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
	AL11965844	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH HORIZON'S ALF	4836 35TH AVENUE VERO BEACH, FL 32967

(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 An Assisted Living Facility complaint inspection (CCR #2013002402) was conducted on Fresh Horizon's ALF, had licensure deficiencies found at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review it was determined the facility failed to ensure the staff had a general awareness of each resident's whereabouts for 1 out of 3 sampled residents (Resident #1).

The findings include:

Upon arrival to this facility the perimeter gate was locked on 9:00 AM. This surveyor had to call the facility in order to gain access to the property. The Home Health Aide working, unlocked the gate and provided access to the facility. She was asked why there were chains and padlocks on the perimeter gate surrounding the facility. She replied that is was because Resident #1 had been leaving the facility without permission or the knowledge of the facility. The HHA was asked how long the chains and padlocks had been utilized and she replied, " For about 2 months " .

During an interview with the Administrator 9:50 AM, she was asked if there had been any incidents involving elopements. She replied the facility has had (regarding Resident #1) several elopements over the past couple of months but no other incidents of elopements by any other residents.

The facility's Elopement Policy was located in a binder and the Administrator stated this was the policy that was and is in effect related to Resident #1 ' s elopements and that it is the current active policy. This policy is dated April 23, reflects the following:
Elopement Management Plan Policy. The facility will develop a facility wide elopement

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A 025	Continued From page 2	A 025		

management plan and test this plan at a minimum of quarterly. Definitions: " Use AHCA Interpretation of Elopement " .
Process:
1. 1st Phase " Notification of Staff & Organization of Facility Search "
The Senior person on the shift will alert all staff and immediately organize and conduct a comprehensive search of the facility which includes:
1.1 All areas of the facility
1.2 Resident _____ and closets within them
1.3 Search under beds
1.4 Closets
1.5 Stairwells

2. 2nd Phase " Expanding Search "
If resident is not located then the search will be widened:
2.1 Organize and search the immediate grounds utilizing available personnel in such a manner as to most efficiently cover the area adequately.
2.2 If the resident is not found on the adjacent grounds, expand your search in all directions utilizing available staff.
2.3 _____ attention should be first made to areas that are considered dangerous such as roads and highways, ponds, lakes and streams and other known hazards located near the facility.
3. Phase " Notification of Law Enforcement "
If resident is not found in a time frame approaching 30 minutes, a call to the administrator is to be made. In the absence of the administrator, the senior staff on duty will make the determination when sufficient time and searching has been completed to notify law enforcement for assistance.
4. " Family Notification "
The resident ' s demographic sheet will be reviewed and all person identified in the

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notification section are contacted.
5. 4th Phase " AHCA 24 hour Report Filing "
If the elopement incident rises to the level of requiring reporting it to AHCA, if law enforcement is notified and/are involved in any way with the event, a 24 hour report must be initiated.
Drills will be conducted to test the plan and its effectiveness at a minimum of quarterly.
Elopement Drill Evaluation.
Task Assessed.

The Elopement policy was reviewed with the Administrator at the time of this interview, on beginning at approximately 10:30 AM. She was asked to describe what the facility considers elopement and she replied it would be when the facility cannot find a resident for more than 30 minutes; if a resident does not sign out and the facility does not know where the resident is; or if a resident has not returned after 10:00 PM. She was asked where the elopements of Resident #1 would be documented. She stated that there should be documentation in Resident #1's chart and elopement drill forms completed.

During record review and interview with the Administrator, conducted on beginning at 10:45 AM, she acknowledged that Resident #1's medical record did not contain documentation to reflect any elopements. She could not provide an explanation as to why the elopement incidents were not documented by facility staff.

Review of the Facility Elopement/Missing Resident Mock Drill reports reflected drills took place on the following dates:
(a) 12/23 10:45 AM: This document did not indicate which resident was involved in this

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drill
(b) at 5:00 PM: This document reflected Resident #1 was the missing resident
(c) at 5:00 AM: This document reflected Resident #1 was the missing resident and law enforcement was contacted (the only documentation to reflect law enforcement ' s involvement is the deputy ' s business card with a case # noted)
(d) at 8:33 AM: This document did not indicate which resident was involved in this drill. However, this document reflected recommendation as " make sure we lock the gate and watch the residents more often one of them was running away " .

Review of the Resident Sign Out Sheet reflected Resident #1 signed out on the following dates:

There were no Resident Sign Out Sheets for 2013; 2013; or 2013 that were available for review. The Administrator informed the Home Health Aide (HHA) on at approximately 12:00 PM, that she would make sure that she had blank copies of this document for residents to use to sign out. She acknowledged if there are no sign out sheets the staff do not have documentation to reflect where and when residents had signed out.

Class III

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A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, 12-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Abuse . . . . . " 1(800)96-ABUSE 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example,	A 030		

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as resident responsibilities, the facility ' s . . . . . and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State

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of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

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(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, ... guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:

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Based on observation, interview and record review, it was determined this facility did not ensure their compliance with the resident's bill of rights, specifically related to each residents right to be treated with consideration and respect and with due recognition of personal dignity and individuality and the freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy and interaction within the community for 1 out of 3 sampled residents (Resident #1).

The findings include:

Upon arrival to this facility on at 9 AM, the perimeter gate was observed locked with no access. This surveyor had to call the facility in order to gain access to the property. The Home Health Aide working on noted day, unlocked the gate and provided access to the facility. She was asked why there were chains and padlocks on the perimeter gate surrounding the facility. She replied that is was because Resident #1 had been leaving the facility without permission or the knowledge of the facility. The HHA was asked how long the chains and padlocks had been utilized and she replied, " For about 2 months " .

During an interview with the Administrator at 9:50 AM on she revealed 1 resident (Resident #1) that has had several elopements over the past couple of months but no other incidents of elopements by any other residents.

During review of Resident #1's health assessment (form 1823), signed by the physician on , indicated diagnoses of left neck ; , and . This document reflected this resident's

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needs can be met at this facility and there were no special precautions noted at this time. Resident #1's health assessment (form 1823), signed by the physician on , indicated diagnoses of , , , and , . This document reflected this resident ' s needs can be met at this facility and there were no special precautions noted at this time. Resident #1's health assessment (form 1823), signed by the physician on ; indicated diagnoses of high ; D deficiency and . This document reflected this resident's needs can be met at this facility and there were no special precautions noted at this time.

During an interview, conducted with Resident #1 on at approximately 11:15 AM, he stated he can no longer leave the facility because of the chains and locks on the gates (fence surrounds the facility property). He stated he knows those chains and locks are to keep him here and prevent him from visiting with his friends in the community. He stated you go ahead and ask that lady (referring to the Administrator) and she will lie and tell you something else. She won ' t admit that it is to keep me in.

During subsequent interview with the Administrator, conducted on beginning at approximately 11:45 AM, she was asked to explain why the facility has chains and padlocks on the perimeter fence. She stated that this is a tough neighborhood with shootings and drug deals and that she has implemented keeping the gates locked for the protection of the residents and for the protection of the staff. She stated the facility started utilizing the chains and locks in 2013. She was informed that the HHA informed this surveyor, upon arrival, that

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A 030	Continued From page 11 the chains and locks were in place because Resident #1 was leaving the facility without permission. The Administrator denied that this was the reason. She was asked how locking the perimeter gates to the facility does not limit the ability of the facility's resident ' s to come and go at will (to exercise that right). She stated the staff would unlock the gate when a resident requested. She stated that she plans on scheduling a meeting with the residents to vote on the use of the chains and locks for safety purposes. Class III	A 030		
A 165 SS=D	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 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. [illegible] 2. [illegible] or spinal damage; 3. Permanent [illegible] 4. [illegible] or [illegible] of bones or joints;	A 165		

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5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. 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
7. An event that is reported to law enforcement or its personnel for investigation; or
(b) 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 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,

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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.
(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 riskmgmtps@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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965844	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH HORIZON'S ALF	4836 35TH AVENUE VERO BEACH, FL 32967

(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 165	Continued From page 14	A 165		

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 observation, interview and record review, it was determined this facility failed to ensure they filed the required state adverse reports related to incidents of elopement for 1 out of 3 sample residents (Resident #1).

The findings include:

Please refer to A0025 related to incidents of elopement by Resident #1.

The Administrator arrived on at approximately 9.50 AM. The Administrator was asked for the facility's adverse incident reports. She replied that the facility did not have any because no residents had been injured. She was asked if there had been any incidents involving elopements and she replied the facility has had 1 resident (Resident #1) that has had several

Agency for Health Care Administration

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A 165	Continued From page 15	A 165		

elopements over the past couple of months but no other incidents of elopements by any other residents. She was asked for her adverse reporting related to Resident #1's elopements. She stated that she did not know that adverse reporting had to be conducted for elopements. This regulatory requirement was reviewed with the Administrator. She acknowledged that she had not filed any reports related to Resident #1's elopements. She was asked if the facility completed any incident reports related to the elopements and she stated that she did not. She stated the only documentation the facility completes related to an elopement is a drill report. However, the drill report failed to document in full detail the nature of the incident, any witness, any injuries and medical care provided an/or healthcare notification and steps taken to prevent reoccurrence.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Fresh Horizon's ALF
4836 35th Avenue
Vero Beach, FL 32967

Dear Administrator:

Re: CCR #2013002402

This letter reports the findings of a state complaint survey that was conducted on 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924