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
	AL11970205	A. BUILDING: _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERMARK AT CORAL GABLES	363 GRANELLO AVE CORAL GABLES, FL 33146

(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 survey was conducted at The Watermark At Coral Gables/ aka Grand Living at Coral Gables on (complaint number 2025014219).. Deficiencies were identified at the time of the survey .	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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 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	A 032		

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A 032	Continued From page 1 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 interview, and record review, the facility failed to follow its policies and procedures regarding elopement when two out of 19 sampled residents eloped from the facility (Resident #15, #16). Residents # 15 and # 16 were found on the streets after having eloped from the facility. Findings: In an interview on at 11:28AM, the Administrator was asked about the elopement incident of , the Administrator stated that [Staff H] (Concierge) saw the residents exit, and another staff member stated that she saw [Resident#15] and [Resident#16] at a local [marketplace]. [Resident#15 and Resident#16]	A 032		

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A 032	Continued From page 2 took a [taxi] after finishing in [supermarket]. When asked about the outcome of the investigation, the Administrator stated the outcome was that they offered the daughter to move her parents to the memory care". The Administrator stated that she was still training the staff and Director of Nursing to know that anyone who has a or a hospital visit, would need to be reassessed. The Administrator was asked to provide documentation of the nvestigation of the incident for , the Administrator stated, "I cannot provide details other than a picture of the exit of the residence at 1:46 PM". Observation and interviewon at 12:50AM showed Resident#15 and Residents#16 did not have identification on their persons. In an interview on at 1:05PM via phone daughter was asked if she had a conversation with the administrator to placed Resident#15 and Residents#16 in the Memory Care Unit, she stated, "I did not". She further stated, "I was notified by the front desk concierges at the Key Biscayne residence they were trying to get into their apartments. She stated that the Front desk person knew them at their recent decline and was concerned and called me. Therefore, the daughter notified the assisted living facility, and a chauffeur picked them up and brought them there. The daughter stated, "Right now, I am in the middle of moving them into another facility". A review of Resident #15's health assessment dated showed medical history and diagnosis: left , procedure and blockage, or behavioral limitations: Alert, awake and oriented times 1 and assistance with medications. Resident #8's	A 032		

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A 032	Continued From page 3	A 032		

needed assistance with bathing, , and supervision with self-care, risk and was not an elopement risk. There was no documentation of an updated health assessment after the resident became lost on .

A review of Resident #16's health assessment dated showed medical history and diagnosis: , , , , , , hearing drum , physical or sensory limitations: refuses to use , , or behavioral status: awake, alert, oriented times 1, needs assistance with medications. Resident #16's needed assistance with bathing, , and supervision with self-care, risk and was not an elopement risk. There was no documentation of an updated health assessment after the resident became lost on .

A review of the facility's elopement policy showed that the risk factor for elopement is Diagnosis of , , or , history of or prior elopement, new admissions or changes in environment, expressed desire to "go home" Restlessness, pacing, or exit seeking behaver. "Should an ALF resident not sign out the facility, it is therefore understood by the community that the resident left the community without following policy and procedures." Definition of Elopement: Elopement is when a Resident leaves the Community without following the Community Policy and Procedures.

According to the National Institute of Health there are four alert and orientation (AAO) levels. "AAO X1 know their names and significant others. AAO X2 know their names and significant others and understand where they are. AAO X3 know their names and significant others, understand where

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A 032	Continued From page 4 they are, and know the day of week and seasons, AAO X4 know their names and significant others, understand where they are, know the day of week and seasons, and understand their situation". Class III	A 032		