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
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 #2023010520 was conducted on [redacted] at Summer Time Assisted Living, Winter Park. A deficiency was found at the time of the survey.	A 000		
A 025 SS=D	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. 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 [redacted] 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 have a general awareness of a resident's whereabouts resulting in an elopement for 1 of 2 residents (#1). Findings: In a review of resident#1's record and health assessment dated it revealed the following information. the resident was admitted on with a limited mental health status. The medical history revealed a diagnosis of , , Unspecified, assistance with medication and he was not an elopement risk. In further review of	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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#1's record it revealed the following: a community living support Plan dated which states calming strategies for the resident when are to listen to music, read a book, talk to staff, take a shower, exercise, drink a beverage, go for a walk, smoking. In review of resident#1's facility progress notes dated from admission it revealed: 5:29pm Resident was harassing residents and staff. Talked to him to stop or manager will issue a 45-day notice. Resident is issuing a 45-day notice for aggressive behaviors. Resident refused his tele med appt with physician. 2:45pm Resident was seen by fellow resident damaging the AC unit outside. Staff checked and pipe was bent. Staff tried to talk to him, but he was aggressive towards staff. Staff called police at 1:55pm and they came to check the unit around 2:35pm. The resident did not meet criteria. 9pm Resident refused medication. 12am, 4am resident not in room during count 6:35am at 6:20am staff called police to report the resident as a missing person. 6:30am officers arrived, checked room, and collected information. Placed on missing person list case# 23-41958 Facility notes- Resident seen destroying ac unit outside Staff checked on it and it was damaged. Staff called 911 and police stated he did not qualify for . Resident ran from police. 9pm resident refused his medications, 12am resident in his room, 4am resident in his room. There were no notes using the calming strategies	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 listed on the community plan to deescalate aggressive or behaviors. In a review of the facility's resident 4-hour observation monitoring revealed the following times resident#1 was not present in the facility: out of building 4pm, 8pm out of building 4pm out of building 4pm out of building 4pm out of building 8am and 12pm out of building 12pm,4pm, 8pm out of building 12pm out of building 8pm out of building 8am out of building 4pm and 8pm out of building 4pm, 8pm out of building 8am and 12pm out of building out of building 4am and 12pm marked out of the building at 8pm 4am mark out of building 8am-8pm marked MP Missing person Reviewed entry and exit logbook the only times resident#1 signed in and out. - 11:45am signed out. - 83pm-10:24pm signed out. In a review of the facility's rules and elopement policy it states all residents are to be in the facility by 12am unless approval by staff. The elopement policy states elopement occurs when a resident does not sign in or out of the logbook and staff is unaware of a resident's whereabouts. Staff will monitor residents every 4 hours. Minimum of two (2) elopement drills per year conducted by administration and staff. In further review the facility had not performed elopement drills for the	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 4 year of 2023. Last elopement drill . In an interview on ..... at 10:15am with the facility manager and caregiver, he stated resident#1 was aggressive and hyper. He stated he would often just go outside to smoke. He stated the facility does do elopement drills but not sure when the last one was. He stated the resident has not yet returned but he was given a 45-day notice prior to this event happening. He stated they followed the protocol and called police and his family. He stated the calming strategies were never used and they should have been, but they were not familiar with the resident yet. He stated he has not read the community living support plan for the resident. In an interview on at 11:00am with Staff D, he stated resident#1 smashed the new unit outside and it is in the process of getting repaired. He stated it is not the same unit as the main one that does the resident rooms, common area and hallways. He stated it did not affect the residents at all. He stated he thinks he has completed elopement drills but not sure. He stated he is not aware of any calming strategies for resident#1 or what the procedure was for deescalating of the resident. In an interview on 11:15am Staff B He stated he was not sure what an elopement drill is. He stated resident#1 was aggressive and hyper and often would just go outside of the facility and walk around. He stated he did not know what the calming strategies were for the resident#1 or what was in the community support plan for him. He stated he was not briefed on resident#1's behaviors. He stated he was not sure what the elopement policy contained exactly. He stated resident#1 would . . . outside and not sign in	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 5 or out of the logbook. He stated he was on the 4-hour monitoring. In an interview on at 11:30am Staff E stated she was hired 8 or 9 months ago and does not know what an elopement drill is and has not done one yet. She stated she does not know what the facility elopement policy is and not sure if she was trained on it. She stated resident#1 was and would often just leave the facility to go to the store and she was not sure if he signed in or out of the logbook. She stated he would all the time. She stated the staff does checks every 4 hours unless the resident needs more supervision than it is every 2 hours. She stated she did not know what a community support plan was. In an interview on at 2pm with the administrator, stated that resident #1 was given a 45-day notice on before he eloped. She stated he was too aggressive, and residents were complaining. She stated he broke the AC unit on the new side of the building on the second floor. She stated it does not affect the rest of the building or where they live, sleep, or occupy. She stated they did the count, and he was missing, and they called the police and did a count again. She stated the resident was too difficult to control. She stated she does not use the calming techniques and did not know what they are on the community care plan. She stated the resident was always walking in and out of the building either going to the store and smoking. She stated she not aware if he signed in or out. She stated the resident has not returned to the facility yet. She stated his family has not heard from him either. She confirmed the staff has not done elopement drills since last year sometime, but they are aware of what to do during an	A 025		

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
	AL11911320	A. BUILDING: _____ B. WING _____	07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME ALF, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 6 elopement. Interview with the administrator on at 4:05 revealed resident was brought to the facility on by Law Enforcement. The resident was located by the police at a nearby gas station. The resident was hanging out in the general area of the facility. The resident did not want to stay in the facility. He backed his belongings and left the next day on . Class III	A 025		