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
	AL11967136	A. BUILDING: _____ B. WING _____	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH MIAMI SENIOR CARE	15592 SW 183 LANE MIAMI, FL 33185

(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 survey for complaint # 2025004778 was conducted at South Miami Senior Care from through . Deficiencies were found at the time of the survey.	A 000		
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to assist with the arrangement of healthcare services for one out of six sampled residents (Resident #1). Findings included: On at 11:39 AM, the Administrator informed that Resident #1 had not been sleeping well during the night. She stated that for the previous 2 nights, the resident had awoken in the middle of the night yelling and calling for his son. The Administrator further stated that she believed	A 027		

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A 027	Continued From page 1 the resident could be losing his mind. The Administrator stated that she had not contacted the resident's doctor because she was trying to prevent him from getting overmedicated. Then, the Administrator stated she was waiting some days to see if the resident's sleep could regulate again. A review of Resident #1's health assessment completed showed medical history and diagnoses of , type II , ( ), ( ), ( ), , and . The resident needed supervision with ambulation, bathing, , eating, self-care (grooming), toileting, and transferring and required assistance with self-administration of medication. The physician indicated memory loss for or behavioral status. Further review showed no documentation of changes in condition for Resident #1. Class III	A 027		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the	A 030		

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A 030	Continued From page 2 facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and	A 030		

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A 030	Continued From page 3 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of	A 030		

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A 030	Continued From page 4 other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health	A 030		

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A 030	Continued From page 5	A 030		

care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a

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A 030	Continued From page 6 prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall	A 030		

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A 030	Continued From page 7 such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a living environment free from and treat with consideration and respect for 1 out of 5 sampled residents (Resident 1) The facility also failed to recognize the individuality and the need for privacy of 1 out of 5 residents (Resident 3) Findings included: Resident 1) A review of the police report dated showed that the police were called to the facility about a violent dispute involving a resident's wife and a facility staff member. Interviewed on at 11:09 AM Resident 2's wife stated that on she observed when Staff C yelled at Resident 1 because he had asleep and he did not want him to sleep during the day. She stated that Staff C was yelling and mistreating Resident 1. She further stated that Staff C became enraged because he thought that she was recording him with her telephone. She denied that she was recording, and she called the police when the confrontation escalated and Staff C shouted obscenities at her. She stated, "[Staff C] is aggressive and violent." Observation on at 11:35 AM showed	A 030		

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A 030	Continued From page 8 that Resident 1 was asleep in the family room and Staff E woke him up, telling him that he could not sleep during the day. Interviewed on at 11:15 AM Resident 1 stated that Staff C sometimes treated him well but sometimes he did not, and he yelled. He stated, "Sometimes he [Staff C] is nice to me, sometimes he is not. He talks roughly, he is violent, he yells." Interviewed on at 11:39 AM, the Administrator stated that she was not at the facility when the incident occurred. The Administrator further stated that she had asked Staff C to do the grocery shopping and he was at the facility to pick up the grocery list and he got into an argument with [Resident 2's Wife] The Administrator stated," I asked them not to let Resident 1 take a nap because he had not been sleeping, For the last 2 nights he has been yelling in the middle of the night calling for his son, so if he lays down during the day he will asleep, I was trying to avoid that. [Resident 1] was going to his bedroom and [Staff C] told him he could not because he would not sleep later at night. The other staff told me [Staff C] was never physical with [Resident 1] but [Resident 2's Wife] became involved and [Staff C] began arguing with her. The police came and I asked [Staff C] to leave when I got there. I told him I did not want him here anymore if he doesn't have patience he should not be here. I removed him from the roster. Interviewed on at 10:30 AM the Administrator stated that she had removed Staff C from the facility roster immediately after the incident. The Administrator stated, "I took him out immediately after the police came. He is not	A 030		

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A 030	Continued From page 9 allowed to come here. I don't allow anybody to cause problems here; I don't care that he is my son. I am embarrassed about all this" A review of Resident #1's health assessment dated showed medical history and diagnoses of , , type II , , ( ), ( ), , and , . Needed supervision with ambulation, bathing, , eating, self-care (grooming), toileting and transferring; the Resident needed assistance with self-administration of medication. Interviewed on at 12:55 PM, the Administrator stated that Staff C had been removed from the roster, and he was not allowed to come to the facility. Resident 3) Observation on at 9:15 AM revealed that there were men's clothes inside the closet in # where Resident 3 lived. (Photographic evidence obtained) Interviewed on at 9:17 AM when asked whose clothes were inside Resident 3's closet the Administrator stated, "We keep Resident 1's clothes in there because Resident 3 doesn't have many clothes, she only has a few gowns" Class II	A 030		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS.	A 054		

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A 054	Continued From page 10 (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for each resident who receives assistance with self-administration and administration of medications that include the directions for use of each medication and the resident's health care provider's name and	A 054		

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A 054	Continued From page 11 telephone number for three out of six sampled residents (Resident #2, Resident #4 and Resident #5). Findings included: Review of the MOR for Resident #2 showed it did not include instructions for use and the specific time for the medications, instead it was listed as AM or PM. Also, the MOR did not include the resident's doctor's name and telephone number. Review of the MOR for Resident #4 showed it did not include instructions for use and the specific time for the medications, instead it was listed as AM or PM. Also, the MOR did not include the resident's doctor's name and telephone number. Review of the MOR for Resident #5 showed it did not include instructions for use and the specific time for the medications, instead it was listed as AM or PM. On at 12:58 PM, during a telephone interview, the Administrator stated that she would ensure the MORs get completed and included the instructions for the medications. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their	A 055		

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A 055	Continued From page 12 possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is	A 055		

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A 055	Continued From page 13 located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing	A 055		

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	AL11967136	A. BUILDING: _____ B. WING _____	04/18/2025

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SOUTH MIAMI SENIOR CARE	15592 SW 183 LANE MIAMI, FL 33185

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A 055	Continued From page 14 pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications secured at all times. Findings included: On at 9:18 AM, observation showed on top of a dresser inside # which housed Resident #5, a box containing a tube of 0.05% . prescribed for the resident. On at 9:27 AM, observation showed on top of a nightstand table inside # which housed Resident #1 and Resident #2, a container of , , relief. On at 12:58 PM, during a telephone interview, the Administrator stated that she would ensure to lock all the medications. Class III	A 055		
A 152 SS=F	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 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	A 152		

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A 152	Continued From page 15 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 and interview the facility failed to provide a safe living environment, free from hazards to the residents. There were hazardous materials and products accessible to the residents. Observation on at 9:25 AM showed an open interior door to the garage and laundry area. Further observation revealed a washer and dryer, bottles of liquid bleach and , tools and other hazardous materials inside, accessible to the residents (Photographic	A 152		

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A 152	Continued From page 16 evidence obtained) Observation on at 9:14 AM showed that the bottom of the bathtub in the resident's bathroom was full of rust. (Photographic evidence obtained) Further observation on at 9:20 AM showed that there were hazardous household chemical products inside an unlocked cabinet including liquid bleach and window cleaner. (Photographic evidence obtained) Observation on at 9:38 AM showed that there were metal hurricane shutter panels on the patio terrace area, that was a resident common use area (Photographic evidence obtained) Interviewed on at 12:55 PM the Administrator stated that she would remove the shutters and ensure that the household chemical products were secured. Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance ,	A 162		

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A 162	Continued From page 17 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ˬ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ˬ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ˬ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or	A 162		

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A 162	Continued From page 18 administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable.	A 162		

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A 162	Continued From page 19 (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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 interview and record review, the facility failed to have a complete and accurate health assessment and to ensure all required demographic data was included in the records of four out of six sampled residents (Residents #). Findings included: A review of Resident #1's health assessment completed showed the nursing, treatment, and service requirement section was left blank, and the section indicated the resident had no known drug . However, review of Resident #1's medication observation record (MOR) indicated the resident had to . Also, review of	A 162		

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A 162	Continued From page 20 Resident #1's record showed the demographic sheet was missing the address of the resident's emergency contacts and the address of the residents' health care provider. A review of Resident #2's health assessment completed showed the special precautions, and , and sections were left blank. A review of Resident #3's record showed the demographic sheet was missing the address of the resident's emergency contact and the name, address and telephone number of the residents' health care provider. A review of Resident #4's record showed the demographic sheet was missing the address of the resident's emergency contact and the name, address and telephone number of the residents' health care provider. On at 1:02 PM, during a telephone interview, the Administrator stated that she would ensure completion of the missing information. Class III	A 162		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse	A 165		

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A 165	Continued From page 21 incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to	A 165		

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A 165	Continued From page 22 the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to	A 165		

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A 165	Continued From page 23 administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an incident of to the Department of Children and Families. The facility also failed to provide a report to the Agency an event that was reported to law enforcement for investigation. Findings included: A review of the police report dated showed that the police were called to the facility about a violent dispute involving a resident's wife and a facility staff member. Interviewed on at 11:09 AM Resident 2's wife stated that on she observed when Staff C yelled at Resident 1 because he had asleep and he did not want him to sleep during the day. She further stated that Staff C yelled and mistreated Resident 1 and she called the police when the confrontation escalated, and Staff C began shouting obscenities at her. Interviewed on at 11:15 AM Resident 1 stated that Staff C had yelled at him. Resident 1 stated, "He talks roughly, he is violent, he yells." A review of the Agency Incident Reporting System (AIRS) showed no documentation that the facility had filed an adverse incident for the incident described in the police report. interviewed on at 11:39 AM the Administrator stated, "I did not file an incident report because I was waiting for AHCA to come. I	A 165		

Agency for Health Care Administration

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A 165	Continued From page 24 am going to do it now. I was not aware that I had to report it to the Department of Children and Families" Class III	A 165		