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
	AL11965179	A. BUILDING: _____ B. WING _____	08/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HARBOR ASSISTED LIVING RESORT	1320 SW 26TH STREET FORT LAUDERDALE, FL 33315

(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 licensure complaint survey, CCR#2019005639 CCR#2019008606, conducted on - at Safe Harbor Assisted Living Resort. The facility had deficiencies at the time of the survey.	A 000		
A 165 SS=D	429.23(&) FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 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. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 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	A 165		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 165	Continued From page 1 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) [illegible], neglect, or [illegible] must be reported to the Department of Children and Families 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	A 165		

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A 165	Continued From page 2 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. 58A-5.0241 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 1 business day after the incident pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1) above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to Rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to investigate and follow Adverse Incidents reporting protocol for a (Resident#2). The findings include:	A 165		

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A 165	Continued From page 3 During an interview with the Owner, Administrator, and Nurse, on at 1:30 PM, they stated that the alleged , , (Resident#2) was on due to his . A record review of the , 911 and ambulance documents, revealed Resident#2 refused voluntary examination after conscientious explanation and disclosure of the purpose. Without care or treatment, the Resident is likely to refuse to care for himself and such neglect or refusal poses a real and present threat of substantial harm to his well-being and to others. The Resident Health Assessment AHCA form 1823 reveal diagnosis of Bi-polar, , , and other mental health issues and receives medication and , , treatment. Resident#2 displayed a episode and made tendencies by running out into traffic. He became aggressive and accused people of stealing from him. Resident#2, punched another resident in the and displayed a deviant behavior of . Resident #2 was Non-Compliance with Involuntary Outpatient Placement Order and 911 was activated and law enforcement arrived. Psychiatrist signed the papers and Resident#2 was transported to the hospital , unit for evaluation. He was discharged and no longer reside in the facility. The facility failed to investigate and report an Adverse Incident of , that is a condition that required medical attention to which the resident has not given his or her consent. This condition required the transfer of the resident from the facility to a unit providing more acute care due to the incident and resident's condition. The facility failed to report to AHCA (Agency for Health Care Administrator) within 1 business day	A 165		

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A 165	Continued From page 4 after the occurrence of an adverse incident, including information regarding the identity of the affected Resident, the type of adverse incident, and the status of the facility's investigation of the incident. In addition, failed to do a follow up report within 15 days and the report must include the results of the facility's investigation into the adverse incident. During an interview with the Owner, Administrator and Nurse on . . . . . at 2:00 PM, they confirmed and acknowledged the findings and no other information or documentation was provided to review. Class III	A 165		