

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER FRIENDS AT HOME ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3680 CANAVERAL GROVES BLVD. COCOA, FL 32926
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(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 inspection CCR#2013002120 was conducted on _____ There were deficiencies found at the time of the visit.	A 000		
A 032	58A-5.0182(8) FAC Resident Care - Elopement Standards (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision. 1. As part of its resident elopement response policies and procedures, the facility shall 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 attention shall be directed towards residents assessed at high risk for elopement, with special attention given to those with _____ and related _____ assessed at high risk. 2. At a minimum, the facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The photo identification shall be made available for the file within 10 calendar days of admission. In the event a resident is assessed at risk for elopement subsequent to admission, photo identification shall be made available for the file within 10 calendar days after a determination is made that the resident is at risk for elopement. The photo identification may be taken by the facility or provided by the resident or resident's family/caregiver. (b) Facility Resident Elopement Response	A 032		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6009

SUNB11

If continuation sheet 1 of 8

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A 032	Continued From page 1 Policies and Procedures. The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures shall include: 1. An immediate staff 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 shall conduct resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S. This Statute or Rule is not met as evidenced by: Based on interview, record review and observation the facility failed to insure that a resident identified as an elopement risk have identification on their person that includes their name, the facility's name, address and telephone number for 1 of 3 residents reviewed (resident #2). Findings: Resident Record Review conducted on _____ at approximately 2:30PM for resident #2 revealed a Facility Health Assessment Form dated _____ with diagnosis of _____ and _____. The physician cited that the resident is appropriate to live in an ALF, requires supervision and assistance with activities of daily living and requires assistance with self	A 032			

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A 032	Continued From page 2 -administration of medication. The physician noted further on page 1 to the section of Special Precautions: Needs 24 hour supervision "Risk of wandering". Observation on _____ at 2:40PM of Resident #2 revealed that she has no identification on her person the gives her name, the facility name, address or telephone number. An interview conducted on _____ at approximately 1:00PM with Staff Member A who stated that resident #2 does not have any type of identification on her person. An interview conducted on _____ at approximately 2:00PM with the owner who stated she does not feel resident #2 is an elopement risk because the staff are diligent about locking the doors and making sure she does not get out of the house. A telephone interview conducted on _____ at 11:00AM with American Elder Care Case Worker for resident #2 revealed that resident #2 does wander within the home and is unable to tell anyone her address, the name of the facility or phone number. She further stated that agrees the resident should have ID on her person so that she can be identified in the event she elopes. Class III	A 032			
A 165	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident	A 165			

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A 165	Continued From page 3 reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. _____ or spinal damage; 2. Permanent _____ 3. _____ or _____ of bones or joints; 4. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 5. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 6. An event that is reported to law enforcement or its personnel for investigation; or 7. Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The	A 165			

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A 165	Continued From page 4 report must include the results of the facility's investigation into the adverse incident. (6) neglect, or must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section. Adverse Incident Report.	A 165			

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A 165	Continued From page 5 (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtips@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on interview, record review and observations the facility failed to submit an adverse incident report within 1 business day after the occurrence of an adverse incident.	A 165			

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A 165	Continued From page 6 1. A Telephone Interview was conducted on _____ at 12:45PM with Administrator who stated that an adverse incident report was not submitted regarding incident that occurred on _____ 2. An interview conducted on _____ at approximately 1:00PM with staff member A who stated that on _____ the fire alarm sounded after dinner. The fire department arrived seconds later and conducted an investigation into a fire started in the _____ resident #3 that resulted in the evacuation of all residents from the building.	A 165			
A 182	58A-5.026(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. In the event of an internal or external disaster the facility shall implement the facility ' s emergency management plan in accordance with Chapter 252, F.S. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility shall request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on interview, record review and observation ' s the facility failed to implement the facility ' s emergency management evacuation policy as written. 1. An interview was conducted on _____ with Staff member A who stated that on _____	A 182			

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A 182	Continued From page 7 the fire alarm sounded after dinner. She and staff member B evacuated the residents to the back yard within less than three minutes. 2. An interview was conducted on with Staff member B who stated that on the fire alarm sounded after dinner. She and staff member A evacuated the residents to the back yard within less than three minutes. 3. Review of facility Evacuation Procedures on at approximately 3:00PM revealed that the facility policy directs staff to evacuate the building to the point of safety. The point of safety is across the street from the front of the house. There is no internal point of safety.	A 182			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Friends At Home Assisted Living, Inc
3680 Canaveral Groves Blvd.
Cocoa, FL 32926

Dear Administrator:

Re: CCR #2013002120

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2013, to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998