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
	AL11969604	A. BUILDING: _____ B. WING _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET HOME ASSISTING LIVING CORP	13533 MADISON DOCK RD ORLANDO, FL 32828

(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 #2024015100 and a generator monitoring was conducted at Sweet Home Assisting Living Corp, an Assisted Living Facility on . The facility had deficiencies at the time of the survey 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, 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	A 032		

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A 032	Continued From page 1 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 observation, resident records and interviews, the facility failed to have a photo identification and identification on their persons that includes their name, the facility's name, the facility's address and facility's telephone number for 2 of 5 sampled residents (#9 & #10) as required for high risk for elopement.	A 032		

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A 032	Continued From page 2 Findings: 1. Resident #9's record review revealed an admission date of as a daycare resident. The 1823 Health Assessment dated listed the medical history of without behavioral disturbances, Age related decline, , and , . She wears and identifies as a special precaution for elopement. She's independent with activities of daily living (ADLs) in ambulation, bathing, & eating. Supervision with grooming, toileting and transferring. She needs assistance with self-administration of medications. There was no photo identification of Resident #9 in the resident's file. An observation on at 3:30 PM, Resident #9 was not wearing an elopement bracelet. 2. Resident #10 record review revealed an admission date of as a daycare resident. The 1823 Health Assessment dated listed the medical history of , , , , , type 2, , and . She ambulates with a walker, wears eyeglasses and wears . She needs assistance with ambulation, , grooming, toileting and transferring. Supervision with bathing and eating. In further review, it was documented that Resident #10 at times need re-orientation to time & place and identified high risk for elopement. She needs assistance with self-administration of medications. There was no photo identification in the file for Resident #10.	A 032		

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A 032	Continued From page 3 An observation on at 3:45 PM, Resident #10 was not wearing an elopement bracelet. On at 3:50 PM, an interview with the Administrator confirmed the findings for both residents. (Photographic Evidence Obtained) Class III	A 032		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to	A 160		

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A 160	Continued From page 4 which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for	A 160		

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A 160	Continued From page 5 food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, facility documentation review and interview, the facility failed to maintain an up-to-date admission & discharge log as required for 3 of 5 sampled residents (8, #9 &	A 160		

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A	Continued From page 6 #10). Findings: An observation on at 11:30 AM, of three {3} residents were at the facility socializing and participating in activities. A review of the facility's admission & discharge log Resident #8, Resident #9 and Resident #10 were not updated on the log. There was no other documented evidence provided. On at 12 PM (noon), an interview with the Administrator confirmed the findings and further stated that Resident #8's admission date was on , Resident #9's admission date was on and Resident #10's admission date was on . (Photographic Evidence Obtained) Class III	A 160		
A 189 SS=D	429.905(2) FS; 59A-16.109( ) FAC ADCCs in ALF 429.905(2) A licensed assisted living facility, a licensed hospital, or a licensed nursing home facility may provide services during the day which include, but are not limited to, social, health, therapeutic, recreational, nutritional, and respite services, to adults who are not residents. Such a facility need not be licensed as an adult day care center; however, the agency must monitor the facility during the regular inspection to ensure adequate space and sufficient staff. If an assisted living facility, a hospital, or a nursing home holds itself	A 189		

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A 189	Continued From page 7 out to the public as an adult day care center, it must be licensed as such and meet all standards prescribed by statute and rule. For the purpose of this subsection, the term "day" means any portion of a 24-hour day. 59A-16.109 (2) The Participant Capacity shall be determined by the total amount of Net Floor Space available for all of the Participants. Centers licensed prior to the effective date of this rule shall provide 30 square of net floor area per Participant. For Centers initially licensed after , , there shall not be less than 45 square of net floor area per Participant. Centers shall be required to provide additional floor space for special target populations to accommodate activities required by Participant care plans. A change in space usage that increases or decreases the Participant Capacity must continue to comply with all requirements of part III of chapter 429, F.S., and this rule. (3) The Participant Capacity of facilities that are exempt from licensure as an Adult Day Care Center pursuant to section 429.905, F.S., shall be determined by the total amount of Congregate Space available to the Participants. Such Facilities shall utilize separate space over and above the minimum requirement needed to meet their own licensure certification approval requirements. This Statute or Rule is not met as evidenced by: Based on observation, facility's documentation review and interview, the facility failed to notify the Agency for Healthcare Administration (AHCA) Assisted Facility Unit that the Assisted Living Facility (ALF) would provide adult daycare	A 189		

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A 189	Continued From page 8 services during daytime business hours for 2 of 5 sampled residents (#9 & #10) as required. Findings: A review of the FloridaHealthFinder.gov website on at 8:30 AM documented that this Assisted Living Facility does not offer adult daycare services. An observation on at 11:30 AM, Resident #9 and Resident #10 were at the facility attending daycare services. On at 12:30 PM, an interview with the Administrator confirmed the findings and further stated that she thought it was allowed to provide adult daycare services in the facility because she provided adult daycare services before the Change of Ownership on . (Photographic Evidence Obtained) Class III	A 189		