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
	AL11967417	A. BUILDING: _____ B. WING _____	03/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACON AT GULF BREEZE (THE)	4410 GULF BREEZE PARKWAY GULF BREEZE, FL 32563

(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 investigation (complaint #2023004325) was conducted on through at Beacon at Gulf Breeze. Deficient practice was identified at the time of this 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	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 record reviews and interviews, the facility failed to provide adequate supervision to prevent elopement of 1 of 3 sampled residents. (Resident #2) The findings include: On , a review of facility provided reports was conducted and revealed Resident #2, a adult who resided in the secure memory care unit, exited the facility on at approximately 3:21 AM. The report indicated the facility staff was unaware the resident was not in the building until they were notified by a 911	A 025		

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A 025	Continued From page 2 operator that the resident was in the care of local emergency medical services ( ). The staff called on an issue unrelated to the elopement on at 5:00 AM, when they were notified that Resident #2 was in 's care. informed facility staff that they would return Resident #2 to the facility. Facility documentation stated that the resident was last directly observed on at 2:30 AM resting in bed. The report documented that the facility reviewed the security camera footage which revealed the resident exited the secure unit by pushing the unit door open, proceeded to the main lobby, and then exited the building. Resident #2's AHCA Form 1823 was reviewed. This form revealed that Resident #2 was not classified as an elopement risk. She is independent for most Activities of Daily Living but needed in performing various self-care tasks such as handling personal affairs and preparing meals. She had a diagnosis of and required the level of assistance provided by the memory care unit. Review of law enforcement records from reveal that they received a call at 4:30 AM from a homeowner who reported an individual was on their property knocking on their door. The police responded and found Resident #2 outside the home. Resident #2 had walked approximately half a mile before she was found by law enforcement. Resident #2 had identification on her so law enforcement was aware of her residence at the Beacon at Gulf Breeze. Law enforcement called to insure Resident #2 had no medical issues. Once determined she had no medical concerns, they informed the 911 call center of her whereabouts and the 911 operator contacted the facility.	A 025		

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A 025	Continued From page 3 On at approximately 12:00 PM, an interview was conducted with the Care Coordinator. The Care Coordinator was asked about supervision of individuals on the memory care unit. She stated that residents in the secured unit are supposed to be visually observed every 2 hours. She did not have any knowledge or further insights into the events of Resident #2's elopement. On at approximately 1:45 PM, an interview was conducted with the Maintenance Director. The Maintenance Director stated that the unit door had a door handle which did not work to prevent the elopement, so after this event he took the handle off and now it is just a push door. The Maintenance Director stated, "If I had to guess, someone did not reset the door after closing the door which would have prevented it from opening and sounding the alarm." After this incident, he changed the opening mechanism to eliminate any possibility of this happening again. The Maintenance Director stated he reviewed the security footage and it showed Resident #2 exiting the area but did not see anyone come out before the resident that could have possibly grabbed the door and prevented it from closing properly. The Maintenance Director stated the facility had never had a problem from the door before and haven't had any further problems since this incident. On at approximately 2:00 PM, an interview with the Administrator was performed. The Administrator was asked about steps taken to investigate the elopement such as staff interviews and attempts to determine how the resident was able to leave the building. The Administrator stated everything done to	A 025		

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A 025	Continued From page 4 investigate the elopement has already been documented and there was nothing new to add. The Administrator stated they reviewed the camera footage and saw the resident leave the secured unit. A request to review the surveillance footage was made. The Administrator stated she did not know if it was saved but will try to locate it. The security footage was not made available for surveyor review. On . . . . . , a review of training was performed for three staff members, including one staff member present during the elopement (Staff C, medication technician supervisor, hired). It was found that two of the staff, including Staff A (Caregiver, hired) and Staff C, had no documentation of elopement training when this elopement occurred on . Class II	A 025		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.	A 081		

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A 081	Continued From page 5 (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control,	A 081		

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A 081	Continued From page 6 including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training	A 081		

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A 081	Continued From page 7 within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure elopement and training were completed within 30 days of hire for 1 of 3 sampled staff members. (Staff C) The findings include: On , a record review was conducted for staff C, a medication technician and night shift supervisor. Staff C was hired on . The facility could not provide documentation of training or elopement training for staff C. On at approximately 12:22 PM, an interview was conducted with the Administrator. She stated she was unaware Staff C had not completed training. The Administrator stated that corporate personnel gave the facility a training auditing tool that they had been working on but had not yet completed a second audit to ensure compliance with training.	A 081		

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A 081	Continued From page 8 Class III	A 081		

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(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 081	Continued From page 5 (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control,	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967417	A. BUILDING: _____ B. WING _____	C 03/21/2023

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A 081	Continued From page 6 including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training	A 081		

Agency for Health Care Administration

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	AL11967417	A. BUILDING: _____ B. WING _____	C 03/21/2023

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A 081	Continued From page 7 within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure elopement and training were completed within 30 days of hire for 1 of 3 sampled staff members. (Staff C) The findings include: On , a record review was conducted for staff C, a medication technician and night shift supervisor. Staff C was hired on . The facility could not provide documentation of training or elopement training for staff C. On at approximately 12:22 PM, an interview was conducted with the Administrator. She stated she was unaware Staff C had not completed training. The Administrator stated that corporate personnel gave the facility a training auditing tool that they had been working on but had not yet completed a second audit to ensure compliance with training.	A 081		

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A 081	Continued From page 8 Class III	A 081		