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
	AL11942957	A. BUILDING: _____ B. WING _____	11/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOSAN RESIDENCE CORP	1754 NW 6 STREET MIAMI, FL 33125

(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 survey (#2022016793) was conducted at Bosan Residences Corp on . Deficiencies were identified at the time of the visit.	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 record review and interview, the facility failed to maintain a general awareness of the whereabouts of one resident out of thirteen sampled residents (Residents 1). Ten months after the first elopement, Resident#1 the door chime on the facility ' s front door, jumped the fence, and left the facility. Resident#1 wasn ' t located until five days later. Findings Included: A review of an adverse incident report dated showed Staff B went to get the resident for breakfast that morning when she realized the resident was not in his room. She	A 025		

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A 025	Continued From page 2 notified the other caregiver, Staff C. Both staff members started looking for the resident in all the rooms in the facility, outside, and around the neighborhood. Resident#1 was not found. Staff B called the Administrator and Owner, they started driving and looking for the resident at his most frequently visited places. The police, the resident ' s guardian, and the resident's doctor were notified. A review of Resident 1's record showed the resident was admitted to the facility on [redacted] and had a medical history of [redacted], High [redacted], and [redacted]. His health assessment dated [redacted] showed the resident was listed as an elopement risk and required assistance with self-administration of medication and supervision with self-grooming. A review of Resident#1 ' s progress notes dated [redacted] showed at approximately around 12 midnight, Staff B observed Resident#1 heading to the bathroom. After using the bathroom, Staff B and Resident#1 went to their rooms. Later that morning at around 7 am, Staff stated she went to get the resident up for breakfast and noticed the resident was not present. Staff B and Staff C started looking in all the rooms in the facility, when they noticed the door chime was dissembled, placed on the floor, and the door was unlocked. Both staffs looked outside of the facility. The Administrator was called and started driving to the resident ' s frequent places the resident would visit. The police and the resident ' s guardian were called. The police, their dogs, the Administrator, and the resident ' s Guardian could not locate the resident.	A 025		

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A 025	Continued From page 3 A further review of Resident#1 ' s progress notes showed Resident#1 had eloped prior to the elopement on . . . . . His progress notes showed on , "The resident notified the staff he was going to the store to buy soda and walk for a little bit as he has done in the past. When the resident was not . . . by 11:00 AM, the staff got worried and began searching inside the facility and around the neighborhood. Police were called after the resident was not found. Police opened a report around noon and are searching for him. Resident's legal guardian, doctor, and case manager are informed." On . . . . . , Resident#1 was found sitting on a bench by another assisted living facility by the Owner and Guardian. In an interview with Staff B on 11/15/2022 at 12:03 pm, she confirmed she was the only staff working the overnight shift during the time of the elopement however Staff C was working the morning shift after with her. She stated the last time she saw Resident#1 before the elopement was approximately around 12 am midnight while the resident was using the bathroom and returned to his room. Later that morning at 7:30 am, she went to inform the resident that breakfast was ready and noticed Resident was not present. She observed the door chime was dissembled, placed on the floor, and the door was unlocked. She informed Staff C, both staff started looking for the resident inside and outside the facility. Both staff couldn ' t locate the resident, so she called the Administrator, and the Administrator called 911. In a further interview with Staff B on 11/15/2022 at 12:17 pm, she stated this was the second time that the resident had eloped since the date of admission. Resident#1 eloped previously in	A 025		

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A 025	Continued From page 4 . . . . . , ... and was found a week later. She further stated Resident#1 was sent to the hospital and returned. In an interview with the Owner on . . . . . at 12:37 pm, he stated he was not present during the elopement however Staff B called him and informed him on the morning of that Resident#1 had eloped from the facility by dissembling the front door chime and jumping the fence and both staff couldn ' t locate the resident. After the call, he stated he drove around the nearby area and his frequent places. In a further interview with the Owner on at 12:47 pm, he stated the elopement on . . . . . was the resident ' s second elopement since being admitted on . The resident had eloped . . . in . . . . . , ... and was not found until a week later on . He found the resident at one of the resident ' s frequent places with his friends. A review of the Resident#1 ' s record showed there was no documentation of any interventions put in place after the resident had eloped on . . . . . . In an interview with the Owner on . . . . . at 1:47 pm, he stated after the elopement on . . . . . /222, as an intervention, he revoked the resident ' s privilege of shopping or going out alone and educated the dangers of eloping. After the second elopement on , he stated he made bracelets with the facility ' s contact information for all residents and ordered cameras to be installed. A review of all of the resident ' s files showed Resident#1 was the only resident listed as an	A 025		

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A 025	Continued From page 5 elopement risk. In an interview with Resident#1 ' s guardian on at 12:35 pm, she confirmed the Administrator informed her that Resident#1 jumped the fence during the night on . She stated the resident was an elopement risk prior to being admitted to the facility and had a history of eloping. In a further interview, she also stated," This is the second time that the resident had eloped from this facility". Class II	A 025		
AL241 SS=D	429.075( ); 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the , agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan	AL241		

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AL241	Continued From page 6 available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a [illegible] agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 59A-36.020 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security [illegible], or supplemental security income and [illegible] as follows: a. An affirmative statement on the Alternate Care Certification for [illegible]	AL241		

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AL241	Continued From page 7 (. . .) form, CF-ES 1006, ... , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-03988, that the resident is receiving SSI or SSDI due to a mental . . b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . . . . . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental . . . . . The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental . . . . . . 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, ... nurse, or an individual supervised by one of these professionals. a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement:	AL241		

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AL241	Continued From page 8 (I) Completed Alternate Care Certification for , , ( ) form, CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services, c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and	AL241		

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AL241	Continued From page 9 duration of such services and activities, d. Includes the of the facility to facilitate and assist the resident in attending and arranging transportation to for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. include the Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement	AL241		

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AL241	Continued From page 10 assessment, whichever is later. The statement: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. , cover all mental health residents of the facility who are clients of the same provider; and, d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation 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 appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. Findings Included: A review of the facility's admission and discharge	AL241		

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AL241	Continued From page 11 log showed the facility had six limited mental health residents admitted to the facility (Resident#7,#8,#9,#11,#12,#13). Resident#1 was not listed as a limited mental health resident. A review of Resident 1's record showed the resident was admitted to the facility on and had a medical history of , High , and . His health assessment dated showed the resident was listed as an elopement risk and required assistance with self-administration of medication and supervision with self-grooming. It also showed the resident received Social Security Income (SSI) monthly. A further review of Resident#1's record showed that Resident#1 had a community agreement that was signed and dated by the resident's physician and the Administrator on . In an interview with the Owner on/ at 3:15 pm, he stated the resident was not listed as a limited mental health resident because Resident#1 didn't have medical diagnoses of , and . He stated," The resident has to be diagnosed with , or to be a limited mental health resident". Class III	AL241		