

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/17/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KARE ASSISTED LIVING, LLC

**2715 UINTAH AVENUE
ORLANDO, FL 32805**

(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 A revisit to a complaint investigation #2022016631 was conducted at Kare Assisted Living on . The facility had an uncorrected deficiency at the time of the survey.	{A 000}		
{CZ821}	59A-35.110() FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal : 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , which is hereby incorporated by reference and available at:	{CZ821}		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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{CZ821}	Continued From page 1 https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, _____, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers:	{CZ821}			

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{CZ821}	Continued From page 2 Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day)	{CZ821}			

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{CZ821}	Continued From page 3 is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to \$50 per day late not to exceed \$500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview, the facility failed to electronically submit to the agency, a preliminary report within 1 business day and a full report within 15 days of 1 of 3 sampled residents eloping from the facility (#5). Findings: On at 9:35 am, resident #5's daughter said 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	{CZ821}			

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{CZ821}	Continued From page 4 not before the facility called the police. The daughter said she was called by the facility, but only after she learned of the incident from the neighbor. The daughter said the resident was unable to provide any details because of her Review of the facility's admission and discharge log on revealed the resident was not listed as ever having been admitted or discharged. On at 11:30 am, caregiver A said the resident left the facility one time, but she was not working at the time. She then said "she always wanted to leave. I guess she opened the door because she always tried to open it". On at 11:40 am, caregiver B said she was unaware of the resident ever leaving the facility. 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". She then said that "approximately 2022 in the afternoon between lunch and dinner time she went to the neighbor, and she just didn't want to come. All the time she tried to escape." "My husband is waiting for me, normal stuff". "I had to call the police because she didn't want to come." "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 in the phone". "I called (the resident's doctor) and she changed her medication". The administrator said that once	{CZ821}			

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{CZ821}	Continued From page 5 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 then 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 indicated "subject suffers from _____'s and has tried to walk off before". The resident was found at 7:17 pm. On _____ at 2:50 pm, the administrator said a report regarding the resident's elopement was not submitted to the agency. Unclassified	{CZ821}			