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
	AL11966716	A. BUILDING: _____ B. WING _____	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE MANOR	6333 SE BABB ROAD BELLEVIEW, FL 34420

(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
ZZ821	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.	ZZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ821	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	ZZ821		

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ZZ821	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	ZZ821		

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ZZ821	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 review and interview, the facility failed to submit an Adverse Incident Report to the Agency for Health Care Administration within 15 calendar days of a resident elopement for 1 out of 3 residents sampled, Resident #1. Findings include: Review of Resident #1's clinical record documented the resident was admitted to the facility on . A review of AHCA Form 1823, Resident Health Assessment dated listed the resident's medical history and diagnoses as , , , , Type II , and dyslipidemia. The resident's or behavioral status listed, "Mild memory loss." The special precautions section of the form listed, " ." The resident was designated as an elopement risk and needs assistance with self-administration of medication. Review of local law enforcement incident report dated listed Resident #1 as a missing person. On , at 1:10 AM, the responding officer went to the facility and contacted the Assistant Administrator, who told him that staff alerted her at 11:40 PM that they	ZZ821		

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ZZ821	Continued From page 4 could not find Resident #1 after their nightly rounds. Review of local law enforcement incident report dated documented Resident #1 was found 6.4 miles from the facility. Review of Resident #1's clinical record did not reveal an incident report regarding an elopement on . During an interview with the Executive Director on , she confirmed she had just found out that Resident #1 had eloped in . The Executive Director stated she was not notified by the Assistant Administrator about the incident and an Adverse Incident Report had not been filed. The facility policy on submitting Adverse Incident Reports was requested but was not provided during the survey. Class III	ZZ821		
A 000	Initial Comments An unannounced complaint investigation (complaint number 2024015684) was conducted at Prestige Manor on , through . Deficiencies were identified at the time of the survey.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice	A 008		

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A 008	Continued From page 5 registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the	A 008		

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A 008	Continued From page 6 appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a	A 008		

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A 008	Continued From page 7	A 008		

-to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or , , services required by the individual,
4. Any special diet required by the individual,
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,
6. Whether the individual has signs or symptoms of , , , , or any other communicable , which are likely to be transmitted to other residents or staff,
7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and,
8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.
(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at:

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A 008	Continued From page 8 http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not	A 008		

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A 008	Continued From page 9 wish , , to be administered in the case of or , , . (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each resident was examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility for 3 residents out of 12 residents reviewed for health assessment completion, Residents #10, #11 and #12. Findings include: Review of Resident #10's medical records revealed a demographic sheet with an admission date of . Resident #10 had no health assessment form. Review of Resident #11's medical records revealed a demographic sheet with an admission date of . Resident #11 had no health assessment form.	A 008		

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A 008	Continued From page 10 Review of Resident #12's medical records revealed a demographic sheet with an admission date of . Resident #12 had no health assessment form. During an interview on at 10:30 AM, the Executive Director confirmed Residents #10, #11 and #12 did not have a health assessment form in their file and one could not be found in the facility. Class III	A 008		
A 025	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.	A 025		

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A 025	Continued From page 11 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 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 observation, interview, and record review, the facility failed to provide adequate supervision to maintain awareness of the safety and physical and emotional well-being for 1 out of 3 sampled residents, Resident #1, who eloped from the facility on . There were no	A 025		

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A 025	Continued From page 12	A 025		

interventions documented to have been put into place after this elopement to prevent future occurrences. Resident #1 eloped from the facility again on .

Findings include:

Review of Resident #1's clinical record documented the resident was admitted to the facility on . Review of AHCA Form, 1823, Resident Health Assessment dated listed the resident's medical history and diagnoses as , , , , type II , and dyslipidemia. The resident's or behavioral status listed as "Mild memory loss." The special precautions section of the form listed as " ." The resident was designated as an elopement risk and needs assistance with self-administration of medication.

Review of local law enforcement incident report dated documented Resident #1 as a missing person. On at 1:10 AM, the responding officer went to the facility and contacted the Assistant Administrator, who told him that staff alerted her at 11:40 PM that they could not find Resident #1 after their nightly rounds. She further reported Resident #1 often signs himself out to go for a walk, but he didn't sign out that night.

Review of local law enforcement follow-up report dated documented a law enforcement officer had responded to a suspicious person at an address in Ocala, Florida. The person [identified as Resident #1] was sitting on someone's porch attempting to smoke leaves in a corncob pipe and acting erratically. The law enforcement officer placed Resident #1 under a and took him to Local Hospital

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A	Continued From page 13 #1 for evaluation. The time of the incident was not listed in the report. Review of local law enforcement incident report dated documented Resident #1 was found 6.4 miles from the facility. The law enforcement officer left paperwork upon arrival at Local Hospital #1. Review of Resident #1's discharge summary from Local Hospital #1 documented Resident #1 was admitted to the hospital on due to acting erratically. Discharge diagnoses were , , type 2 , , , , , , and , . Resident #1 was discharged to the facility on . Review of Resident #1's clinical record did not reveal an incident report regarding an elopement on , or any interventions put into place to ensure Resident #1's safety and risk of elopement after readmission on . Review of the facility incident report dated completed by Staff B, Medication Technician, documented, "At about 7 pm I was assisted [sic] administering med [medication] and noticed [Resident #1's Name] was not in his bed." Review of the facility incident report dated completed by Staff C, Cook/Care Staff, documented, "I saw [Resident #1's Name] on the table eating. I went to the kitchen to clean and wash the dishes, about 8:00 PM the meds pass [sic] came to tell me [Resident #1's Name] was missing after that she went home, I called her 3 times to tell her I did not see [Resident #1's Name] ... I searched for [Resident #1's Name] in each patient [room]. I did not see	A 025		

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	AL11966716	A. BUILDING: _____ B. WING _____	11/26/2024

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A 025	Continued From page 14 him." Review of local law enforcement incident report dated documented Resident #1 as a missing person. The facility staff reported Resident #1 was missing on at approximately 11:19 PM. Resident #1 was last seen at approximately 5:00 PM outside of the facility. The responding law enforcement officer then went to Resident #1's Mother's home. She advised she did not know anywhere he could be. Review of local law enforcement incident report dated documented Resident #1 was found 28.6 miles from the facility. The report read, "Upon making contact with the subject [Resident #1], he could not answer basic questions. The subject stated he was in "Winchesterville" and could not advise where he was going. The subject also asked me if I thought "Hemi" or "Ford" was going to win the presidential election. The subject did not appear to be in the right state of mind." Review of Resident #1's discharge summary from Local Hospital #2, dated , documented Resident #1's diagnoses as and During an interview on at 9:56 AM, the Assistant Administrator stated, "I found out about his [Resident #1's] elopement on Wednesday [ ] at 11:00 PM. I was informed that he walked out of the facility, I don't know why the staff didn't call me about his elopement during the 8:00 PM medication pass. [Resident #1's name] stayed outside a lot. [Resident #1's name] is not that communicative, and he doesn't know the door code to exit the building. [Resident #1's name] smokes 5	A 025		

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A 025	Continued From page 15 cigarettes a day in the morning, lunch, dinner, and bedtime. [Resident #1's name] left the facility before in . He was sent to the hospital. [Resident #1's name] is a designated elopement risk and is supposed to be observed every 2 hours when completing rounds. [Resident #1's name] went missing after dinner on between 5:00 PM and 7:00 PM. I was notified by [Staff E, Caregiver's name] at 11:12 PM that he was missing. My expectation would be to have been notified about [Resident #1's name] when he missed his 7:00 PM med pass. The 7:00 PM med pass also serves as the 2-hour observation of the resident." During an interview on at 12:49 PM, Resident #1's Mother stated, "[Resident #1's name] has eloped twice from Prestige Manor. I was looking at my calendar and had the dates of elopement as through . He allegedly walked 8 miles and was found sitting on a lady's porch, then the lady notified law enforcement. Law enforcement took him to [Name of Local Hospital #1] on , and he was admitted for nine days. On , he returned to Prestige Manor. My husband told all the staff which includes [Staff A, B & C names] not to leave him alone outside after dark smoking cigarettes. We [Resident #1's Mother and her husband] come every Friday to take him out for lunch, and we wait outside until a staff allows us in and out. I was notified late Friday afternoon [ ] that he was found near a gas station, 26 miles from the facility. Law enforcement sent him to [Local Hospital #2's name] and he was treated for and . He was sent to the facility on after his hospital assessment. On , we [Resident #1's Mother and her husband] took him out for lunch. He was	A 025		

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A 025	Continued From page 16 , and his were from walking." During an interview on at 3:01 PM, Staff C, Cook/Care Aide, stated, "I saw [Resident #1's name] eating at 5:00 PM. I went to the kitchen to clean and wash dishes about 8 PM during med pass. [Staff B's Name] came to tell me [Resident #1's Name] was missing. After she went home, I called her 3 times to tell her I did not find [Resident #1's Name]. I investigated the resident sign in and out book, but he [Resident #1] wasn't signed out." During an interview on at 8:15 AM, Staff F, Medication Technician, stated, "Another resident lets [Resident #1's name] outside because he knows the access code. The other resident has been told not to do that. I have not participated in any recent elopement drills. I can't even remember an elopement in-service or training recently." During an interview on at 10:30 AM, the Executive Director stated, "From what I understand, [Resident #1's name] was smoking unsupervised. Staff didn't report they didn't see him. Night shift staff member called [Assistant Administrator's Name]; [Assistant Administrator's Name] came to search the facility and realized he was missing and called police. Police came and family was notified. The search was conducted. I was not here and not notified of this elopement that happened on Wednesday [ ] until yesterday morning [Monday]. My expectation is to be notified immediately, as soon as they cannot find someone. This was his first elopement that I am aware of. I just now found out about the elopement on ." During an Interview at 11:00 AM, Staff	A 025		

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A 025	Continued From page 17 A, Medication Technician, stated, "On , I saw [Resident #1's name] eating dinner between :30 PM. I was working on med [medication] cart for 5 pm medications. He finished eating. I gave him 5 cigarettes and he left. Sometimes the residents let him out or staff let him out. Approximately at 7:45 PM, I went to other building to pass medications and assumed [Resident #1's name] was sitting on the white chairs or the bench [outside smoking area] due to his music playing, but I didn't look for him. I left at that time after 7:45 PM medication pass. I asked [Staff C, Cook's name] when he comes inside to give him his medications. I left his meds in the cup, labeled with [Resident 1] name. [Staff C's name] called me stating [Resident #1's name] didn't come inside tonight. I told her to have other residents look in each room. [Staff C's name] checked, called me at 9:34 PM, he was not found. On the same evening of the incident, I found out it was his second time of elopement." During a telephone interview on at 11:11 AM, Staff E, Medication Technician, stated, "At approximately 11:05 PM on , I was informed by the afternoon shift med tech [Medication Technician] that [Resident #1's name] was missing. I called the Assistant Administrator at 11:10 PM to report the elopement." During an observation on at 10:00 AM at the facility's campus with Staff D, Caregiver, the facility was located approximately 374 south and 350 north of a two-lane highway and 500 from a railroad line. The facility was fully fenced, the drive through gate was closed, but not locked. The walkthrough gate at the front door was closed and latched from the outside, but not locked. The walkthrough gate at the intersection of the two buildings was closed and	A 025		

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A 025	Continued From page 18 latched from the outside, but not locked. The walkthrough gate between the drive through gate and the front door was closed and locked with a padlock. The backyard smoking area had resin patio chairs and tables for residents' use. The backyard was open to the front yard, accessible around the building's end and the breezeway in between the buildings. Resident #1's room was located at the end of the hall in building one, which was next to the breezeway and a walkthrough gate. The buildings were equipped with code pads on each door, except for the rear kitchen door, which was locked with a key. During an observation on at 10:30 AM, Resident #1 was smoking alone outside of the facility after his breakfast meal. During an observation on at 1:42 PM, Resident #1 was walking alone on the brick pathway in front of the facility and stood by the gate for approximately two minutes. The front gate was unlocked and opened. Resident #1 then turned around and walked inside the gated area of the facility. During an observation on at 8:30 AM, Resident #1 was outside in the backyard without staff supervision. Another resident who knows the door access code let Resident #1 inside the building. Review of historical temperature data was conducted on the Weather Underground Internet website (www.wunderground.com.) The temperatures reported (in Fahrenheit) on included: 73 degrees at 7:13 PM, 70 degrees at 8:53 PM, and 62 degrees at 11:53 PM. The temperatures reported on included 58 degrees at 2:53 AM, 48 degrees at	A 025		

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A 025	Continued From page 19 6:53 AM, 64 degrees at 2:53 PM, and 45 degrees at 11:53 PM. The temperatures reported on included 47 degrees at 1:53 AM, 40 degrees at 5:53 AM, and 61 degrees at 4:53 PM. Review of the facility's undated policy and procedure titled "Prestige Manor Elopement Policy and Procedure" read, "Policy: It is the policy of Prestige Manor to provide a secure environment for residents. In the event a resident is missing from the facility, the following procedure will be used for locating the resident. Procedure: All resident that are assessed at risk for elopement shall be identified so staff can be alerted to their needs for support and supervision ... When it is discovered that a resident is missing, all staff will be alerted of the incident. The administrator is notified of a missing resident. 1. Determine when resident was last seen. 2. Do an intense search of that area first. If not located. 3. Start search of entire building (x3) look in every room, in the closets, under the beds, behind the chairs. Any place someone could hide. Check for open windows or unlocked doors. 4. Search the perimeter of the outside. 5. If the resident is not located, notify the family of guardian. 6. Notify the Sheriff's Department by dialing -1 ... 10. An incident report will be completed stating the information and outcome of the elopement. 11. An adverse Incident Report will be filed with AHCA." Class I	A 025		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued,	A 077		

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A 077	Continued From page 20 the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or	A 077		

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A 077	Continued From page 21 G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a	A 077		

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A 077	Continued From page 22 separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the Assistant Administrator, who was serving as a manager, satisfied the same qualifications as an administrator.	A 077		

Agency for Health Care Administration

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A 077	Continued From page 23 Findings include: Review of the Assistant Administrator's employee file did not reveal a core training competency test completion certificate or a statement from the Executive Director putting her in charge of the facility in her absence. During an interview on at 10:30 AM, the Executive Director confirmed the Assistant Administrator has been managing the facility and has not passed her core training competency test as of the survey date. Class III	A 077		