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
	AL11922280	A. BUILDING: _____ B. WING _____	C 12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT PORT RICHEY LLC	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 (complaint number 2022018198) survey with a generator monitoring survey was conducted at Best Care Senior Living At Port Richey on . The facility had deficiencies at the time of 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 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	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 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, record review and interview, the facility failed to provide adequate supervision to prevent elopement from the facility for one Resident (#12) of one sampled resident that eloped from the Facility and continued to be missing which , 18 out of 18 residents that reside in building 8 of the facility. Findings included: A review of an internal report submitted by the facility, conducted on , revealed that Resident #12 eloped from the facility around 12:01p.m. on .	A 025		

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A 025	Continued From page 2 A record review of the facility's form titled "HISTORICAL CENSUS REPORT" dated , was conducted on , revealed all residents that resided in building 8 were listed as an elopement risk. A record review of Resident #12's undated to health assessment form, was conducted on revealed Resident #12 was an elopement risk. A record review of the facility's form titled "MANDATORY ONE HOUR CHECKS" for building 4 and 8, dated (no year noted) was conducted on revealed that every one-hour checks were not documented as required by the facility from A telephone interview was conducted with Staff A on at 12:10p.m. Staff A stated they last saw Resident #12 at 11:40a.m. on . Staff A stated they had propped the door open to the fenced in area because she wanted to keep her , on another resident that was sitting in the fenced in area. Staff A stated they had to leave monitoring the opened door because the front door alarmed, and they went to make sure a resident had not gotten out of the building, but it was maintenance that entered the building. Staff A stated as they were helping the maintenance person when Resident #12 walked past and headed towards the courtyard. Staff A stated that employee had to document hourly on the facility's Mandatory One Hours Checks Log. Staff A stated they were relieved by another staff member at 12:20p.m and left from her duties. An interview was conducted with Staff D on	A 025		

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A 025	Continued From page 3 ... . at 1:45p.m. Staff D stated they relieved Staff A at 12:30p.m. on . Staff D further stated that they were relieved from their duties by Staff G on . An interview was conducted with Staff G on ... . at 1:30p.m. Staff G stated they relieved Staff D at 1:50p.m. and stayed until 3p.m. on ... . An interview was conducted with Staff B on at 11:12a.m. Staff B stated they relieved Staff G at 3p.m. on ... . and that she was the only staff for building 8. Staff B stated she conducted the Mandatory One Hour Checks Log and discovered Resident #12 was not in the building on ... . An interview was conducted with the Administrator on at 11:45a.m., the Administrator stated that she was notified Resident #12 missing around 3:30p.m. on ... . The Administrator stated that she and the Resident Care Coordinator went to building 8 to assist in locating Resident #12 to no avail and then initiated their elopement procedures. The Administrator stated local law enforcement was notified and given a copy of the facility's video tape. The Administrator stated that Resident #12 had not returned to the facility. The Administrator stated that the facility Mandatory One Hour Checks Log was to be documented by staff every hour. A review of the facility's video tape was conducted on , Resident #12 was observed exiting the building from the courtyard area with the propped open door at 12:20pm on ..... . The video did not show Resident #12 reentering the building.	A 025		

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A 025	Continued From page 4 Photographic evidence obtained Class II	A 025		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (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.	A 162		

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A 162	Continued From page 5 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 ⌣ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration 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 , [illegible] ([illegible]), CF-ES 1006, [illegible], 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	A 162		

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A 162	Continued From page 6 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. (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 , 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	A 162		

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A 162	Continued From page 7 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an updated Health Assessment for one resident (Resident #12) of three residents sampled. Findings include: A record review conducted on [redacted] revealed Resident #12 had a Health Assessment 1823 on file that was not dated. An interview was conducted on [redacted] at 1:37pm with Administrator and she acknowledged that Health Assessment 1823 form for Resident #12 was not dated. Class III	A 162		