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
	AL11965157	A. BUILDING: _____ B. WING _____	04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF CORAL SPRINGS	2975 NW 99TH AVENUE CORAL SPRINGS, FL 33065

(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 Relicensure with Extended Congregate Care, Complaint (2023000032, 2023003056, 2023003242, 2023005026) and Generator Monitoring survey was conducted on through at Harborchase of Coral Springs. The facility had deficiencies related to the Relicensure and Complaint Number 2023003056, 2023003242 and 2023005026 at the time of the survey.	A 000		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of	A 032		

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A 032	Continued From page 1 all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement its Elopement Policy following the elopement of a Resident, for 1 of 2 residents' records reviewed (Resident #12).	A 032		

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A 032	Continued From page 2 The findings include: During the complaint survey this Surveyor made a request to the Administrator for the facility's Elopement Policy and Procedures (P&P). A review of the P&P documented that upon learning a Resident is missing, a search of the facility and its grounds are to be conducted. If the Resident is not located within a certain period of time, local law enforcement is to be contacted to assist in the search for the Resident. A review of Resident #12's facility file revealed documentation that the Resident was last seen at 5:45 PM on . leaving the dining room after he was finished with dinner. Documentation in the file revealed the local Police Department took the Resident to their station where he was picked up by his daughter and returned to the community at approximately 1:00 AM on . There is no documentation of a search for the Resident, who was not known to be missing by the facility until he was returned there by his daughter. In an interview with the Administrator/Executive Director on at 11:21 AM, she stated the Resident left through a side door, which wasn't alarmed at the time. She stated the alarm typically goes on (alarm) at 8:00 PM when the front desk leaves, but Resident #12 left before 8:00 PM, so the door didn't alarm. In an interview with the Administrator on at 11:28 AM, she stated that neither of the two staff members present during the time of Resident #12's elopement followed the facility policy. She stated no notification was given to other facility staff, and no search was conducted	A 032		

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A 032	Continued From page 3 for the Resident. The Administrator further stated Residents are to be checked every two (2) hours, and the staff failed to conduct the required checks/observations. Class III	A 032		