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
	AL11911034	A. BUILDING: _____ B. WING _____	07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENACER	115 WEST 5 STREET HIALEAH, FL 33010

(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 (2025006282) was conducted at Renacer ALF on . Deficiencies were identified at the tome of survey.	A 000		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified 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. 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. 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	A 032		

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A 032	Continued From page 1 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. (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: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 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, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct resident elopement drills in the facility after one out of two (Resident #1) sampled residents had eloped. Findings included: A review of Resident #1's records had no documentation of Resident #1 who eloped from the facility on .	A 032		

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A 032	Continued From page 2 A review of Resident #1's health assessment dated He was not an elopement risk. He was not an elopement risk. He was independent with all activities of daily living and needed assistance with self-administration. Record review showed that the last elopement drills completed by the facility were dated , and . There was no documentation of elopement drills conducted after Resident #1 eloped from the facility. There was no evidence that the facility completed an elopement training after the resident eloped and no record of Resident 1 being assessed for elopement risk. In an interview on at 10:17 AM When asked were the staff retrained by elopement procedures and what was put in place to avoid this from happening again? The Administrator stated, "Yes, we told them we are not going to wait, the moment the shift comes in, whoever turns in the shift we do the count to be sure everyone was in place if it were to happen again. We would do the count to ensure everyone is in place immediately when they come in. They must be top of that. We did an elopement drill. I cannot recall at this time when we did it. We did it as a group, half and half just one time that I did a refresher course for them to understand how they need to go about on how they need to go about it, and how to report it to and the follow up , No I did not document I do not have it in writing we brought it up and everyone knew what had happened with him. The only thing we changed is that when we have a shift change and they are coming in. Whomever is turning the shift must be sure everyone is accountable, and that person who comes in must acknowledge that everyone is	A 032		

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A 032	Continued From page 3 there on the floor they are working on. That's the only change because before we never did it like that. He was seen by the doctor, and they gave me a new health assessment." Class III	A 032		
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 , 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.	A 162		

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A 162	Continued From page 4 (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ 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 ⌄ 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 ⌄ 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 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 Optional State	A 162		

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A 162	Continued From page 5 Supplementation ( ), 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. (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	A 162		

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A 162	Continued From page 6 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 record review and interview the facility failed to document progress notes and documentation of training the staff received after one out of two sampled residents (Resident #1) had eloped from the facility. Findings included: A review of Resident #1's record admitted on . The health assessment dated showed No Known Drug . The medical history and Diagnoses of , , High . The physical or sensory limitations: none; cog: may offer grandiose ideas; yet is easily redirectable. Not at risk for self-harming behavior. The nursing/ treatment/ , , service requirements: supervision with medication administration and on precautions: universal. He was not an elopement risk. He was independent with all activities of daily living and needed assistance with self-administration. A review of Resident #1's records had no documentation of Resident #1 who eloped from the facility on . The police was called. In an interview on at 9:15 AM Resident #1 stated, "I left to get some cigarettes and saw my friends and hung out with them." In an interview on at 10:01 AM Staff B stated, "He went through the gate when one of the staff was coming and in and the other one was coming in on her shift. He waited until the gate was about to close and when through the	A 162		

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A 162	Continued From page 7 crack of the gate. The gate had not closed yet; he is skinny, so he fit right through." In an interview on at 10:17 AM the Administrator stated, "What happened was there was a change in shift and the gate was opened and he waited for the staff to go in and then he went out of the gate , He went to the gas station up the street he said to get some cigarettes, I spoke to the police, and they bought him here to the facility. What we did is we added a second count to ensure the resident are at the facility. That day when Staff C was downstairs and after we already knew what was happening, she kept on checking, and she checked with me. I called her throughout the night. Like I said, this happened on , and of course we went on through pretty much the time that the shift switched, that we realized it. Staff B was the one who reported it because she was upstairs and she's the one who handle him. When she called me immediately. I couldn't call 911 because I was not at the facility and 911 would not take the calls. They would tell you that you have to be physically where you are reporting it from. So, she reported it. They waited for the police, the police spoke to me, we gave them his description, they gave him a photo of what he looked like. They took a picture of what we had on file. They even asked if we had so they could be aware of what he looked like. They kept on searching for him and they communicated with me. I came in touch with them. When he came , he showed up as he said that he did, at first, we did not believe him, he never rang the doorbell. He just lingered in front of the gate and walked again to the gas station and that's when we found him and they bought him ."	A 162		

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A 162	Continued From page 8 Were the staff retrained by elopement procedures and what was put in place to avoid this from happening again? "Yes, we told them we are not going to wait, the moment the shift comes in, whoever turning in the shift we do the count to be sure everyone was in place if it were to happen again. We would do the count to ensure everyone is in place immediately when they come in. They have to be top of that. We did an elopement drill as a group half and half just one time that I did a refresher course for them to understand how they need to go about on how they need to go about it, and ho to report it to and the follow up , No I did not document I do not have it in writing we brought it up and everyone knew what had happened with him. They only thing we changed is that when we have a shift change and they are coming in. Whomever is turning the shift has to be sure everyone is accountable, and that person who come in has to acknowledge that everyone is there on the floor they are working on. That's the only change because before we never did it like that." In an interview on at 11:10 AM with Administrator stated, "I have the progress notes for all the residents on the computer. I was updating some of them and took them with me to work on them. I also have the binder that I put the progress notes in and that is also with me. I have none at the facility." In an interview on at 11:30 AM with Staff C stated, "It was around 6 PM. I was finishing up my shift and going out to my car, when the automatic gate opened. It was closing and opened again like when there was something obstructing it. At that moment I was going out in my car. while the gate was reopening again and	A 162		

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A 162	Continued From page 9 he went out. I tried to tell him to stop, but I did not have the time to get him because he walked so fast. And we called the police immediately and he was found at the store, He said he was going to buy cigarettes. When he came , we increased his supervision. We are ensuring that when everyone leaves the facility that we have to make sure the gate is closed completely. We talked to doctor he had a medication that was suspended by the doctor and the doctor decided to reinstate it. Since then, he is now very calm. No attempts have been made where he is trying to go out and we have his cigarette here now at the facility. Yes, we were trained in all the policies and procedures, they had to explain what we had to do." Class III	A 162		