

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED 08/31/2017
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint investigation #2017005855 was conducted on . Kare Assisted Living, license #11143, had deficiencies at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the administrator failed to ensure that 1 of 4 sampled residents (#1) were appropriate for admission to the facility and admitted a resident without knowing if their needs could be met in an Assisted Living Facility.

Findings:

Record review for Resident #1, admitted on , revealed a Health Assessment (form 1823) that was dated . The health care provider failed to complete the following sections:

Section 1- Elopement risk was left blank

Section 1 A- type of assistance required with Activities of Daily Living (ADLs) was left blank,

Section 1 C- check boxes for "pose a danger to self or others" and "require 24 hour nursing or care" were left blank;

Section 1 D- question if "individual's needs can be met in an assisted living facility" was left blank.

Section 2 B- type of assistance with medications was left blank.

In an interview with the administrator's designee, O at 10:45 AM, she stated she was not aware the form was not complete.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on resident record review and interview, the facility failed to provide a proper 45 day notice of discharge to 1 of 4 residents sampled (#3).

Findings:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED 08/31/2017
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Review of the closed record for resident #3 revealed she was admitted on Her health assessment, dated, indicated a diagnosis of mood, sleep, documented she did not take any medications and was not at risk for elopement. Review of the admission discharge log revealed no discharge date documented for resident #3. A 45-day notice of discharge, dated, was in the record. The notice indicated exactly as follows, "This letter is to notify you that (resident #3) as 45 days to find a place to stayed due to the fact that she needs a better place to live (nursing home), your last day here will be 2017." It had a signature line for the administrator's signature, but the letter was not signed. The administrator's name was typed on the line. The facility did not have any documentation that the letter was mailed or when or where. No family member acknowledged receipt of the letter or sent a response. There was a handwritten note indicating the letter was sent to the son "a couple of times" but no documentation of the mailings. Review of adverse reports (day 1 and day 15) submitted on for this resident documented the resident went for a walk on the morning of and did not return. Police were called and the summary indicates the facility gave the resident's son the 45-day notice at this time. The Day 15 report, also submitted on, reports another absence that resulted in a and the resident's knee was hurting so they sent her to the emergency The resident did not return to the facility from the ER. The date of this incident is unclear. In an interview with the administrator's designee on at 10:55 AM, she stated resident #3 "arrived with her son. She did not have a doctor. The local doctor completed an 1823. We did not know she had in Puerto Rico. Police came on after she walked away and we didn't know where she was and said she needed .+6 to move to a more secure facility. Police said she needs to leave today because this place is not safe for her. Her son knew that but did not tell us. We gave her son the 45 day notice. I put a name on her in case she got lost. This is an open ALF. Our residents can come and go. On, I think, she left again and Her knee was hurting. I called 911. They wanted to send her back, but I told the hospital to call the son. We couldn't reach her needs." Class III 0160 - Records - Facility - 58A-5.024(1) FAC Based on facility record review and interview the facility failed to maintain and up-to-date admission and discharge log, and did not maintain a grievance log including a procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967056	(X3) DATE SURVEY COMPLETED 08/31/2017
NAME OF PROVIDER OR SUPPLIER KARE ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2715 UINTAH AVENUE ORLANDO, FL 32805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings: Review of the admission discharge log found no discharge date listed for resident #3. Review of the grievance log was requested on . No grievance log was available for review. In an interview with the administrator's designee on at 11:00 AM, she stated resident #3 had been given a 45-day notice of discharge, which was supposed to end . She said she thinks, "Resident #3 went out around the end of , sometime. She left the facility and police found her and took her somewhere. Her son knows where she is, but I do not." She stated she forgot to update the admission and discharge log. The administrator's designee also stated she did not know about a grievance log. She said she had some paper and a mailbox and residents could put suggestions in the mailbox. She stated she did not have a log or means of documenting concerns and follow-up or corrections to complaints from residents. Class III		