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
	AL11953442	A. BUILDING: _____ B. WING _____	06/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON, THE	67 COCO PLUM DRIVE MARATHON, FL 33050

(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 unannounced complaint survey for complaint #2019006767 was conducted . . . . at The Heron, an assisted living facility in Marathon, Florida. Complaint #2019006767 was substantiated at A0032. The following is description of the deficiency.	A 000		
A 032	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards 58A-5.0182 (8) 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 58A-5.0181(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 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of	A 032		

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A 032	Continued From page 1 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 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 sections 429.41(1)(a)3. and 429.41(1)(l), F.S. 429.41(1)(a)3 & 3(l),FS 3. Resident elopement requirements.-Facilities are required to conduct a minimum of two resident elopement prevention and response	A 032		

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A 032	Continued From page 2 drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures. (l) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure their elopement policy and procedures were complete and included timeframes for completion of each component of the policy. The facility further failed to ensure each staff had participated in 2 elopement drills a year for 6 (Administrator, Assistant Administrator, Staffs A, B, C, and D) of 8 staff reviewed. Failure to ensure procedures contain timeframes can lead to failure to respond timely and has the potential for resident harm. Failure to practice elopement procedures may lead to staff incorrectly implementing the procedures. The findings included: 1. A review of the policy and procedure, Elopement dated and revised on and , revealed a lack of timeframes. The only timeframe was in the definition of elopement as being when a resident was not present for a medication pass. Resident #4 was last seen on at 7:00	A 032		

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A 032	Continued From page 3 a.m. When the resident did not show for medication pass from 8:00 a.m. to 9:00 a.m., staff began the elopement procedure. The Assistant Administrator checked the building and contacted the Administrator. The family was contacted by 9:40 a.m. The case manager was contacted at 9:52 a.m. The Corporate Site Director was contacted at 9:52. However, although the policy under step #10 included contacting the police department at the same time the Corporate Site Director was to be contacted, the police were not contacted until 3:30 p.m. On at 10:30 a.m., the Administrator verified the staff had not contacted the police at the same time the other contacts were made. She verified the resident was found on the sofa the next morning by the Assistant Administrator when she returned to the facility. She said the resident had returned that morning and asleep on the couch. 2. A review of the elopement drills and documented elopements revealed the following: a. The Administrator, hired in 1995 had only participated in 1 elopement/drill in 2018 on , and 1 elopement/drill in 2019 on . b. The Assistant Administrator, hired in 2001 had only participated in 1 elopement/drill in 2018 on , and 1 elopement/drill in 2019 on . c. Caregiver Staff A, hired in 2006 had only participated in 1 elopement/drill in 2018 on , and 1 elopement/drill in 2019 on . d. Caregiver Staff B, hired on had only participated in 1 elopement/drill since hire. That elopement/drill was on . e. Caregiver Staff C, hired on had not participated in any elopements/drills in 2018 or 2019.	A 032		

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A 032	Continued From page 4 f. Caregiver Staff D, hired on . . . . had only participated in 1 elopement/drill since hire. That elopement/drill was on . . . . . On . . . . . at 11:15 a.m., the Administrator said they did 1-on-1 training upon hire and went over the procedures at that time, but not all staff were available when elopement/drills occurred. Class III	A 032		