

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910546</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VARNUM'S REST HOME LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12167 NW FREEMAN ROAD<br/>BRISTOL, FL 32321</b> |                                                                                                                          |  |                                                        |
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| A 000                                                             | Initial Comments<br><br>An unannounced complaint investigation for complaint #2025002356 was conducted in conjunction with a generator assessment at Varnum's Rest Home LLC, an Assisted Living Facility in Bristol, FL, on _____ - _____. Deficient practice was identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 000                                                                                       |                                                                                                                          |  |                                                        |
| A 010<br>SS=D                                                     | 429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency<br><br>429.26 Appropriateness of placements; examinations of residents.-<br>(1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:<br>(a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party.<br>(b) A facility may admit or retain a resident who requires the use of assistive devices.<br>(c) A facility may admit or retain an individual receiving hospice services if the arrangement is | A 010                                                                                       |                                                                                                                          |  |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| A 010                                                             | <p>Continued From page 1</p> <p>agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.</p> <p>(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:</p> <ul style="list-style-type: none"> <li>a. Move, turn, or reposition without total physical assistance;</li> <li>b. Transfer to a chair or wheelchair without total physical assistance; or</li> <li>c. Sit safely in a chair or wheelchair without personal assistance or a physical</li> </ul> <p>2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.</p> <p>3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.</p> <p>(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must</p> | A 010                                                                                       |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| A 010                                                             | <p>Continued From page 2</p> <p>notify the appropriate contact person in the applicable department.</p> <p>(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.</p> <p>59A-36.006</p> <p>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:</p> <p>(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.</p> <p>(b) A resident requiring care of a _____ may be retained provided that:</p> <p>1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,</p> | A 010                                                                          |                                                                                                                          |                          |                                                        |

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| A 010                                                             | Continued From page 3<br><br>2. The condition is documented in the resident's record; and,<br>3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.<br>(c) A _____, ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:<br>1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;<br>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;<br>3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,<br>4. Documentation of the requirements of this paragraph is maintained in the resident's file.<br>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.<br>(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.<br>(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. | A 010                                                                          |                                                                                                                          |                          |                                                        |

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| A 010                                                             | <p>Continued From page 4</p> <p>(g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Agency for Health Care Administration (AHCA) Form 1823 after a significant change of elopement risk for 1 of 3 sampled residents. (Resident #1)</p> <p>The findings include:</p> <p>On _____, a record review was completed of Resident #1's AHCA Form 1823 that was completed on _____. The form showed "no elopement risk", although he had two documented elopements on _____ and _____.</p> <p>On _____ at approximately 12:30 PM, an interview was conducted with the facility's Administrative Assistant (AA), who stated Resident #1 eloped from the facility on _____ and _____. The AA confirmed the AHCA Form 1823 for Resident #1 was last updated on _____ and showed no elopement risk but should have been updated with his elopement history.</p> <p>Class III</p> | A 010                                                                                       |                                                                                                                          |  |                                                        |
| A 032<br>SS=D                                                     | <p>59A-36.007(7) FAC Resident Care - Elopement Standards</p> <p>59A-36.007<br/>(7) ELOPEMENT STANDARDS.<br/>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A 032                                                                                       |                                                                                                                          |  |                                                        |

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| A 032                                                             | <p>Continued From page 5</p> <p>so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days.</p> <p>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.</p> <p>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.</p> <p>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:</p> <p>1. An immediate search of the facility and</p> | A 032                                                                          |                                                                                                                          |                          |                                                        |

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| A 032                                                             | <p>Continued From page 6</p> <p>premises,</p> <p>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,</p> <p>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,</p> <p>4. The continued care of all residents within the facility in the event of an elopement.</p> <p>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on review of facility logs, policy review, and interviews, the facility failed to maintain adequate supervision to prevent elopement for 1 of 1 residents at risk of elopement. (Resident #1)</p> <p>The findings include:</p> <p>On , a review of Resident #1's Resident Observation Log was completed. The log showed that, on , the resident left the facility. The resident was last seen at 3:30 PM, but staff did not notice the resident was missing until 4:45 PM. The log further showed that, on , Resident #1 was seen packing his bag and talking about leaving the facility.</p> <p>On , a review of the facility's logs for was completed, which revealed no documented checks on Resident #1 during morning shift or evening shift. The West Wing Night Shift Log for showed hourly rounds were completed for Resident #1.</p> | A 032                                                                                       |                                                                                                                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VARNUM'S REST HOME LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12167 NW FREEMAN ROAD<br/>BRISTOL, FL 32321</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 032                                                             | <p>Continued From page 7</p> <p>On _____ at approximately 12:30 PM, an interview was completed with the facility's Administrative Assistant (AA), who stated resident monitoring is completed each hour on all residents. The AA further stated there is no log for the hourly checks that are completed during waking hours, as they are tied to facility activities. The AA stated the 11:00 PM to 6:00 AM shift keeps a log of hourly checks on the residents. The AA stated Resident #1 was on hourly checks when he eloped and has remained on hourly checks.</p> <p>On _____ at approximately 2:10 PM, an interview was conducted with Staff A, a Caregiver, who stated she checks on each resident at least hourly, but the checks are not written anywhere.</p> <p>On _____ at approximately 2:20 PM, an interview was conducted with Staff B, a Caregiver, who stated each time she walks around she checks to make sure she sees all the residents, but the checks are not written down.</p> <p>On _____ at approximately 11:20 AM, an interview was conducted with Staff C, a caregiver. Staff C stated that, since Resident #1's last elopement, she normally checks every 30 minutes to make sure all the residents are around. Staff C further stated there is nothing specific they do as a check for Resident #1.</p> <p>On _____, a review of the facility's Elopement/Missing Person Policy was completed. Page 1, paragraph 4, states, "The staff directly responsible for that _____ resident shall make frequent checks on the resident's location." Page 2, paragraph 2, states, "When the resident is</p> | A 032                                                                                       |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11910546</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/20/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VARNUM'S REST HOME LLC</b> |                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>12167 NW FREEMAN ROAD<br/>BRISTOL, FL 32321</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                           | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 032                                                             | Continued From page 8<br><br>found, the administrator, case manager, and<br>doctors shall determine if the resident is able to<br>remain at the facility with strict supervision ..."<br><br>Class III | A 032                                                                                       |                                                                                                                          |  |                                                        |