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
	AL11911157	A. BUILDING: _____ B. WING _____	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE MANOR	6040 SOUTHEAST FRONT ROAD BELLEVIEW, FL 34420

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A 000	Initial Comments An unannounced complaint investigation (complaint number 2025001760) 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 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	A 008		

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A 008	Continued From page 1 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 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,	A 008		

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A 008	Continued From page 2 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 -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,	A 008		

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A 008	Continued From page 3 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: 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).	A 008		

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A 008	Continued From page 4 (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 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 3 of 7 residents sampled (Resident #1, Resident #3, and Resident #6) had an accurate Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) completed within 60 days before or within 30 days after the residents' admission to the facility.	A 008		

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A 008	Continued From page 5 Findings include: Review of Resident #1's AHCA Form 1823, dated , documented Resident #1 was admitted to the facility on . The resident had diagnoses including , , , (,), Hep (,) C, (accident), Fx ( ) right , , , and , , . The form indicated Resident #1 required supervision during grooming, assistance with bathing, and toileting, and she needed assistance with self-administration of medication. The facility name listed on the form was the name of another assisted living facility, rather than the facility where the resident had been admitted. Review of Resident #3's AHCA form 1823, dated , documented Resident #3 was admitted to the facility on . The resident had diagnoses including , , , degenerative of the nervous system, ( ), ( ) Type II, , and , , . The resident requires assistance with bathing and needs assistance with self-administration of medication. The facility name listed on the form was the name of another assisted living facility, rather than the facility where the resident had been admitted. Review of Resident #6's AHCA form 1823, dated , documented Resident #6 was admitted to the facility on . The resident had diagnoses including , , and . The resident requires assistance with self-administration of medications. The section for facility information on the AHCA Form 1823 was left blank (missing all information.)	A 008		

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A 008	Continued From page 6 During an interview on at 1:45 PM the Assistant Administrator stated, "I thought it [AHCA form 1823] was good for a year after the resident was admitted. It wasn't time for a new one. I did not know a new assessment would need to be completed if there was no change in the resident's condition." 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. 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.	A 025		

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A 025	Continued From page 7 (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 interview and record reviews, the facility failed to provide adequate supervision to maintain awareness of the health, safety, and physical and emotional well-being for 1 out of 7 sampled residents, Resident #1. As a result, Resident #1 was able to leave the facility undetected. After leaving the facility, the resident was struck by a passing train. The resident did not survive.	A 025		

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A 025	Continued From page 8 Findings include: Review of the demographic sheet for Resident #1 documented that the resident was admitted to the facility on . Review of the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), dated , for Resident #1 documented diagnoses that included , , , , , ( ), , , , , and , . Resident #1 required supervision with grooming and required assistance with bathing, , and toileting. Resident #1 also needed assistance with self-administration of medication. During an interview on at 9:33 AM, Staff A, Medication Technician, stated, "While [I was] at work [Resident #4's Name] wasn't there. [Resident #4's Name] came in from hospital around 11:30 PM. [Emergency Medical Services] helped me get him inside." When asked after left if the doors were locked, Staff A, stated she believed the latch was locked. Staff A then said, "I got him [Resident #4] something to eat and get [sic] him in bed. Around 1:00 AM, I can't remember the exact time, I was doing [Resident #2's Name] getting him cleaned up and I heard a knock on the door. Two gentlemen were there and asked, 'Are any of your residents missing?' I said no, everyone is here. I then went to look and found that [Resident #1's Name] was not in bed. The two gentlemen told me a woman had been hit by a train. I saw her [Resident #1] when I first started my shift at work, around 11:00 PM and she was asleep in bed. I didn't see her at any other time after that. I usually go check them at least every two hours and change her [Resident #1] after I do [Resident #2's Name] and	A 025		

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A 025	Continued From page 9	A 025		

the other gentlemen in the , but by that time the two men were knocking at the front door asking me if I had a resident that was missing. The front door system was not working, we were supposed to lock the latch and the doorknob."

During an interview on at 9:34 AM, the Assistant Administrator stated, "The staff on duty called me around 1:00 something in the morning [AM] and was telling me that [Resident #1's Name] had got hit by a train. I went to the facility, and the police and everyone was there. We assumed she [Resident #1] left the facility out of the door in her room, but we are not sure. The night the incident happened the door in her room was found to be unlocked, which is why we assumed she must have walked out of that door. The exit door in her room does not have a key code but did have an alarm attached that was not working."

During an interview on at 8:35 AM, Staff B, Medication Technician, stated, "I was not working on the night of the incident with [Resident #1's Name]. Nobody follows the rules, but at night they are supposed to check on the residents at least every two hours."

During an interview on at 10:52 AM, Staff B, Medication Technician, stated, "The front doors have not worked for about three weeks. I didn't report it, but I thought [the Administrator's Name] and [the Assistant Administrator's Name] were aware that the doors were not working."

During an interview on at 8:55 AM, the Administrator stated, "No, we do not have a system in place for a resident to sign in and out. The staff know that they are supposed to do rounds, it's in their job description. We did put in

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A 025	Continued From page 10 place hourly rounds. We did that on Wednesday. I verbally spoke with the staff. It was informal and there is no documentation for the training." During an interview on at 10:42 AM, Staff B, Medication Technician, stated, "No, I did not receive training on doing one-hour checks and I did not receive training on checking the doors, nothing in the last few days." During an interview on at 12:32 PM, Staff C, Caregiver, stated, "I have had no training in the last week on anything. If there is a problem, we would tell the administrator." When asked how often she checked on residents, Staff C said, "Every now and then." During an interview on at 12:34 PM, Staff D, Caregiver, stated, "I did not work yesterday and have not had any training." When asked how often she checked on the residents, Staff D said, "We are supposed to check on them every couple of hours." During an interview on at 12:37 PM, Staff E, Medication Technician, stated, "No, I have not had any training yet. We are supposed to know where our residents are and check on them every 2 hours during the night." During an interview on at 1:32 PM, Staff G, Medication Technician, confirmed she has not had any training in the past couple of days [related to hourly checks]. Review of the caregiver job description titled, "Job Description Care Giver," read, "ALL SHIFTS will begin walking rounds as soon as you are clocked in. You will round and receive reports on all the residents you will be caring for during your shift.	A 025		

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A 025	Continued From page 11 All residents should be clean, neat and accounted for. 3p-11p and 11p-7a shifts need to verify that all doors are closed before 3p-11p shift leaves for the night. Overnight care will consist of doing rounds throughout the night. ALL SHIFTS ARE TO MAKE HOURLY ROUNDS TO CHECK THE SAFETY AND WELL BEING OF RESIDENTS. YOU WILL BE REQUIRED TO KNOW THE STATUS AND WHEREABOUTS OF YOUR RESIDENTS AT ALL TIMES. Rounds include observation of areas outside to ensure that no resident is outside near gates or fences or in any way unsafe or outside during unsuitable hours or poor weather." A request was made to the Administrator for documentation related to staff education on the sign-in and sign-out process for residents and reporting maintenance concerns/repairs. No documentation was provided. Review of the facility house rules did not document any rules regarding residents having to sign out or inform a staff member they are leaving the facility. Review of the facility policy and procedures binder did not reveal a policy that addressed residents having to sign out or tell a staff member they are leaving the facility. Class I	A 025		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to	A 152		

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A 152	Continued From page 12 section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all existing architectural, mechanical, electrical and structural systems (the exterior door locks at the main	A 152		

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A 152	Continued From page 13 entrance to the facility) were maintained in good working order. As a result, one of the residents (Resident #1) was able to leave the facility undetected. After leaving the facility, the resident was struck by a passing train. The resident did not survive. Findings included: During observations made on at 9:00 AM, the front and side doors were observed to have a touch entry keypad to enter and exit the building. Located in the top left corner on the interior side of the main entry door there was a metal slide latch lock with a bar that slides into a catch bracket. When the slide was pushed or pulled into place, it secured the door from opening. The latch lock was approximately 6 and ½ high. During observations made on at 9:15 AM, Resident #1 had an exit door in her bedroom leading to the outside. Located in the top left corner on the interior side of the door there was a metal slide latch lock with a bar that slides into a catch bracket. When the slide was pushed or pulled into place, it secured the door from opening. The latch lock was approximately 6 and ½ high. (Photographic evidence obtained) Review of the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823), dated , for Resident #1 documented a measurement of 61 inches [5 1 inch]. During an interview on at 9:45 AM, Staff C, Caregiver, stated the resident [Resident #1] was not able to reach the latch on the door in her room that went to the outside to be able to use that door to go out.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911157	A. BUILDING: _____ B. WING _____	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE MANOR	6040 SOUTHEAST FRONT ROAD BELLEVIEW, FL 34420

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A 152	Continued From page 14 During an interview on at 9:33 AM, Staff A, Medication Technician, stated, "I worked on the night of the incident with [Resident #1's Name]. Around 1:00 AM, I can't remember the exact time, I was helping [Resident #2's Name], getting him cleaned up and I heard a knock on the door. Two gentlemen were there and asked, 'Was any of your residents missing?' I said no, everyone is here and then I went to look and found that [Resident #1's Name] was not in bed. I saw her [Resident #1] when I first got to work at around 11:00 PM and she was asleep in bed. I didn't see her at any other time after that. I usually go check and change her [Resident #1] after I do [Resident #4's Name] and the other gentlemen in the but by that time the two men were knocking at the front door." During an interview on at 9:33 AM, Staff A, Medication Technician, stated, "The front door system was not working. We were supposed to lock the latch and the doorknob." During an interview on at 9:34 AM, the Assistant Administrator stated, "The staff on duty called me around 1:00 something in the morning [AM] and was telling me that [Resident #1's Name] had got hit by a train. I went to the facility and the police, and everyone was there. We assumed she [Resident #1] left the facility out of the door in her room, but we are not sure. The night the incident happened the door in her room was found to be unlocked, which is why we assumed she must have walked out of that door. The exit door in her room does not have a key code but did have an alarm attached that was not working. During an interview on at 10:52 AM,	A 152		

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	AL11911157	A. BUILDING: _____ B. WING _____	02/14/2025

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A 152	Continued From page 15 Staff B, Medication Technician, stated, "The front doors have not worked for about three weeks. I didn't report it, but I thought [the Administrator's Name] and [the Assistant Administrator's Name] were aware that the doors were not working." During an interview on at 11:00 AM, the Assistant Administrator stated, "The front door keypad was the only door that wasn't working properly. It had been down for maybe a week." During an interview on at 1:30 PM, the Assistant Administer stated, "The keypad was not broken, it just had sticky numbers; the numbers were sticking. I reset the keypad to numbers that are not sticky, so now it works." During an interview on at 10:37 AM, the Administrator stated, "There is not a system in place to be sure that the doors are functioning. If the door is not working, somebody should let me know. It is my assumption that the staff would know to report nonfunctioning key code pads, lock latches, and/or doorknob locks to the me." The administrator also confirmed there were no systems developed and implemented [since the incident] to verify the continued functioning of door locks, door latches, and door keypads. During an interview on at 8:15 AM, Staff B, Medication Technician, stated she had not received any training on anything to do with the doors, or who to tell if there is a maintenance issue. During an interview on at 12:32 PM, Staff C, Caregiver, stated, "I have had no training in the last week on anything." During an interview on at 12:34 PM,	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 16 Staff D, Caregiver, stated, "I did not work yesterday and have not had any training." During an interview on at 12:37 PM, Staff E, Medication Technician, stated, "No I have not had any training on the front door locks, or how to let maintenance know." During an interview on at 1:32 PM, Staff G, Medication Technician), stated that she had not received any training in the past couple of days on anything. On at 1:30 PM, a request was made for documentation of all staff education for reporting maintenance concerns/repairs. No documentation was provided. On at 1:30 PM, a request for policy and procedures for reporting maintenance repairs was requested. None were provided. Class I	A 152		