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
	AL11967056	A. BUILDING: _____ B. WING _____	R 01/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARE ASSISTED LIVING, LLC	2715 UINTAH AVENUE ORLANDO, FL 32805

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{A 000}	Initial Comments A revisit to Complaint Investigation #2022017570 was conducted on . . . . . Kare Assisted Living had uncorrected deficiencies at the time of the survey.	{A 000}		
{A 008} SS=D	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	{A 008}		

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{A 008}	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services {CARES} Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	{A 008}		

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{A 008}	Continued From page 2	{A 008}		

shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or [illegible] services required by the individual,
4. Any special diet required by the individual,
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,
6. Whether the individual has signs or symptoms of [illegible], [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff,
7. A statement on the day of the examination that, in the opinion of the examining health care

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{A 008}	Continued From page 3	{A 008}		

practitioner, the individual's needs can be met in an assisted living facility; and,
8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.
(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.
1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.
2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.
(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(d) An assessment that has been conducted

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{A 008}	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview, the facility failed to ensure 1 of 4 sampled residents was examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility (#9).	{A 008}		

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{A 008}	Continued From page 5 Findings: On at 9:35 AM, resident #9's daughter said via telephone that the resident previously lived at the facility but had since moved to the daughter's home. Review of the facility's admission and discharge log revealed the resident was not listed as ever having been admitted or discharged. A request was made to the administrator to provide resident #9's record. On at 2:50 PM, the administrator said the facility did not have a record for the resident, then said that perhaps the resident's daughter took it when she moved the resident out of the facility. She said the resident lived in the facility for "three months, until the middle of ." On at 4:19 PM, the administrator provided only an residency agreement, then said the resident did not move in until . The administrator was unable to provide additional documentation, including an examination conducted by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before the resident's admission to the facility or within 30 days after admission to the facility. Class III	{A 008}		
{A 025} SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision	{A 025}		

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{A 025}	Continued From page 6 429.26 (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 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.	{A 025}		

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{A 025}	Continued From page 7 (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: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to provide adequate supervision to 1 of 4 sampled residents who eloped from the facility (#9), and failed to document in 1 of 4 sampled resident's record when a resident was admitted to hospice services (#8). Findings: 1. On [redacted] at 9:35 AM, resident #9's daughter said via telephone that the resident previously lived at the facility but had since moved to the daughter's home. The daughter said the resident "escaped" from the facility twice and went "not too far from the facility". She learned about the most recent time when a neighbor of the facility called her on the resident's cell phone after the resident knocked on her door and asked for her sister. The neighbor returned the resident to the facility but not before the facility called the police. The daughter said she was called by the facility, but	{A 025}		

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{A 025}	Continued From page 8 only after she learned of the incident from the neighbor. The daughter said the resident was unable to provide any details because of her [illegible]. Review of the facility's admission and discharge log revealed the resident was not listed as ever having been admitted or discharged. A request was made to the administrator to provide resident #9's record. On [illegible] at 11:30 AM, caregiver A said the resident left the facility one time, but she was not working at the time. She said, "She always wanted to leave. I guess she opened the door because she always tried to open it." On [illegible] at 11:40 AM, caregiver B said she was unaware of the resident ever leaving the facility. On [illegible] at 2:50 PM, the administrator said the facility did not have a record for the resident, then said that perhaps the resident's daughter took it when she moved the resident out of the facility. She said the resident lived in the facility for "three months, [illegible] until the middle of [illegible]". She said that "approximately [illegible], 2022 in the afternoon between lunch and dinner time she went to the neighbor and she just didn't want to come [illegible]. All the time she tried to escape, saying "My husband is waiting for me." She said, "I had to call the police because she didn't want to come [illegible]. I called the police because I didn't know where she was at . . . it was an hour or less than an hour [that she was missing] I called her daughter and she called her on the phone . . . I called (the resident's doctor) and she changed her medication." The administrator said that once	{A 025}		

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{A 025}	Continued From page 9 she learned from the staff that the resident was missing, she immediately called the daughter then the police. On . . . . at 4:19 PM, the administrator provided only an residency agreement and said the resident did not move in until , . The administrator was unable to provide additional documentation, including the resident's demographics that included the resident's name, . . , race, date of birth, place of birth, if known, and social security number and an 1823 to determine if a health care provider identified the resident as an elopement risk. An law enforcement event report indicated a call regarding a missing resident was received at 6:27 PM. The report read in part, "Subject suffers from . . . . 's and has tried to walk off before." The resident was found at 7:17 PM. 2. Resident #8's record revealed a facility admission date of . A hospice admission document indicated the resident was admitted to services on . The resident's record did not contain facility documentation to indicate the resident was admitted to hospice services. On at 1:33 PM, the administrator confirmed the findings and said "I put nothing in there." Class II	{A 025}		