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
	AL11969982	A. BUILDING: _____ B. WING _____	C 08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCTUARY BY STRIVE - BEAR LAKE	5030 CUB LAKE DR APOPKA, FL 32703

(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 #2023000839 and a generator monitoring was conducted at Sanctuary by Strive Bear Lake Assisted Living Facility and Memory Care on . . . . . The facility had deficiencies at the time of the survey 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 facility's documentation, resident record review and interview, the facility failed to provide appropriate supervision for 1 of 3 sampled residents (#1) to prevent elopement in a secured memory facility; and the facility failed to maintain written documentation and updates from a significant change for 2 of 3 sampled residents (#2, #3) required. Findings: 1. Resident #1's record review revealed admission date ..... The last 1823 Health Assessment dated listed medical	A 025		

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A 025	Continued From page 2 history of [redacted], short term memory loss, [redacted], and [redacted]. She needs assistance with activities of daily living (ADLs) with bathing, supervision with [redacted], grooming, toileting. Independent with eating, ambulation and transferring. She needs assistance with self-administration of medications. In further review, resident #1 is identified as an elopement risk and high risk for [redacted]. A facility incident dated [redacted] at 4:02 PM reported that resident #1 eloped from the secured memory facility and found at approximately 4:36 PM (30 minutes later) in a neighbor's driveway on a major highway near the fire department. A facility note dated [redacted] at 4:02 PM by the previous Administrator documented was notified by staff unable to locate resident #1, looked in all rooms, restrooms, showers, [redacted] porch, and went outside while other staff remained in house looking for resident #1. A facility note dated [redacted] at 4:27 PM by the previous Administrator documented 911 called. A facility note dated [redacted] at 4:36 PM by the previous Administrator documented resident #1 was found. The first responders there to see resident #1 and she was taken to the hospital for an evaluation. A facility note dated [redacted] at 4:36 PM by the previous Administrator documented called 911 called the facility stating that resident #1 was found. A facility note dated [redacted] at 5:16 PM by the previous Administrator documented notified	A 025		

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A 025	Continued From page 3 resident #1's daughter about the incident for resident #1 and made her aware that resident #1 went to hospital for evaluation and treatment. A police report dated [redacted] at 7:43 PM received dispatch call that an elderly female with [redacted] went to take a short walk from the facility, while in route found that the fire department first responders had already found the elderly female and transported her to the hospital for further evaluation. There were no facility notes or no documented evidence when resident #1 returned to the facility. A facility note dated at 4:20 PM by the previous Administrator documented observation of resident #1 was awake, singing with music. Denies any complaints. A facility note dated [redacted] at 2 PM by the previous Administrator documented resident #1 was awake and alert. She was participating in activities and no complaints voiced. On at 1:20 PM, an attempted interview with resident #1 but she did not remember what happened on , also observed her elopement bracelet on her left [redacted], she showed it to the surveyor. (Photographic Evidence Obtained) 2. Resident #2's record review revealed admission date [redacted]. The last 1823 Health Assessment dated listed medical history of [redacted] right [redacted] and repair. She	A 025		

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A 025	Continued From page 4 needs assistance with all activities of daily living (ADLs) except independent with eating. She needs assistance with self-administration of medications. Resident #2 was identified high risk for and ambulates with walker or wheelchair. In further review, resident #2 was admitted to Hospice care on . . . . . . A facility note dated . . . . . at 1:30 PM by new Administrator documented resident #2 was observed lying on the floor beside her bed. The half rails up and intact. Resident #2 stated her right , hurts and said she was trying to get out of her bed. 911 called. At 1:50 PM called daughter and daughter stated that she did not want mother (resident #2) to go out unless it is necessary. At 2:15 PM the first responders stated resident #2 was having , . in right , area. Called the daughter and stated with emergency transport, she agreed for her mother (resident #2) to be sent to hospital. Resident #2 transported via ambulance. At 6:50 PM, received update from daughter that there was a possible . There were no other facility notes or no documented evidence about the outcome of the with possible and results. On at 11:30 AM, an interview with the new Administrator stated that resident #2 was currently at rehabilitation for a right , . 3. Resident #3's record review revealed admission date . . . . The 1823 Health Assessment dated listed medical history	A 025		

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A 025	Continued From page 5 of [illegible], with [illegible], [illegible] repair, [illegible]'s with [illegible], Body, history of [illegible] clots (2017); Right [illegible] surgery (2016); [illegible] surgery (2012); and [illegible] (2013). He needs assistance with activities of daily living (ADLs) of bathing and [illegible]. Supervision with ambulation, eating, grooming, toileting. Independent with transferring. He has history for [illegible] and uses a walker. In further review, resident #3 was admitted to Hospice care on [illegible]. A facility note dated [illegible] at 12 PM by the new Administrator documented resident #3 was [illegible] today. Resident #3 was observed by the shelf in his room on the floor in upright position. Resident #3 stated he was going to help wife and [illegible]. He said he had no [illegible] or no discomfort. The Hospice nurse was notified and visited resident #3. A facility note dated [illegible] (next early morning) at 12:45 AM by the new Administrator documented resident #3 stated he was hurting on his [illegible]. The nurse practitioner and hospice were called. The Hospice nurse visited resident #3 and stated to send him out to the emergency room. Unable to reach wife or daughter several times. Resident #3 transported to the hospital. At 8:30 AM, spoke with wife and informed her of resident #3. There were no other facility notes or no documented evidence about the outcome of the [illegible] and results. On [illegible] at 11:55 AM, an interview with the new Administrator stated that resident #3 was currently at rehabilitation for strengthening, no [illegible] and should be returning to the facility any	A 025		

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A 025	Continued From page 6 day now. On . . . . . at 2:45 PM, an interview with the new Administrator confirmed the findings. Class II	A 025		
A 032 SS=D	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 all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of	A 032		

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A 032	Continued From page 7 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 resident record review and interview, the facility failed to make a daily effort to check if 1 of 1 sampled resident (#1) had the identification bracelet on their person that includes the resident's name, facility's name, facility's address, and facility's telephone number as required for residents' high risk for elopement.	A 032		

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A 032	Continued From page 8 Findings: Resident #1's record review revealed admission date . . The last 1823 Health Assessment dated listed medical history of . . , . . . , short term memory loss, , , , and . She needs assistance with activities of daily living (ADLs) with bathing, supervision with , grooming, toileting. Independent with eating, ambulation and transferring. She needs assistance with self-administration of medications. In further review, resident #1 is identified as an elopement risk and high risk for . A facility incident dated at 4:02 PM reported that resident #1 eloped from the secured memory facility and found at approximately 4:36 PM (30 minutes later) in a neighbor's driveway on a major highway near the fire department. On at 1:20 PM, an attempted interview with resident #1 but she did not remember what happened on , also observed her elopement bracelet on her left . , she showed it to the surveyor. On at 2 PM, an interview with the Owner confirmed the finding. Class III	A 032		