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
	AL11910126	A. BUILDING: _____ B. WING _____	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF ALTAMONTE SPRINGS	433 ORANGE DRIVE ALTAMONTE SPRINGS, FL 32701

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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 record reviews and interviews, the facility failed to electronically submit to the Agency for Health Care Administration (AHCA,) a preliminary report within 1 business day and a full report within 15 days of 2 of 2 sampled residents requiring transfer to a higher level of care following with injuries (#1 & #17.) Findings: 1. A review of resident #17's record revealed he was admitted to the facility on ... . from a rehabilitation facility to which he was transferred from a hospital following a . . At the time of admission, he needed assistance with ambulation, bathing and . . . ˛ and supervision with grooming, toileting and transferring. He used either a walker or wheelchair for ambulation. On .... at 10:45 am the resident was seen on the floor in a position. His wheelchair was next to him. On ... . at 9:15 am the resident was seen on the floor in a position. He said he rolled off the bed.	CZ821		

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CZ821	Continued From page 4 On ... . at 10:50 am the resident was heard screaming from his room. Staff who responded found him lying ... down on the floor. His wheelchair was directly behind him. He was not sure how he ... out of the wheelchair. He complained of ..., right arm, right and right , , . He had a large, reddened area just above his left , , a small just under his left , . and a large ..... on his left . Emergency Medical Services ( ) was called, and he was transported to a hospital. He returned to the facility at about 5:30 pm that same day. On ..... at 2 pm the resident had a ... without injuries. On at 9:45 am the resident was seen lying on his right side on the floor next to his bed. On ..... at 11:15 am the resident was found on the floor in his room. He was holding onto a grab bar. It appeared he tried to get out of bed then . He said he hit his . was called and he was transported to a hospital. There was no note to indicate when he returned to the facility. On ..... at 7:15 pm the resident's roommate reported this resident from his wheelchair. He complained of , and requested to go to a hospital. ... was called and he was transported to a hospital. He returned to the facility on . On at 4:30 pm the resident . He complained of , in his .... and stated he hit his when falling. ... was called and he was transported to a hospital. He was discharged from the facility following this .	CZ821		

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CZ821	Continued From page 5 On at 2:15 pm, the administrator was asked to provide the preliminary and full reports submitted to AHCA for each time the resident had a hospital visit following a . . On .. at 3:09 pm, the administrator said the requested reports were not submitted to AHCA. 2. An incident occurred on . . . . . at 7:45 PM that resident #1 and hit her . . resulting in her to go the hospital, a higher level of acuity care. There was no documented evidence that this qualifying incident was submitted electronically to the agency within one business day and after the full report within 15 calendar days as required. Resident #1's record review revealed admission date . The last 1823 Health Assessment dated . . . . . listed the medical history of , , , ... , Hearing Loss, . . , ... , and . . . . . . She needs supervision with grooming and independent with all other activities of daily living (ADLs). She had short term memory cognition and needs assistance with self-administration of medications. On at 7:45 PM the Office Manager documented that Unlicensed caregiver D observed resident #1 was on the floor on her . . . . . in her apartment as she was doing room checks. Resident #1 had tripped over her walker and . . in her apartment. Resident #1 said she hit her . 911 was called and resident #1 was transported to the hospital. The family and physician were notified.	CZ821		

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CZ821	Continued From page 6 On at 2:53 PM, an interview with the Memory Care Manager confirmed the findings. (Photographic Evidence Obtained) Unclassified	CZ821		
A 000	Initial Comments A re-licensure survey, complaint investigation #2024006558 and generator monitoring was conducted at Grand Villa of Altamonte Springs on . . . The facility had deficiencies at the time of the visit.	A 000		
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,	A 032		

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A 032	Continued From page 7 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 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.	A 032		

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A 032	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on review of the facility's documented elopement drills, personnel record reviews and interview, the facility failed to have documentation that 1 of 4 sampled staff participated in a minimum of two resident elopement drills each year (A). Findings: During the staff interview unlicensed care staff A was asked how many elopement drills she had participated in for 2023. On at 10:28am unlicensed care staff A stated, " I'm prn and I didn't participate in any drills last year." Review of personnel records revealed unlicensed care staff A was hired on . A certificate of completion dated indicated an elopement training and drill was conducted. Review of the and resident elopement drills, the only two provided, revealed no documentation that the unlicensed caregiver participated in. On at 3:42pm, the Administrator confirmed the findings that no elopement drill on was conducted and unlicensed care staff A watched a video. On at 4:18pm, the Administrator confirmed the findings and was unable to provide any additional drills. (photographic evidence obtained)	A 032		

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A 032	Continued From page 9 Class III	A 032		