VILLAGES OF PANAMA CITY BEACH	401 N ALF COLEMAN ROAD PANAMA CITY BEACH, FL 32407

(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 investigation (complaint numbers 2022013112 and 2022015155) was conducted at The Landing of Panama City Beach (formerly Seagrass Villages of Panama City Beach) on . . The facility had deficiencies at the time of the survey.	A 000		
A 032 SS=F	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.	A 032		

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A 032	Continued From page 1 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 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 observation, interview and record review the facility failed to develop a detailed written policy and procedure for responding to resident elopement that included the continued care of all residents within the facility for 1 of 1 elopement policy reviewed.	A 032		

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A 032	Continued From page 2 The findings include: On at approximately 9:15 AM, a tour of the facility was conducted. The facility was noted to have a current census of 42 residents located in 2 distinct locked units. The facility signage reflected the facility was advertising "Memory Care." Staff member D, a Licensed Practical Nurse (LPN), assisted with the tour and indicated the majority of the residents have some memory , or issues. Staff member D confirmed both the units are secured units and that residents cannot exit without staff assistance. Information received from a facility investigation of resident #1's elopement on revealed the resident had a diagnosis of and , was independent with ambulation, and on occasion combative with redirection. The facility investigation revealed resident #1 was reported missing from the secured unit sometime after 10:00 PM by staff member C, a resident care assistant ( ). Three staff members, Staff member A, Medication Technician (Med Tech), Staff member B, an and Staff member C, , initiated a search for the resident and all 3 staff members went outside the facility. Staff member A initiated a search in her car. During this time, the facility census was 42 and those residents were left alone without supervision. Resident #1 was later found by law enforcement and taken to the hospital. On at approximately 8:58 AM, staff member D, LPN, was interviewed. He indicated he had been working at the facility for approximately 2 months and denied having received any in-service training on the facility's	A 032		

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A 032	Continued From page 3 elopement response policy and procedure. When asked if he could locate the policy and procedure, the staff member was unable to locate after checking numerous notebook binders at the nursing station. At approximately 9:10 AM, the Executive Director (ED), located a policy titled " . . . . and/or Elopement Residents," dated . . . . . The ED indicated this was the only policy she could locate regarding elopement and was not aware staff were to have in-service training within 30 days of hire on the policy. On . . . . . at approximately 9:15 AM, an interview was conducted with staff member A, med tech. She indicated she had been working a the facility for approximately 6 months and was present during the elopement of resident #1. She indicated staff from the northside unit contacted her around 10:00 PM, on the night of the incident, and notified her that resident #1 was missing. Staff member A confirmed she and the other 2 staff began a search both inside and outside the building. She confirmed she conducted a search in her car. She further confirmed all 3 staff assigned to the night shift on . . . . . , left the residents inside the building alone and without supervision. Staff member A indicated she was not aware of the facility's elopement response policy and had not received training. A review of the . . . . and/or Elopement Residents policy revealed it lacked any information or directions for the continued care of all residents within the facility during an elopement response. Class III	A 032		

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A 081	Continued From page 4	A 081		
A 081 SS=F	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 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	A 081		

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A 081	Continued From page 5 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, 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	A 081		

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A 081	Continued From page 6 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 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 observation, interview, and record review the facility failed to ensure 10 of 11 sampled staff received in-service training regarding the facility's resident elopement	A 081		

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A 081	Continued From page 7 response policies and procedures within 30 days of employment. (Staff members A, B, C, D, E, G, H, I, J, K) The findings include: On [redacted] at approximately 9:15 AM, a tour of the facility was conducted. The facility was noted to have a current census of 42 residents located in 2 distinct locked units. The facility signage reflected the facility was advertising "Memory Care." Staff member D, a Licensed Practical Nurse (LPN), assisted with the tour and indicated the majority of the residents have some memory [redacted] or [redacted] issues. Staff member D confirmed both the units are secured units and that residents cannot exit without staff assistance. A review of sampled staff training files revealed 10 of the 11 sampled staff did not have any evidence of elopement response policy and procedure training within 30 days of hire. Staff A Med-Tech, date of hire Staff B Resident Assistant, date of hire [redacted] Staff C Resident Assistant, date of hire Staff D LPN, date of hire [redacted] Staff E Resident Assistant, date of hire Staff G Resident Assistant, date of hire [redacted] Staff H Resident Assistant, date of hire Staff I Activities Director, date of hire [redacted] Staff J Sales Director, date of hire Executive Director (ED), date of hire [redacted] On [redacted] at approximately 9:10 AM, an interview was conducted with the Executive Director (ED), who located a policy titled "[redacted] and/or Elopement Residents," dated [redacted] She indicated this was the only policy she could locate regarding elopement and was	A 081		

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A 081	Continued From page 8 not aware staff were to have in-service training within 30 days of hire on the policy. Class III	A 081		