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
	AL11969380	A. BUILDING: _____ B. WING _____	R 12/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS OF GULF BREEZE	50 JOACHIM DR GULF BREEZE, FL 32561

(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 revisit survey was conducted, inconjunction with a complaint survey for allegations set forth in CN#2019019750, at Arbors of Gulf Breeze in Gulf Breeze, FL on . Deficient practice was identified 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	{A 165}		

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{A 165}	Continued From page 1	{A 165}		

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 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

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{A 165}	Continued From page 2 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. 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 record review and interview the facility failed to submit the required adverse incident report for 1 of 1 previously identified adverse incidents (resident #1) and failed to complete an in-house incident report after an unwitnessed for 1 of 3 (#2) residents reviewed.	{A 165}		

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{A 165}	Continued From page 3 The findings include: Resident #1 On at 3:40PM, an interview was conducted with the Administrator. At that time, she was asked why the facility had not submitted an adverse incident report to the Agency for Health Care Administration (AHCA) for the adverse incident cited in the last survey ( ) for resident #1. She stated that she was told by her Director of Resident Services that she could not submit an adverse incident report after the fact. She then stated that she had sent a packet of information over to the agency Field Office Manager that included the needed information. She was asked to produce the email for review. She reported that the hard drive on her previous laptop had been corrupted and that she no longer had a copy of the information to which she was referring. She stated that the adverse incident report had not been submitted at the time of the revisit survey. Resident #2 A record review was conducted for Resident #2 which revealed documentation dated at 6:57 AM, that the resident reported he "slid off the toilet" while attempting to reach his walker, no injuries were observed or reported. A review of the incident reports revealed the resident had a documented on with no other reported. On at 1:48PM, an interview was conducted with Nurse E, during which she stated that the resident had 4 in roughly a week. Three of the occurred at the facility and one occurred at an off-campus. She stated that on the morning of Resident	{A 165}		

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{A 165}	Continued From page 4 #2 had a . in the bathroom next to his toilet when he was grabbing onto his walker and lost balance. At that time, she stated that he had no . and was alert and oriented. He did not hit his .... and there were no signs of injury. She stated that she documented everything. When asked why she did not complete an incident report for the she stated she had forgotten to do one. On ..... at 1:20PM, an interview was conducted with Nurse C, during which she stated that Nurse E had told her in shift report about the the resident had suffered during the previous week. When asked why an incident report was not completed for the on her shift on ....., she stated that she did not see the . and that was why she did not complete an incident report. On ..... at 2:17PM, an interview was conducted with Nurse D, during which she stated that when she received verbal report Nurse C failed to mention that the resident had 4 during the week. She also stated that she pulled up the in-house incident reports and the only documented was from ..... On ..... at 3:40PM, an interview was conducted with the Administrator. When asked what the expectation was for completing in-house incident reports she stated that all required an incident report. She was asked if that should include that were unwitnessed and reported only by the resident she said, "Yes." She agreed that incident reports should have been completed for the . on ..... and ..... Class III	{A 165}		

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