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
	AL11969874	A. BUILDING: _____ B. WING _____	R 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT MAITLAND	701 N MAITLAND AVE 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
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 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.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 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 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	CZ821		

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CZ821	Continued From page 2 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 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	CZ821		

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CZ821	Continued From page 3 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 the facility review and interview the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident, and 15 calendar days after the occurrence of an incident for 3 of 3 sampled residents (#2, #4, #8). Findings: 1. Resident #2's record revealed an admission date of [redacted]. A [redacted] health assessment (1823) indicated a history of [redacted], memory loss, and was not identified as a [redacted] risk. A resident incident report indicated the date of the incident as [redacted] at 8:06pm in resident's room. Staff heard a noise and went in to check on resident #2 and found her on the floor. Staff came and got med tech went and checked on resident, she was c/o , [redacted] in her [redacted]. Paramedics were called and a resident was sent to hospital. Date transported to hospital [redacted] at 8:25pm. On [redacted] at 1:50pm The Wellness Director stated no AIRs were completed for resident #2's	CZ821		

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CZ821	Continued From page 4 trip to the hospital. The Wellness Director stated when she spoke with her Executive Director on when to report. The Wellness Director stated she was advised to review the documents provided and to make a determination on adverse incident reporting. On at 1:50pm The Wellness Director stated based on what was reviewed I did not see the need to submit an adverse for the and trips to the hospital. 2. Resident #8's record review revealed an admission date of . A health assessment (1823) indicated a history of and was identified as a risk. On at 12:25pm The Wellness Director stated resident #8 had a and was sent out to the hospital. A resident incident report indicated the date of incident as at 6:03am in hallway. Resident #8 around 6am, not witnessed, assessed for , , unresponsive. Attempted to stand, as she ambulates independently at times, and resident unable to bear to . waited to reassess and still the same results. contacted 911. Date transported to hospital at 6:20am. On at 5:50pm The Wellness Director stated I was not here when resident #8 . The other Wellness Director may have submitted an AIRs. I can call him, but I don't see anything. Resident #4's record revealed an admission date of . A health assessment	CZ821		

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CZ821	Continued From page 5 (1823) indicated a history of . . . . , ambulates with walker, and identified as a risk. A resident incident report indicated the date of incident as . . . . . at approx. 6:15pm in front of resident's door. It was reported to this nurse by the caregiver that resident #4 tripped over another resident's while ambulating in hallway. Date transported to hospital . . . . . at 7:30. On at 2:40pm The Wellness Director stated no AIRs were submitted for the . . On . . . . . at 5:50pm The Wellness Director confirmed the findings. Unclassified	CZ821		
{A 000}	Initial Comments A revisit was conducted for a re-licensure survey at Providence Living at Maitland on . The facility had uncorrected deficiencies at the time of the visit.	{A 000}		
{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	{A 010}		

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{A 010}	Continued From page 6	{A 010}		

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.
(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

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{A 010}	Continued From page 7 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 (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	{A 010}		

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{A 010}	Continued From page 8 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 [illegible] 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 [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 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	{A 010}		

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{A 010}	Continued From page 9 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, observation, and interview, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 1 of 1 sampled resident (#2) as required in an assisted living facility (ALF). Findings: Review of resident #2 1823 Health Assessment dated revealed the resident was able to self-administer medications and no physical or sensory limitations. On it was identified that on	{A 010}		

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{A 010}	Continued From page 10 . . . . . a resident alert checklist indicated that resident #2 had a change in condition and now ambulates with a walker and now needs assistance with self-administration. A facility note on at 12:03pm reads, "Change of condition resident has been very spaced out lately, noticed that at times resident #2 is walking around and not saying much to peers or care staff. At times the resident will remain inside her room and refuses to come out and participate in daily activities with her peers, as well as seat by herself at meals. Even when she has her spouse visiting, she remains to herself." A facility note on . . . . . at 9:49pm stated by medication tech reads, "resident seems more . . . . . at times but then calms down after taking bedtime meds." On at 5:50pm The Wellness Director confirmed no new 1823 Health Assessment was completed for resident #2. Class III	{A 010}		
{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 . . . . . 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	{A 025}		

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{A 025}	Continued From page 11 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 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	{A 025}		

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{A 025}	Continued From page 12 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, record reviews and interview, the facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for and injuries for 3 of 3 sampled residents (#2, #4, #8). Findings: On at 12:25pm during the entrance conference The Wellness Director stated there were 3 residents out of the facility due to which resulted in going to the hospital. 1. Resident #2's record revealed an admission date of . A health assessment (1823) indicated a history of , memory loss, and was not identified as a risk. A facility note on at 3:38pm read, "late entry for staff heard a noise in and went to check on resident and found her on the floor in her room. I was notified and went to check on her and the resident had a , on her right . I called the Paramedics, when they arrived took them to her room, they examined her when they sat her up, she screamed in , . They lifted her onto stretcher she couldn't straightened her right , and screamed in , when touched above her .	{A 025}		

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{A 025}	Continued From page 13 Resident was taken to hospital." On at 1:50pm The Wellness Director stated resident #2's family member contacted her on Monday and stated resident #2 had a broken right ." The Wellness Director stated she did not document in the resident's progress notes any follow up information. On at 5:27pm Staff F stated, "I did not witness resident #2's another staff witnessed the and called me from the nursing station. I went to the room and saw resident #2 on floor lying on right side. I asked resident #2 if she was in and she stated my right . I asked the other staff to stay with her while I gather the paperwork." On at 5:50pm The Wellness Director stated prior to resident #2's , she had not had any other . 2. Resident #4's record revealed an admission date of . A health assessment (1823) indicated a history of , ambulates with walker, and identified as a risk. A facility note on at 9:04am reads, "It was reported to this writer by care staff that this resident was noted with hematoma on the of her , right , difficulty ambulating R/Resident stated, "I feel like I am going to die." "Resident c/o to of . This writer instructed the care staff to send the resident to hospital." A facility note on at 11:34am read, "Resident sent to hospital for with hematoma on of with complaints of on	{A 025}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969874	A. BUILDING: _____ B. WING _____	R 10/25/2023

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{A 025}	Continued From page 14 of ...." On ..... at 2:40pm The Wellness Director stated, "the family wanted resident #4 to return to facility but was informed that resident needed ..." On at 5:50pm The Wellness Director stated, "other than resident #4's ..., someone usually walks with her. Resident #4 tripped over another resident's ..., and someone was with her that day." 3. Resident #8's record review revealed an admission date of ..... A ..... health assessment (1823) indicated a history of ..... and was identified as a .. risk. A facility note on ..... at 6:19am read, " was currently in surgery and was not assigned a room." A facility note on ..... at 6:56pm read, "Per POA resident surgery went well resident will be discharged to rehab facility." A facility note on ..... at 10:52am read, "Re is currently at rehab." On at 5:50pm The Wellness Director stated we were monitoring her. I can't say there are any interventions put in place prior to her falling." Class II	{A 025}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards	{A 032}		

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{A 032}	Continued From page 15 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 Policies and Procedures. The facility must	{A 032}		

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{A 032}	Continued From page 16 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 observations, record reviews, and interviews, the facility failed to make a daily effort to ensure 1 of 1 sampled resident who was identified as being at risk for elopement had identification (ID) on their person that included their name and the facility's name, address, and telephone number (#3). Findings: Observations on revealed the following: On at 1:00 pm observed resident #3 sitting in the common area TV room. Resident #3 who was identified as an elopement risk did not appear to have an ID bracelet on. Resident #3	{A 032}		

Agency for Health Care Administration

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{A 032}	Continued From page 17 stated "I don't have an ID bracelet just these bracelets on" (pointing to both). Resident #3 stated "when I'm going out, we put it on. My mommy does it." Resident #3 "stated my mommy said I only need it when going out." Resident #3 stated, "the staff does not check or remind me to put on the bracelet." On ..... at 1:04 pm Caregiver G stated she works with resident #3 and no one had advised her that resident #3 was an elopement risk. The caregiver stated she has only been here for two weeks and was not aware of resident #3 having an ID bracelet. On at 2:18 pm The Wellness Director stated, "we did not document resident #3 after the survey nor did we put an ID bracelet on her or start checking." The Wellness Director stated I called the doctor today and a new 1823 was provided dated ..... . Class III	{A 032}		