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
	AL11963788	A. BUILDING: _____ B. WING _____	09/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANORAMA LIVING	1030 BALMY BEACH DRIVE APOPKA, FL 32703

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CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣␣␣, to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣␣␣ are enrolled in the Federal Bureau of Investigation's national retained print ␣␣␣ notification program. If the ␣␣␣ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣␣␣ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣␣␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ␣␣␣ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣␣␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816		

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to obtain a signed background screening compliance attestation for 2 of 4 sampled staff (B & D).	CZ816		

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CZ816	Continued From page 3 Findings: 1. Review of Caregiver staff B's record review revealed a hire date of . There was no evidence documented of a signed background screening compliance attestation. 2. Review of Caregiver staff D's record review revealed a hire date of . There was no evidence documented of a signed background screening compliance attestation. On at 4:15pm - The Administrator confirmed the findings. Unclassified	CZ816		
A 000	Initial Comments A complaint investigation #2023010924 was conducted at Panorama Living on . The facility had deficiencies at the time of the survey.	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	A 025		

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A 025	Continued From page 4 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 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	A 025		

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A 025	Continued From page 5 changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide adequate supervision to 1 of 1 sampled resident who eloped from the facility (#1) and failed to provide care and services appropriate to meet the needs of residents by failing to ensure safety through proactive measures. Findings: Review of resident #1's record revealed a facility admission date of [redacted]. A [redacted] Health Assessment Form (1823) indicated the resident diagnoses of [redacted], elopement precautions, and was at risk for elopement. An Elopement Risk Assessment Form dated [redacted], question #1 reads, "Is the resident [redacted] with poor decision-making skills (i.e., intermittent [redacted] or disoriented at all times)? If yes, explain: [redacted]." An Elopement Risk Assessment Form dated [redacted], question #2 reads, "Does the resident have a pertinent diagnosis (i.e., [redacted], and [redacted])? If yes, explain: [redacted]." An Elopement Risk Assessment Form dated [redacted], question #6 reads, "Does the resident have a history of elopement at home? If yes, number of times, and explain occurrences:	A 025		

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A 025	Continued From page 6 Resident #1's brother brought Resident #1 at the construction site and unable to find at some point. Resident #1's brother stated Resident #1 had not gotten out of the house when Resident #1 stayed with them." An Elopement Risk Assessment Form dated , question #9 reads, "Does the resident . . . . aimlessly? If yes, explain: Resident #1 unable to remember his room number." An Elopement Risk Assessment Form dated . . . . . summary and recommendation read, "Needs to review medication from the primary physician / ARNP on the revisit time. Recommend further assessment from resident's attending Physician indicated yes." On . . . . . the facility's (updated . . . . .) Elopement Response Police and Procedure states, "It is the policy of Panorama Living to maintain a safe and secure facility for its residents, protecting them from actual harm while encouraging a free environment. The facility will make every effort to identify residents who have the potential for elopement. Residents identified as . . . . . and/or potential for elopement will be monitored very closely." A facility note on at 10:15am read, Instructions given to caregivers of the supervision, prompting, monitoring his whereabouts, redirecting, assistance of daily care needed. A facility note on at 10:30am read, APRN reviewed medications and was notified of Resident #1's and going to other resident's room.	A 025		

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A 025	Continued From page 7 A facility note on . . . . . at 3:47pm read, continues monitoring especially at bedtime when Resident #1 remains going out to other's rooms. A facility notes on . . . . . at 12:40pm read, APRN came for Resident #1 medical reevaluation and notified Resident #1 waking up at bedtime. Resident #1 needs redirection of his room and still goes to other resident's room. A facility note on . . . . . at 4:52pm read, Resident #1 gets agitated and physically aggressive when trying to stop from entering other resident's room and taking things. A facility note on at 11:25am read, Doctor notified of Resident #1 being physically aggressive. A facility note on at 10:00am read, Resident #1 remains going to other resident's rooms and taking residents belongings. Informed APRN of the benefits of having a psychiatrist for evaluation. A facility note on at 9:41pm read, Caregiver reported Resident #1 unable to be found in the facility and has been looking around. Caregiver C and Caregiver D searching for Resident #1 outside the facility. Resident #1 was still sitting on the couch at 8:10pm watching TV in station 1. Caregiver B stated Resident #1 can no longer be found at 9:00pm. A facility note on . . . . . at 10:15pm read, Caregiver D reported Resident #1 was located at the local grocery store with the sheriff. The local store called the police of Resident #1 taking things and eating. Police verified with Caregiver D Resident #1was a resident of ALF Panorama.	A 025		

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A 025	Continued From page 8 Caregiver D and Caregiver C drove to the store to bring Resident #1 to the facility. A facility note on at 10:40pm read, According to Caregiver D, police came for Resident #1's identification. A facility note on at 12:05pm read, psychiatrist at the facility and notified of the event. A facility note on at 1:45pm read, DCF came and investigated Resident #1's elopement last night. DCF recommends door alarms. A facility note on at 8:00am read, Caregivers reported Resident #1 awake all night, behavior is more restlessness at late afternoon, evening, and quiet, calm during the daytime. A facility note on at 6:30pm read, Resident #1 more awake at bedtime, walking and quiet, calm at daytime. A facility note on at 8:08am read, Family moving Resident #1 to memory care facility as advised by DCF. On at 2:10pm The Administrator stated before Resident #1 moved in she spoke with Resident #1's brother to ask if Resident #1 attempted to get out while at home. The Administrator stated Resident #1's brother stated no, but he did leave the construction site. On at 2:10pm The Administrator stated she spoke with Resident #1's brother about the Psychiatrist looking into his case. On at 2:10pm The Administrator confirmed that Resident #1 did not have a	A 025		

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A 025	Continued From page 9 psychiatrist look into his case and they still accepted him without the assessment. On at 3:20pm Caregiver C stated Resident #1 did not have the facility identification bracelet on him. Caregiver C stated No, I don't check to see every day if Resident #1 had the identification on him. Yes, I was made aware that resident #1 was an elopement risk. I always check on him but no I was not told I needed to check on him. On at 4:12pm The Administrator stated she did not make any daily notes and Resident #1's required redirection from going into other resident's room. Class II	A 025		