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
	AL11964459	A. BUILDING: _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITRUS GARDEN ALF	4805 EAST LAKE DRIVE WINTER SPRINGS, FL 32708

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (2024011352) and generator monitoring were conducted on at Citrus Garden, Winter Springs. Deficiencies were found at the time of the visit.	A 000		
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 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	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure the care and supervision appropriate to the needs of the residents accepted to the facility for 2 of 4 sampled residents (1 & 2). Findings: 1. Record review for resident#1's revealed an admission date of and health assessment dated . Medical history confirmed , recurrent , unsteady gait, and hospice care as of . It also revealed the resident	A 025		

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A 025	Continued From page 2 needed assistance with daily living to include ambulation, bathing, , eating, self-care, toileting, transferring and assistance with medications. The resident was not an elopement risk at the time of the incident. In a review of the facility notes from admission it revealed the following: while walking the dog lost balance and . Small scratch on right and right resident was found by fire department on side of road approximately 6:25am. Administrator received a call at 6:33am. Resident was cleared medially and did not need further medical attention, will return to facility. Resident returned at 6:38am claimed he was looking for his keys and wallet that he dropped. staff noticed the resident is weak and keeps needing reminders to use the walker or the wheelchair when ambulating. Requested of , due to resident favoring it when transferring. In an interview with the facility manager on at 11am, she confirmed the resident is prone to and uses a wheelchair for ambulating. She confirmed the resident did not have a phone or keys when he was admitted to the facility. She stated the overnight staff were informed after the incident they are no longer allowed to sleep on their shift. She stated she does not consider resident#1 an elopement risk therefore he does not have identification on him and the 1823 was not changed to reflect an elopement risk status. In an interview on 10/232024 at 11:15am with unlicensed staff A, he confirmed he checked on resident #1 4:45am and then left his shift at 6:25am. He stated when the manager came in to	A 025		

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A 025	Continued From page 3	A 025		

relieve him of his shift, she did not do a count and did not realize resident #1 was missing until the fire department alerted him, they had found him down the road approximately 400 from the property. He stated the resident moves about the facility freely and always attempts to get up from the wheelchair on his own, which causes him to . She stated he left his phone in his daughter's car and that his identification information was on it.

In an interview on at 12:00pm with resident#1, he stated he was looking for his phone and could not find it. He stated he had asked the staff to help him to find it but was told he did not have a phone when he came to the facility. He stated he decided to look for himself. He stated he left when the staff was sleeping so he could look outside for his phone and keys. He stated he is used to doing things on his own.

In an observation on of resident#1, he was not wearing an identification bracelet and did not have any identification on him.

2. Record review of resident #2's record revealed an admission date of as a respite care resident, and a health assessment dated . Medical history reveals , , , only oriented to self, and not an elopement risk. Resident#2 requires assistance with daily living to include ambulation, bathing, , eating, self-care, toileting, transferring. The resident is no longer residing at the facility.

In a review of the facility notes from admission revealed the following:
resident moved in on respite care
resident is very today and wants to go home

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A 025	Continued From page 4 approximately 4:45pm staff went to get the resident for dinner. Staff last saw the resident sitting in the day room at 4:15pm. Staff began to check and look for the resident. At 5:15pm law enforcement was called for a missing person. At 5:40pm the resident was located by staff 1.3 miles from the facility. The resident was gardening. He was returned to the facility. resident moved out of facility. In an interview on at 11am with the facility manager, she confirmed the events that occurred. She stated the staff checks on the residents hourly and that is when he was discovered missing. She stated they looked everywhere and then called law enforcement. In a review of the facility's elopement policy, it states elopement occurs when a , resident leaves the property without authorization and staff knowledge or has not returned within one hour of their scheduled return time from a preauthorized leave. In an interview on at 12pm with the facility manager, she confirmed all the above statements and stated she has since done an in service for elopement to ensure the staff understand the residents must be checked hourly and staff are no longer allowed to sleep on the overnight shift. Photographic evidence obtained Class III	A 025		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff	A 161		

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A 161	Continued From page 5 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.	A 161		

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A 161	Continued From page 6 (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____, to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, documentation of compliance with all training requirements, a copy of all licenses or certification held by each licensed and unlicensed staff who performs services for which licensure or certification is required under this part or rule. Findings: A request was made on to review staff personnel records for a complaint survey. In an interview on at 10am with the facility manager, she stated the staff records are locked up in a cabinet and only the administrator/owner has the key. She stated the administrator is out of the country at this time and she has no access to the records. Class III	A 161		