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
	AL11967559	A. BUILDING: _____ B. WING _____	06/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA CASA ASSISTED LIVING	220 N GROVE STREET MERRITT ISLAND, FL 32953

(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 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 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	A 032		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 032	Continued From page 1 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 observation, resident record review and interview, the facility failed to follow the elopement policies and procedures to ensure appropriate supervision to prevent elopement for 1 of 3 sampled residents (#1). Findings: 1. Resident #1's record review revealed an admission date . The 1823 Health Assessment dated listed medical history of , , , , , 10+ years ago, -needing hospitalization. status was very forgetful, and he was . He is independent with all activities of daily living	A 032		

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A 032	Continued From page 2 (ADLs) and ambulates with a cane and he needs assistance with self-administration of medications. (Photographic Evidence Obtained) An incident occurred on . . . . . where resident #1 eloped from the facility that was in Merritt Island, FL and made his way 20 miles to Cocoa, FL in between major highways. Resident #1 was gone a significant number of hours to reach the destination in Cocoa, FL. The local police department returned him to the assisted living facility. The facility did not complete an elopement risk assessment after the elopement incident on and did not provide any written documentation for future interventions put in place including providing appropriate supervision to prevent resident #1 from eloping again and no evidence that facility making a daily effort to check photo identification on his person. There was no photo picture in the record. An observation on at 10 AM that resident #1 did not have an identification bracelet on his person that documented resident #'1's name, facility's name, facility's address, and facility's telephone number. On at 4:30 PM, an interview with the Administrator confirmed the findings. Class III	A 032		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 3 (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record,	A 078		

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A 078	Continued From page 4 and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and interview, the facility failed to ensure a qualified staff performed and exercises the duties of medication administration specifically for 1 of 3 sampled residents (#3) as required. Findings: Resident #3's record review revealed admission date . The 1823 Health Assessment dated listed medical history of with , and a . She is total care with ambulation, , bathing, and	A 078		

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A 078	Continued From page 5 transferring, assistance with grooming and toileting and supervision with eating. Resident #3 was admitted on Hospice care on . Resident needs assistance with self-administration of medications. (Photographic Evidence Obtained) During the Medication Pass Observation on at 11:30 AM, Med Tech A took resident #3's reading number= 263. Med Tech A recorded it and then took out the prefilled #0901906-01 syringe to administer/inject resident #3 but surveyor stopped it and explained to the Med Tech A that she was not qualified to perform this action. Resident #3 would have to be able to inject their own self or a nurse must administer the . Resident #3 did not know where or how to follow commands. Resident #3's Hospice Registered Nurse (RN) was visiting her in the facility, and it was asked for the Hospice RN to administer/inject 6 units into right lower abdomen to resident #3. A physician order dated documented to hold if reading less than 100 and if the resident have consumed less than 25% of previous two meals. On at 11:45 AM, an interview with the Hospice RN confirmed that this was the first day resident #3 needed because her levels were always under 100. However, the Hospice RN expressed that she was uncomfortable about the facility not having a nurse to administer for residents that cannot do on their own. On at 12:10 PM, an interview with the Administrator with the Hospice RN present to	A 078		

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A 078	Continued From page 6 explain about resident #3 medication pass observation and she required administration today. The Administrator stated that she would hire an "as needed" nurse to assist resident #3 with her . . . . . The Administrator stated that she only has 2 residents requiring . . in the facility but the other can self-administer own , when given to him. A new physician order dated . . . . . after earlier medication pass observation documented Med Tech will report . . . . . level to facility nurse. Facility nurse will administer . . . as ordered. Call Hospice if . . is more than 451 and check 30 minutes prior to meals, not after meals for accurate reading. Furthermore, there was no facility written documentation for resident #3 maintained onsite and the facility failed to have a nurse onsite to administer resident #3's . . . . . . On . . . . . at 4:40 PM, an interview with the Administrator confirmed the findings. Class III	A 078		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems,	A 152		

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A 152	Continued From page 7 and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a clean and decent living environment as required. Findings: An observation on at 10:45 AM, a black like substance was observed on the wall	A 152		

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A 152	Continued From page 8 and ceiling, near the ceiling fan in the administrative office. Further observation on the ceiling outside . . . patio located near the . . . door of the administrative office was dirty and had dried bugs stuck on the ceiling. (Photographic Evidence Obtained) On . . . . . at 12:30 PM, an interview with the Maintenance Director confirmed the findings and stated he will clean it. On . . . . . at 4:35 PM, an interview with the Administrator confirmed the findings. Class III	A 152		
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	CZ821		

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CZ821	Continued From page 9 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: 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	CZ821		

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CZ821	Continued From page 10 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: 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	CZ821		

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CZ821	Continued From page 11 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) 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: Based on resident record review and interview, the facility failed to submit a 1-day preliminary report and a full 15-day adverse incident electronically to the agency as required for 1 of 1 sampled resident (#1). Findings:	CZ821		

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CZ821	Continued From page 12 1.Resident #1's record review revealed an admission date of . The 1823 Health Assessment dated listed medical history of 10+ years ago, -needing hospitalization. status was very forgetful, and he was . He is independent with all activities of daily living (ADLs) and ambulates with a cane and he needs assistance with self-administration of medications. (Photographic Evidence Obtained) An incident occurred on where resident #1 eloped from the facility that was in Merritt Island, FL and made his way 20 miles to Cocoa, FL in between major highways. Resident #1 was gone a significant number of hours to reach the destination in Cocoa, FL. The local police department returned him to the assisted living facility. The facility did not complete an elopement risk assessment after the elopement incident on and did not provide any written documentation for future interventions put in place including providing appropriate supervision to prevent resident #1 from eloping again and no evidence that facility was making a daily effort to check identification on his person. There was no photo picture in the record. On at 4:45 PM, an interview with the Administrator confirmed the findings. Unclassified	CZ821		

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CZ830	Continued From page 13	CZ830		
CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.	CZ830		

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LA CASA ASSISTED LIVING	220 N GROVE STREET MERRITT ISLAND, FL 32953

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CZ830	Continued From page 14 (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.	CZ830		

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CZ830	Continued From page 15 (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on review of the facility's documentation for the comprehensive emergency management plan (CEMP) and environmental emergency plan (EPP) and interview, the facility failed to get an approval from local emergency management agency before a Change of Ownership (CHOW) was completed on . . . . . . Findings: The Administrator provided me an email documentation from the Brevard County Emergency Management office that the Change of Ownership CEMP and EPP was submitted on . . . . . and has not been approved. (Photographic Evidence Obtained) On at 4 PM, an interview with the Administrator confirmed the finding. Class III	CZ830		
A 000	Initial Comments Two complaint investigations #2023008115 & #2023009952 and a generator monitoring was conducted at La Casa Assisted Living and Memory Care on . . . . . . The facility had deficiencies at the time of the survey visit.	A 000		

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A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.	A 010		

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A 010	Continued From page 17 (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006	A 010		

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A 010	Continued From page 18 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:	A 010		

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A 010	Continued From page 19 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new 1823 Health Assessment, AHCA Form completed by a healthcare provider for 1 of 3 sampled residents (#1) after a significant change to document continued residency in an assisted living facility.	A 010		

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A 010	Continued From page 20 Findings: Resident #1's record review revealed an admission date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted] 10+ years ago, [redacted] -needing hospitalization. [redacted] status was very forgetful, and he was [redacted]. He is independent with all activities of daily living (ADLs) and ambulates with a cane and he needs assistance with self-administration of medications. An incident occurred on [redacted] where resident #1 eloped from the facility that was located in Merritt Island, FL and made his way 20 miles to Cocoa, FL in between major highways. Resident #1 was gone a significant number of hours to reach the destination in Cocoa, FL. The local police department returned him to the assisted living facility. There was no new 1823 Health Assessment completed by the healthcare provider following significant change as required. On [redacted] at 2:30 PM, an interview with the Administrator confirmed the finding. Class III	A 010		
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 [redacted] or	A 025		

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A 025	Continued From page 21 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 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	A 025		

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A 025	Continued From page 22 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 observation, resident record review and interview, the facility failed to provide appropriate supervision for 1 of 3 sampled residents (#1); and the facility failed to maintain written documentation for 3 of 3 sampled residents (#1, #2, #3) for updates as needed. Findings: 1.Resident #1's record review revealed an admission date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted] 10+ years ago, [redacted] -needing hospitalization. [redacted] status was very forgetful, and he was [redacted]. He is independent with all activities of daily living (ADLs) and ambulates with a cane and he needs assistance with self-administration of medications. (Photographic Evidence Obtained) An incident occurred on [redacted] where resident #1 eloped from the facility that was in Merritt Island, FL and made his way 20 miles to Cocoa,	A 025		

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A 025	Continued From page 23 FL in between major highways. Resident #1 was gone a significant number of hours to reach the destination in Cocoa, FL. The local police department returned him to the assisted living facility. There was no documented evidence documenting the elopement incident that occurred on as required. The facility did not complete an internal investigation or provide any written documentation for future interventions put in place including providing appropriate supervision to prevent resident #1 from eloping again. 2. Resident #2 record review revealed an admission date of . The 1823 Health Assessment listed the medical history of , agitation, and history of . She needs assistance with activities of daily living in ambulating, supervision with grooming, bathing, toileting, and . Independent with eating and transferring. She ambulates with a walker. status she has with behaviors. She needs assistance with self-administration of medications. Observation on at 9:55 AM, resident #2 was bothering resident #4 with trying to talk to him and then slightly yelling at him because he would not talk to her. The staff had to keep redirecting her from resident #4 so he could enjoy the beach ball activity in the courtyard with the other residents participating. On at 1 PM, an interview with	A 025		

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A 025	Continued From page 24 Caregiver D stated that resident #2 and resident #4 used to be a couple but resident #4 broke up with her a few months ago and resident #2 will not accept it and move on. There rooms used to be next door to each other when they were together but since then staff had to move resident #2 further away a few doors down because she would go to resident #4's room to irritate him. Resident #4 told caregiver D that she keeps bothering him. Caregiver D said that she will periodically have fixation behaviors toward resident #4. On at 3 PM, an interview with the Administrator about resident #2's fixated behaviors toward resident #4. The administrator stated that resident#2 cannot let go of the relationship. Requested to review facility notes about resident #2's behaviors and the Administrator stated that they had not been documenting them. The staff will do text updates on their telephones to each other. There was no documented evidence of resident #2's behavior towards resident #4 in her record. 3. Resident #3's record review revealed an admission date of . The 1823 Health Assessment dated listed medical history of , with , and a . She is total care with ambulation, , bathing, and transferring, assistance with grooming and toileting and supervision with eating. Resident #3 was admitted to Hospice care on . The resident needs assistance with self-administration of medications.	A 025		

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A 025	Continued From page 25 (Photographic Evidence Obtained) During the Medication Pass Observation on at 11:30 AM, Med Tech A took resident #3's sugar =263. Med Tech A recorded it and then took out the prefilled #0901906-01 syringe to administer/inject resident #3 but surveyor stopped it and explained to Med Tech A that she was not qualified to perform this action. Resident #3 would have to be able to inject their own self or a nurse must administer the . Resident #3 did not know where or how to follow commands. Resident #3's Hospice Registered Nurse (RN) was visiting her in the facility, and it was asked for the Hospice RN to administer/inject 6 units into right lower abdomen to resident #3. There was no facility written documentation for resident #3 maintained onsite. Furthermore, the facility failed to have a nurse onsite to administer resident #3's . On at 4:30 PM, an interview with the Administrator confirmed all the findings. Class II	A 025		