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
	AL11968973	A. BUILDING: _____ B. WING _____	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTER DAYS SENIOR LIVING LLC	2317 GILMORE ST JACKSONVILLE, FL 32204

(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 change of ownership survey and a complaint investigation (complaint 2025009304) was conducted at Brighter Days Senior Living on . Deficiencies were identified at the time of survey.	A 000		
A 032	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	A 032		

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A 032	Continued From page 1 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. (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 observation, interview, and record review, the facility failed to ensure 2 of 2 sampled residents with a history of elopement, Resident #1 and Resident #2, maintained identification on their person of the facility's information. Findings Included:	A 032		

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A 032	Continued From page 2 On at 10:05am, Resident #1 was observed with a stack of framed photographs in her arms, her old wedding pictures, and she was trying to open the front door of the facility to go outside. The door was locked with a key code locking mechanism and the resident appeared to the pushing random buttons in an effort to unlock the door. Meanwhile, another resident nearby, Resident #3, kept telling her not to go outside. Resident #1 was not successful in opening the front door, at the time, and appeared to be very , stating she needed to go get her car keys. A review of Resident #1's record, on , revealed that she eloped from the facility on and was brought to the facility. A review of Resident #2's record, on , revealed that he eloped from the facility on . A review of the facility's elopement standards and policies and procedures, on , revealed that all residents who were at risk for elopement, or with any history of elopement, should be identified, so that staff could be alerted for their supervision needs, and those residents should wear or carry identification, at all times, that included their name and the facility name, address and phone number. An interview with the Administrator at 11:35am on . She stated she was not aware of Resident #1's history of elopement. At 12:05pm on , she stated she had not been made aware that Resident #2's had a history of elopement.	A 032		

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A 032	Continued From page 3 The Administrator stated at 1:05pm on that none of the residents had any identification markers to wear or carry with them, which would show who they were or where they lived, in the case of another elopement. Class III	A 032		