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
	AL11911836	A. BUILDING: _____ B. WING _____	06/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFOOT MANOR ALF	374 DEERFOOT ROAD DELAND, FL 32720

(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 Control and complaint investigation (complaint number 2020010100) was conducted at Deerfoot Manor ALF on , 2020. The facility had deficiencies at the time of the survey.	A 000		
A 010	429.26(.&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in	A 010		

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A 010	Continued From page 1 the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from	A 010		

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A 010	Continued From page 2 the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by:	A 010		

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A 010	Continued From page 3 Based on resident record review and staff interview, the facility failed to determine continued residency criteria for 2 of 2 sampled residents, Resident #1 and Resident #2. The findings include: 1. Resident #1 was observed in the facility on .. /202 at 10:20 AM. He was sitting on a sofa in the front of the facility. A physical , was speaking with Resident #1 and discussing his condition with the owner of the facility. During an interview with the owner at that time he stated he had requested services for Resident #1 because Resident #1 had become resistive to care. Record review for Resident #1 revealed the most recent AHCA 1823 Resident Health Care Assessment was based on a ..... date of examination. Record review of the progress notes for Resident #1 revealed the resident had changes in his medical condition and on ..... was sent to the emergency room because he was unresponsive. There was a progress note in the resident record documenting a visit by a nurse practitioner to see Resident #1 on ..... There was no evidence of a new assessment. During an interview with the Administrator on .. .. at 11:00 AM, she confirmed the most recent assessment was based on the examination and the need for a new health assessment. 2. A review of the progress notes for Resident #2 revealed he was admitted to the facility .. Further record review for Resident #2 found the most recent AHCA 1823 Resident	A 010		

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A 010	Continued From page 4 Health Care Assessment was based on a examination. The assessment documented that Resident #2 required 24-hour nursing or , , care. Photographic evidence was obtained. Further record review of the progress notes for Resident #2 revealed on he was having increased . . , . He was screaming and throwing things. A progress notes dated at 11:00 PM documented, "Resident escaped from the facility and law enforcement was called and found him at a gasoline station. He was fighting with the police officer and staff and he was transferred to a Behavioral Health Center." On the facility documented Resident #2 was . . . in the facility. On , Resident #2 became aggressive and smashed another resident's T.V. with a bedrail. The police were called and he was . . He returned to the facility and on . . . . . he was yelling again and exhibiting behaviors. The police had to be called which resulted in another . . . . . The facility documented Resident #2 was discharge to a higher level of care. Photographic evidence obtained. During an interview with the Administrator on . . /202 at 11:00 AM she was shown the AHCA 1823 Health Assessment with the date of examination that documented Resident #2 needed 24 hours nursing or , , care. The Administrator confirmed she did not address the need for 24-hour care. She stated she was not using the assessment because it did not list the resident's diagnoses. She provided an older 1823 with a date of examination of . . . . . and explained this was what they were referring to, instead of the more recent assessment. Photographic evidence obtained.	A 010		

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A 010	Continued From page 5 Class III	A 010		
A 165	429.23(&) FS; 59A-36.016 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 resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or	A 165		

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A 165	Continued From page 6 (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 s. 456.073 apply. (8) If the agency, through its receipt of the	A 165		

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A 165	Continued From page 7 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 agency may adopt rules necessary to administer this section. 59A-36.016 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, record review and staff interview, the facility failed to report an adverse incident for two elopments that were reported to law enforcement and placed a resident at risk of harm, for 1 of 2 residents reviewed. (Resident #2) The findings include:	A 165		

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A 165	Continued From page 8 Record review for Resident #2 revealed he was admitted to the facility . He was alert and oriented with some . Record review of the progress notes for Resident #2 found on Resident #2 was having increased , and behaviors. He was yelling and throwing items. On a progress note documented Resident #2 was upset he could not go to the store. On at 11:00 PM the facility documented, "Resident #2 escaped from the facility and law enforcement was called and found him at the gasoline station. He was fighting with the police officer and staff and he was transferred to Stewart Marchman Behavioral Center." Photographic evidence obtained. Further record review revealed Resident #2 eloped a second time. A progress note dated at 1:00 AM documented, "Resident eloped from the facility. Law enforcement was called and found him on Taylor Road about one mile from the facility." A review of an AHCA 1823 for Resident #2 based on a examination revealed the resident had diagnoses of , , , , , and . Record review of an AHCA 1823 based on a examination revealed Resident #1 required 24 hour nursing or , care but his needs could be met in an ALF. Photographic evidence obtained. On at 12:24 PM the Administrator was asked for details about Resident #2's elopements. She stated, they call the police because they only have one staff member working at night and they cannot go looking for the resident. She stated they told the police some of the places the resident liked to go, so	A 165		

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A 165	Continued From page 9 they could look for him. She confirmed the facility did not know where the resident had gone. She did not know the time he left or if it was dark. She stated he was missing and so they called the police because they could not find him in the facility. She was asked if it was safe for the resident to leave the facility alone. She stated before COVID-19 he would go to the store. She stated Resident #2's sister informed the facility the resident was more due to the . . . . . and he was not supposed to leave on his own. She was asked if she did an adverse incident report. She stated she does not do adverse incident reports for elopements because she did not think he was in danger. She was asked if they did an investigation into how Resident #2 got out of the facility. She stated they did not. An observation of the facility revealed the home is located on a two lane road without sidewalks. The gasoline station Resident #2 was found at on . . . . . at 11:00 PM was .4 miles from the house and on a busy road. On at 1:00 AM, Resident #2 was found on a road a mile from the house. A review of the adverse incident reporting system revealed the facility submitted an adverse incident report on that was closed and another report for . . . . . that was withdrawn. There were no adverse incident reports completed for the . . . . . or the . . . . . elopements. Class III	A 165		