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
	AL11970292	A. BUILDING: _____ B. WING _____	C 01/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHANGRI-LA AT LOCKMAR ALF LLC	817 NEVADA DR NE PALM BAY, FL 32907

(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 SS=D	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 submit an 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. Findings: On at 10:07am caregiver A stated that on at approximately 6am that morning she was making breakfast in the kitchen when she happened to glace over towards the front door, it was then that she realized it was open. She immediately got the other caregiver B, and they searched the house twice and could not locate resident #1. Caregiver A then stayed with the residents while Caregiver B went outside to see if he could locate the resident. In the meantime, caregiver A called the administrator and then called the police department. Two patrol cars arrived on the scene. One patrol car stayed at the house while the other went to drive around the neighborhood. It was then that the office was able to locate resident #1 sitting on a neighbor's front lawn. The officer brought the resident to the facility with any harm.	CZ821		

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CZ821	Continued From page 4 On at 10:44am spoke employee B about the incident that occurred on . Employee B stated that at about 6:30am employee A came to him frantic stating that resident #1 was missing. They immediately checked every room throughout the facility, he was nowhere in the facility. Employee B stated that employee A immediately called the administrator and then the police. Employee B stated that he then went outside to search the neighborhood. While out in the neighborhood employee A called him to let him know that the police had found resident #1. On at 1:21pm the administrator stated that she was notified of the incident at approximately 6:45am, she then instructed the staff to notify the police and that she was on her way there. The administrator stated that when she got to the facility the police were already there, and the resident was being brought . The administrator stated that when she asked resident #1 if he knew why he left the facility she stated that the resident stated that he was going to meet a friend up the street, but he could not remember which friend it was. The administrator stated that she then called a security firm to come out and place an alarm system in the house. The administrator stated that the resident has never shown any exit seeking tendencies so this as a surprise to everyone. This writer told the administrator that she was to have submitted a day 15 to the agency. The administrator stated that she filed a day 1 with the agency, however, she was not aware of a 15-day rule. Unclassified	CZ821		

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A 000	Continued From page 5	A 000		
A 000	Initial Comments A complaint investigation # 2024016223 and a generator monitoring was conducted at Shangri-La at Lockmar in Palm Bay Florida. There were deficiencies found at the time of the survey.	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,	A 025		

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A 025	Continued From page 6 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 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 reviews and interviews, the facility failed to know the whereabout of 1of 5 sampled residents (#1), for the incident which occurred on . Findings: On at 10:07am caregiver A stated that on at approximately 6 am that morning she was making breakfast in the kitchen when she happened to glace over towards the front door, it was then that she realized it was open.	A 025		

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A 025	Continued From page 7 She immediately got the other caregiver B, and they searched the house twice and could not locate resident #1. Caregiver A then stayed with the residents while Caregiver B went outside to see if he could locate the resident. In the meantime, care giver A called the administrator and then called the police department. Two patrol cars arrived on the scene. One patrol car stayed at the house while the other went to drive around the neighborhood. It was then that the officer was able to locate resident #1 sitting on a neighbor's front lawn. The officer brought the resident to the facility without any harm. On at 10:44am spoke employee B about the incident that occurred on . Employee B stated that at about 6:30 am employee A came to him frantic stating that resident #1 was missing. They immediately checked every room throughout the facility, he was nowhere in the facility. Employee B stated that employee A immediately called the administrator and then the police. Employee B stated that he then went outside to search the neighborhood. While out in the neighborhood employee A called him to let him know that the police had found resident #1. On at 1:21pm the administrator stated that she was notified of the incident at approximately 6:45am, she then instructed the staff to notify the police and that she was on her way there. The administrator stated that when she got to the facility the police were already there, and the resident was being brought . The administrator stated that when she asked resident #1 if he knew why he left the facility she stated that the resident stated that he was going to meet a friend up the street, but he could not remember which friend it was. The administrator stated that she then called a security firm to come	A 025		

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A 025	Continued From page 8 out and place an alarm system in the house. The administrator stated that the resident has never shown any exit seeking tendencies so this as a surprise to everyone. Class III	A 025		