

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/11/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VIVANT AT WILLA VISTA

**1190 WILLA VISTA TRL
MAITLAND, FL 32751**

(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 complaint investigation #2023002609 was conducted on 05/11/2023 at Vivant at Willa Vista, Maitland. A deficiency was found 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 _____ 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	A 025		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/11/2023
NAME OF PROVIDER OR SUPPLIER VIVANT AT WILLA VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WILLA VISTA TRL MAITLAND, FL 32751		
(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 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 review and interview the facility failed to maintain a general awareness of the resident's (#1) whereabouts and supervise as appropriate for 1 of 3 residents. Findings: In review of facility records dated _____ it states resident#1 had been up all-night _____ and checking exits. Staff noticed resident was missing upon coming out of another resident's room at 5:35am. Resident#1 exited the facility by disabling the egress system and opening the door. The door alarm was _____ at the time by the resident at 3:38am. Staff checked on the	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/11/2023
NAME OF PROVIDER OR SUPPLIER VIVANT AT WILLA VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WILLA VISTA TRL MAITLAND, FL 32751		
(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 resident at this point but did not realize the door alarm was . Staff searched the facility and called Law Enforcement. The resident was found at 7:24am napping inside a neighbors unlocked car 6 houses away from the facility. Resident #1 was admitted to the facility on . Review of resident #1's health assessment revealed the following medical history: Unspecified , unsteady gait, disoriented to time place and person, history of . and behaviors. It also confirmed the resident needed assistance with daily living for supervision for ambulation, eating and transferring and assistance with bathing, . self-care, toileting, and medications. The resident was not an elopement risk at the time of the incident. Review of Florida Health Finder revealed that the resident offered memory care as special programs and services. Review of Law Enforcement's report dated . 6:38am states officers responded to a missing person report at the facility. The resident had triggered the egress alarm while staff were attending to other residents. Resident gained access to the front door and walked out of the facility. Security footage showed he proceeded down the street. He was later located in neighbor's driveway just a few houses down. At 7:27am the resident was transported . . . to the facility. Review of the facility's elopement policy, it confirms an elopement occurs when a resident leaves the facility without supervision or authorization from staff.	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/11/2023
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VIVANT AT WILLA VISTA

**1190 WILLA VISTA TRL
MAITLAND, FL 32751**

(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 In an interview on at 11am with staff A, she stated resident#1 is very restless and moves around a lot. She stated he is aggressive at times and difficult to redirect. She stated she doesn't think he is exit seeking but is in constant motion. In an interview on at 11:30am with staff B, she stated resident #1 is aggressive towards staff and exit seeking. She stated he does not take medications during the day which makes him restless and only has medication times in the evening. She stated it is very difficult to redirect him as he doesn't let anyone touch him. She stated he moves around all the time. In an interview on at 2pm with the administrator, she confirmed the above findings and statements. Photographic Evidence Obtained Class II	A 025		