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
	AL11970058	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANOPY AT HICKORY CREEK	2805 CHENEY HWY TITUSVILLE, FL 32780

(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 Complaint Investigation #2022015440 was conducted on [redacted]. The Canopy at Hickory Creek had a deficiency 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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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.	A 025		

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
	AL11970058	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANOPY AT HICKORY CREEK	2805 CHENEY HWY TITUSVILLE, FL 32780

(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 025	Continued From page 1 (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 provide supervision to prevent elopement and . . for 2 of 3 sampled residents (#1 & #2). Findings: 1. Resident #1's record revealed an admission date of into the memory care unit of the assisted living facility. The health assessment, dated , revealed a medical history of . . . . . , visual , , periodically and an elopement risk. It also confirmed assistance with daily living for supervision of bathing, self-care, and assistance with medication.	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970058	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANOPY AT HICKORY CREEK	2805 CHENEY HWY TITUSVILLE, FL 32780

(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 025	Continued From page 2 Facility notes for resident #1 revealed the following: . . . . . - "Resident became slightly aggressive while getting changed and ready for bed." at 11:25 PM - "Resident walking and forth and seems really . . . . . ." . . . . . at 12:03 PM - "Resident agitated and , , threatened another resident." at 2:12 PM - "Resident keeps asking to get out. Resident went out on the patio porch with other residents." - "Staff was alerted to an open window around 7:30 PM. The window had been open in in memory care. The blinds were pushed to the side and the screen had been pushed out. Staff walked around the perimeter of the facility and checked residents inside. Approximately 20 minutes later a local neighbor behind the community reported the resident was on the opposite side of the fence in their yard sitting on the side of the retention area. Law enforcement was informed and brought resident . . . . to the community. Resident was provided with skin checks and assisted in shower. Due to recent flooding caused by the hurricane the fence panel that connected both properties were slightly parted. Resident also left a kitchen placement near the fence indicating the resident had in fact traveled through that section of the fence." . . . . . at 3:56 PM - "Resident climbed across the counter in memory care and got stuck in the sink. No injuries."	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970058	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANOPY AT HICKORY CREEK	2805 CHENEY HWY TITUSVILLE, FL 32780

(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 025	Continued From page 3 - "Resident was last seen on at 11:30 PM. Resident was walking in the hallway shortly before incident. Resident has a history of . Resident was found to have left through the kitchen at approximately 12:20 PM and was returned to the community 10 minutes later by a staff person. Resident broke out of memory care kitchen and went to the assisted living side where he exited through the assisted living side dining area. Resident left his room and was able to tinker with the door and was able to open it." at 2:08 PM - "Approximately 1:40 PM resident was found on the floor with his on a pillow. Resident stated he and both blades and bottom were hurting. Ambulance was called and was taken to hospital." 2. Resident #2's record revealed an admission date of to the assisted living facility. The health assessment dated revealed a medical history including changes, risk and not an elopement risk. It also confirmed assistance with daily living for supervision with bathing and assistance with medication. Resident #2's facility notes revealed the following: - "Resident was last observed in dining area at 12:15 PM. At 1:45 PM, a pass a byer called facility that a resident was walking down the main road highway. Staff then noticed resident was walking down the main road, she crossed main road and headed towards where she used to live. Resident was upset and wanted to go to her previous home, she was very	A 025		

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
	AL11970058	A. BUILDING: _____ B. WING _____	02/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CANOPY AT HICKORY CREEK	2805 CHENEY HWY TITUSVILLE, FL 32780

(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 025	Continued From page 4 and hard to understand. Staff called law enforcement and the officer was able to get her into the police car and bring her . . . to the facility." at 6:25 PM - "Resident on the dining room floor as she . and hit her . . . , she was . from the injury. Emergency services were called, and resident sent to hospital." at 11:49 PM - "Resident was on bathroom floor yelling for help. Resident stated she tripped on a towel and . Resident . from right . . . and there was a . . . . . . Resident was complaining about her , and . Emergency services were called. Resident admitted into hospital for , ." The facility's elopement policy revealed that an elopement is defined "when a resident leaves the community property beyond the perimeter of the parking lot." On . . . . . at 11 AM, the administrator confirmed the above statements. She stated she is not sure if the facility has a . program for residents at risk. Photographic evidence was obtained. Class II	A 025		