

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOMESTEAD VILLAGE RETIREMENT COMMUNITY

**7830 PINE FOREST ROAD
PENSACOLA, FL 32526**

(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 survey for complaint number 2022015154 on 12/13/2022 at Homestead Village Retirement Community. Deficient practice was identified at the time of this visit.	A 000		
A 165 SS=D	429.23((&)) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. _____; 2. _____ or _____ damage; 3. Permanent _____; 4. _____ or _____ of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or	A 165		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 165	Continued From page 1 its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) _____, neglect, or _____ must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of	A 165		

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD VILLAGE RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 7830 PINE FOREST ROAD PENSACOLA, FL 32526		
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A 165	Continued From page 2 s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record reviews, policy review and interview, the facility failed to report misappropriation of controlled medications to appropriate authorities and agencies for 3 of 3 residents sampled (#4, 5 and 6). The findings include: On a review of the facilities investigation of missing medications was conducted and revealed that on the facility identified missing medications for 3 residents (resident #s 4, 5 and 6). Resident #4 was identified as missing 15 5/325 milligrams (mg) tablets, Resident #5 was documented as missing 28 5 mg tablets and Resident #6 was documented as missing 6 5 mg tablets and 9 5/325 mg tablets. and are controlled used for the treatment of severe	A 165			

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A 165	Continued From page 3 On _____ at approximately 2:40 PM, an interview was conducted with the Administrator who stated she did not report the missing medications to the State Agency or to law enforcement. The Administrator stated she reported the incident to the family members and the medications were replace as well as a full investigation was conducted but when reviewing the reporting requirements, she did not find anything to meet the criteria for reporting and did not identify the missing medications as _____/misappropriation of resident property. The Administrator stated she would report the incident at this time. On _____ a review of the facilities Policy "The Right to be Free from _____, revised _____ was conducted and defined types of _____ including _____, verbal, mental and negligence but did not include financial _____ as a type of _____. The policy included instructions to report suspected or observed _____ to the State of Florida by dialing the toll free number 1-800-96ABUSE. Class III	A 165		