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
	AL11969944	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF DAYTONA BEACH	551 N WILLIAMSON BLVD DAYTONA BEACH, FL 32114

(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 change of ownership survey and complaint investigation (complaint numbers 2023004866, 2024005160, and 2024009353) was conducted at Harborchase of Daytona Beach on and . Deficient practice was identified at the time of the survey.	A 000		
A 032	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	A 032		

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A 032	Continued From page 1 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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct elopement drills with all staff twice per year for two of three sampled employees (Employee A, Employee F). Findings Included:	A 032		

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A 032	Continued From page 2 During an interview with Employee A on at 11:45am, she stated she had worked in the facility for two years. She stated she had participated in an elopement drill a few months ago. Review of the AHCA Background Screening Clearinghouse website revealed Employee A's most recent hire date at the facility was . Employee F's hire date was listed as . During an interview with the Director of Maintenance at 3:00pm on , he stated he was the one who had been conducting and coordinating the facility's elopement drills. A review of the elopement drill log produced 2 elopement drill records, one dated and the other dated . Each record showed that only 5 staff members had signed in as attending each of the 2 elopement drills. The drill on was circled to have been done on third shift. The drill from was circled to have been done on second shift. Employee A's name was only signed on the drill from . Employee F's name was only on the drill from . No other evidence was produced to show they participated in two drills per year since their hire. Photographic evidence obtained. Review of the facility's policy regarding elopement procedures, issued and revised and , revealed on page 4 that the facility would conduct at least two elopement drills per year, and "Direct care staff and members of all departments available must participate in the drills." Photographic evidence	A 032		

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A 032	Continued From page 3 obtained. Class III	A 032		