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 _____	R 03/12/2026

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 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}		

AHCA Form 3020-0001

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

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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 interviews, and record review, the facility failed to follow its policies and procedures regarding elopement when 1 out of 24 sampled residents eloped from the facility. Findings: An observation on at 10:30am, Resident #24 was in the activities area playing a game. In an interview on at 11:00am the Executive Director was asked where the Director of Memory Care is, she stated, "The Director of Memory care is no longer with the company, and we are hiring a new one."	{A 032}		

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{A 032}	Continued From page 2 In an interview on at 11:07am, the Executive Director was asked if there were any elopement risk residents at the facility, she stated, "No." During the interview Resident #24 was up several times and was redirected by staff to come to the table. At this time, Executive Director was asked about the policy and procedures. An observation on at 11:09am, Resident #24 was watched for about an hour. Further observation revealed that Resident #24 was left unsupervised and would get up and off each time requiring staff to redirect her to the activities table In an interview on at 11:27am, Staff Z was asked if there were any elopement residents in the Memory Care Unit, Staff Z stated, "We have no elopement risk resident here." In an interview on at 11:49am, Staff X was asked if there were any elopement residents in the Memory Care Unit, Staff X stated, "We have no elopement risk resident in this unit. They are here because they have and issues." In an interview on at 12:07pm, Staff Y was asked if there were any elopement residents in the Memory Care Unit, Staff Y stated, "there are not elopement risk residents in the Memory Care Unit." A review of Resident #24's Health Assessment done on showed that she was not an elopement risk, awake, alert and oriented x 2, forgetful, and a risk. (photographic evidence obtained)	{A 032}		

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{A 032}	Continued From page 3 A review of the facility internal resident assessment showed that in the Elopement Risk Evaluation questionnaire #2 for she was marked as "NA-Does not ." (photographic evidence obtained) In an interview on at 12:45pm, the executive director stated that Resident #24 was never internally assessed for elopement risk because the system did not prompt the elopement assessment. Further, the Executive Director was asked why the system did not prompt them for an elopement assessment, she stated, "it depends on the responses to the assessment." When asked at what level the question of prompt an elopement risk assessment, the Executive Director stated, "at the 3rd level which stated that the resident needs frequent redirection. "When asked why they marked Resident #24 level at "NA-Does not .", she stated that Resident #24 was not a . The Executive Director was asked if the doors were not locked and the staff did not redirect her where would Resident #24 would end up? She nodded. In an interview on at 12:49pm, The Executive Director was asked if Resident #24 was internally assessed correctly would she agree with the physician's conclusion about her elopement status, the Executive Director stated, "we are not the doctors." In an interview on at 12:51pm, The Executive Director was asked if the resident was properly reassessed internally today with the observations made today do you believe the results would be different, and would you than contact the doctor to reassessed Resident #24 after the change of condition, she stated ok, and	{A 032}		

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{A 032}	Continued From page 4 was going to have the nurse reassess the residents internally. A review of the facility 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." Uncorrected Class III	{A 032}		

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{A 000}	Initial Comments A revisit survey was conducted at The Watermark at Coral Gables/ aka Grand Living at Coral Gables on to . A deficiency was identified at the time of the survey.	{A 000}		

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