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
	AL11969746	A. BUILDING: _____ B. WING _____	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMENADE THE	10730 US HWY 1 SEBASTIAN, FL 32958

(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 An unannounced Complaint (#2025002567) and Generator Monitoring survey was conducted on at Promenade The. The facility had a deficiency related to the Complaint survey identified at the time of the visit.	A 000		
A 076	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No	A 076		

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A 076	Continued From page 1 =Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , , , staff trained in , , ( ) or a health care provider present in the facility, may withhold , , , (, , , and). (b) In the event a resident is receiving hospice services and experiences or , , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to implement a policy and procedure in ( ) that	A 076		

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A 076	Continued From page 2 ensures the status of a resident's execution of the form was readily available for 1 out of 1 sampled residents (Resident #1). The findings included: The facility's & Training Policy and Procedure notes that the facility will document that a has been requested and a copy maintained in the resident's medical record. It also states that the facility will document when the decision was made and who was involved in the decision making process. This would require the facility to withhold ( ) if a resident was found in or , The facility's ( ) Policy and Procedure documents that the facility will call 911 immediately when a resident is found to have no , and/or is not breathing. The facility's review of an occurrence when Resident #1 was found unresponsive on includes documented statements from staff involved that include the following: a. On , Resident #1 was found unresponsive by the front desk employee (Staff C) and the resident's representative in the resident's apartment. Staff C documented that she found the resident at 6:23 PM, and called 911 "around 6:31 PM". b. Caregiver Staff A documented that at 6:27 PM she was notified by the residents' representative in the hallway that she needed help. Staff A noted that she called the nurse (Staff B) and went to the resident's room at 6:28 PM, then contacted 911 at	A 076		

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A 076	Continued From page 3 6:30 PM. c. Staff B (Licensed Practical Nurse/LPN) stated that she was notified of the resident's unresponsiveness at 6:28 PM, and went to the resident's room. Staff B, who was trained in , told Staff A to check the nurse's station for the resident's status and copy of the executed form. When notified that the staff member could not obtain the information, she went from the second floor to the first floor nurse's station to gain access to the locked nurse's station and confirmed that the resident did not have a on file. She documented that on her way up to the resident's apartment, the (Emergency Medical Services) representatives were with her. The facility's policies and procedures do not dictate a chain of command or persons responsible for calling 911 or checking for a . They also do not indicate where the should be maintained to allow them to be readily available as required in the event of an emergency. The that are currently maintained only in the first floor nurse's station that is locked and accessible by a small number of staff members does not ensure a timely response to an emergency. The Administrator was notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time. Class III	A 076		