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
	AL11969868	A. BUILDING: _____ B. WING _____	R 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DEL CAMPO LLC	22455 SW 182 AVE MIAMI, FL 33170

(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
{CZ815}	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	{CZ815}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ815}	Continued From page 1	{CZ815}		

qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently

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{CZ815}	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	{CZ815}		

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{CZ815}	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	{CZ815}		

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{CZ815}	Continued From page 4 relating to retaining [illegible] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	{CZ815}		

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{CZ815}	Continued From page 5	{CZ815}		

exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,

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{CZ815}	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide documentation of eligible level 2 background results for two adults (Administrator's Husband/Administrator's Daughter) who resided at facility. Findings: Observation on at 7:44 AM found the Administrator's husband and daughter at the facility and having access to shared and personal resident spaces. The daughter was asleep in a room marked "Office/Private". A second private room housed the Administrator and her husband. The husband and daughter had access to and used the kitchen and common areas that residents used, and the daughter shared the bathroom in the main hallway utilized by the residents. A review of the Background Screening Clearinghouse database revealed no eligible level 2 background results for the husband or the daughter. Interviewed on at 7:44 AM the husband identified himself as the husband of the	{CZ815}		

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{CZ815}	Continued From page 7 Administrator. Interviewed on . . . . . at 7:44 AM when asked to show a second room marked private, the Administrator stated that was where she and her husband slept. Interviewed on at 9:43 AM the Administrator stated, "My daughter has been living here for a year." Uncorrected Unclassified	{CZ815}		

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{A 000}	Initial Comments A revisit survey was conducted at Casa Del Campo on . . . . . Deficiencies were identified at the time of the survey.	{A 000}		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . , ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . . . . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.	A 025		

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A 025	Continued From page 1 (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain knowledge of the whereabouts of one (#1) out of six sampled residents . Resident #1 left the facility without staff knowledge and was found in the hospital. Findings: Interviewed on . . . . . at 7:44 AM when asked where Resident #1 was, Staff B (Caregiver) stated she did not know. Staff B further stated that Resident #1 took a cab but she did not know where the resident went or what time she left. Interviewed on at 7:44 AM when	A 025		

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A 025	Continued From page 2 asked where Resident #1 was, the Administrator stated she did not know. The Administrator further stated that Resident #1 left with the Hospice Care Social Worker looking for a place, but she did not know where she went or what time she left. Interviewed on at 9:26 AM when asked if Resident #1 left with her, the Hospice Care Social Worker stated, "No." The social worker stated that she saw Resident #1 leave around 12 Noon on . The Social Worker stated further that she (Resident #1) hired a man. The Social Worker stated, "She did not give a name. According to Resident #1, it was one of her son's friends. She got in the car and left. She was going to drop her things off in storage, see her grandchildren and then go to the hospital. She was in a wheelchair when she left." A review of all the entries of Resident #1's observation log showed no documentation of her leaving the facility on . A review of the Medication Observation Record (MOR) showed the following medications for Resident #1: ., 81 MG, ... 100 MG, ... 500 MG, ... 10 MG. A further review showed the last date Resident #1 received her medications was Friday, , ... , initialed by Staff B (caregiver). Observation found that Resident #1 medications remained at the facility. Photographic evidence obtained. Interviewed on at 7:44 AM when asked about Resident #1's medications, the Administrator stated, her medications were not important. The Administrator stated, "It (medications) was only for , ."	A 025		

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A 025	Continued From page 3 A review of Resident #1's health assessment with a completion date of [illegible] showed a diagnoses of [illegible] 's [illegible]. Physical and or Sensory Limitations: Torticollis and [illegible]. Behavioral Status showed Alert. Nursing/Treatment/ [illegible] Service Requirements showed hospice services. Special precautions showed [illegible]. Activities of daily living showed assistance needed with ambulation, bathing, [illegible], eating, self-care, toileting and transferring. Resident #1 needed assistance with self-administration of medication. Resident #1 was not documented as an elopement risk. A review of the Admissions/Discharge Log showed that Resident #1 was admitted on [illegible]. A review of Resident #1's hospital records dated [illegible] showed resident was found at a local hospital. A further review of the Admission Information on the hospital records stated the following: "[Resident #1] was a [illegible] female with past medical history significant for [illegible] 's [illegible] with severe Torticollis and [illegible] who has been bed bound and wheelchair-bound with [illegible] lower extremity Plegia for many years. Unclear [illegible], although may be related to longstanding [illegible] myelopathy. Patient has been currently residing at an assisted living facility under the care of hospice. Patient alleges that there was a physical assault from a Certified Nursing Assistant (CNA) a few days ago and this is the reason she is seeking to be moved to a different facility." Class II	A 025		

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{A 030}	Continued From page 4	{A 030}		
{A 030} SS=E	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	{A 030}		

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{A 030}	Continued From page 5 facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State	{A 030}		

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	AL11969868	A. BUILDING: _____ B. WING _____	R 04/24/2023

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{A 030}	Continued From page 6 of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when	{A 030}		

Agency for Health Care Administration

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{A 030}	Continued From page 7 prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.	{A 030}		

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{A 030}	Continued From page 8 (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.	{A 030}		

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{A 030}	Continued From page 9 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure safety, privacy, and consideration for two (#1, #2) out of six sampled residents. The facility failed to give Resident #2 an option of selecting a roommate. Findings: Observation on at 7:44 AM found Resident #2 in . Interviewed on at 9:46 AM, the Administrator stated that Resident #1 was moved to another room after she could not verbally get along with Resident #5. When asked who Resident #1's roommate was, the Administrator	{A 030}		

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{A 030}	Continued From page 10	{A 030}		

stated Resident #2 was. The Administrator stated further that Resident #1 and #2 agreed to be roommates. The Administrator stated that Resident #1 signed the choice of roommate documentation dated , and that she was waiting to find the guardian for Resident #2 in order for his form (choice of roommate) to be signed. When asked if Resident #2 could make his own decisions, the Administrator stated the resident was 'not completely capable'.

A review of Resident #1's observation log found from through no documentation of any verbal altercations with Resident #5 or any other resident.

According to the choice of roommate form, the Administrator gave Resident #1 the option of selecting a roommate in which she (Resident #1) was happy with in her sleeping quarters. The form indicated that if the resident requested to be changed from the room, the Administrator would accommodate that.

A review of Resident #2's records found the choice of roommate form was left blank without name, signature, or date. There was no other documentation that he (Resident #2) agreed to allow a resident of the opposite who was not his spouse in #.

A further review of Residents #1 and #2 records found that they were not married and that their 'opposite occupancy' forms were left blank.

A review of the opposite policy showed: "To ensure that each resident who shares occupancy with the opposite will be treated the safety, well-being and respect as all other residents who shares occupancy with the same . Procedure:

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{A 030}	Continued From page 11	{A 030}		

1. The administrator will provide a safe and inviting occupancy for residents who meet the criteria. 2. The administration will provide for each resident to express his or her rights as per the Resident's Bill of Rights. The administration will encourage the resident to choose his or her roommate if space permits. 4. The administration will inform each resident who shares a room with a roommate of the opposite to wear clothing that protects their body parts from inappropriate exposure. 5. The administration will ensure that each room is provided with two beds where there is double occupancy. 6. The resident (s) will carry out all rules and regulations regarding shared and common spaces. 7. The administration will assist any roommate who will like to choose another roommate with the freedom to express him/herself."

A review of the facility's policy involving resident's rights stated that residents have a right to share a room with his or her spouse if both parties are residents of the facility.

A review of Resident #2's demographic data showed that the resident was an [illegible] male.

A review of Resident #2's health assessment with a completion date of [illegible] showed a diagnoses of Transient [illegible], Unspecified. [illegible] or Behavioral Status showed alert and oriented X2. Activities of daily living showed supervision needed with ambulation, [illegible], eating and assistance needed with bathing, self-care, toileting and transferring.

According to Elder Needs Law, "Someone who is

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{A 030}	Continued From page 12 A&OX2 (alert and oriented times two) knows who they are and where they are, but not what time it is or what is happening to them. It is unlikely that someone who has AAOX2 (alert and oriented times two) level of . . . . . (or less) has meaningfully read and understand documents placed in front of them well enough to have capacity to sign..." A review of Resident #1's demographic data showed that the Resident was a . . . . . female. A review of Resident #1's health assessment with a completion date of . . . . . showed a diagnoses of . . . . . 's . . . . . Physical and or Sensory Limitations: Torticollis and . . . . . Behavioral Status showed Alert. Nursing/Treatment/ . . . Service Requirements showed hospice services. Special precautions showed . Activities of daily living showed assistance needed with ambulation, bathing, . . . eating, self-care, toileting and transferring. Uncorrected Class III	{A 030}		
A 032 SS=G	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) 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	A 032		

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A 032	Continued From page 13	A 032		

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 59A-36.006(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 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of 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

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A 032	Continued From page 14 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 Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility, including the Administrator and Staff B (Caregiver) failed to implement their elopement policies and procedures when one of six sampled residents left the facility without staff knowlege of her whereabouts (Resident #1). Findings: Interviewed on at 7:44AM, when asked where Resident #1 was, Staff B (Caregiver) stated she did not know. Staff B (Caregiver) stated further that Resident #1 took a cab but did not know where she went. Interviewed on at 7:44AM when asked where Resident #1 was, the Administrator stated she did not know. The Administrator stated further, Resident #1 left with the Hospice Care Social Worker looking for a place, but she did not know where. Interviewed on at 9:26 AM when asked if Resident #1 left with her, the Hospice	A 032		

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A 032	Continued From page 15 Care Social Worker stated, "No." The social worker stated that she saw Resident #1 leave around 12 Noon on . . . . . The Social Worker stated further that she (Resident #1) hired a man. The Social Worker stated, "She did not give a name. According to Resident #1, it was one of her son's friends. She got in the car and left. She was going to drop her things off in storage, see her grandchildren and then go to the hospital. She was in a wheelchair when she left." A review of Resident #1's health assessment with a completion date of . . . . . showed a diagnoses of , , 's . . . . . Physical and or Sensory Limitations: Torticollis and , ... Behavioral Status showed Alert. Nursing/Treatment/ , Service Requirements showed hospice services. Special precautions showed . Activities of daily living showed assistance needed with ambulation, bathing, , eating, self-care, toileting and transferring. Resident #1 needed assistance with self-administration of medication. Resident #1 was not documented as an elopement risk. A review of the facility's elopement policy and procedures found the following process: "All staff will notify highest ranking facility personnel of missing resident. Highest ranking facility personnel will direct unit staff to begin search of unit immediately. Highest ranking onsite staff member assigns a search sector to each team member and records on the attached elopement incident search assignment form. Staff assigned to sector assigns a search sector to each team member and records on the attached elopement incident search assignment form. Highest ranking onsite staff member when	A 032		

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A 032	Continued From page 16 sector search is completed report . . . to the command post. Administrator or designee, when resident is found, announce that resident has been found. Staff in charge notifies police department that a resident is missing. Administrator; completes appropriate documentation including condition of resident when last seen." A review of the Administrator's personnel records showed that she received Elopement Response Policies and Procedures training on and Staff B's (Caregiver) personnel records showed . A review of Resident #1 observation log showed no documentation of an elopement. Reviewed the Adverse Incident Reports database found no documentation of an elopement. Interviewed on . . . . . at 9:44AM when asked about documenting and reporting the elopement, Staff B (Caregiver) stated that she only thought that she was to only write about medical problems with the residents. Class II	A 032		
A 054 SS=F	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container;	A 054		

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A 054	Continued From page 17 or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an updated and accurate Medication Observation Record (MOR) for four (#2, # #4, #5) out of six sampled residents. Findings: Record review of the MOR found morning and evening medications for Sunday, [illegible], not initialed by the Administrator nor Staff B	A 054		

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A 054	Continued From page 18 (Caregiver). Photographic evidence obtained. A review of the MOR for Resident #2's showed prescribed medications: 100 MG, 10 MG, 20 MG, 75 MG, DR 20 MG, HCL5 MG, 10 GM, 15 MG. A review of the MOR for Resident #3's showed prescribed medications: 10 MG, Sul HFA, 50 MG, 30 MG, SOD 10 MG, DR 20 MG, 10 GM, ER 25 M, 75 MG, 20 MG, 15 MG, 160-4.5, Iprat-ALBut 0. MG. A review of the MOR for Resident #4's showed prescribed medications: 1 MG, 5 MG, 25 MG, 10 MG, 40 MG, 20 MG, 1000 MG, 25 MG, 145 MG, 50 MG, 5 MG, 10 MG. A review of the MOR for Resident #5's showed prescribed medications: 1 MG, ER 60 MG, 5 MG, Sentry 81 MG, 25 MG, D2 50 000 Units, 150 MG, 100 MG, 3.125 MG, Sulf 325 MG, 7.5 MG, and 7.5 MG. Interviewed on at 7:44 AM when asked why the MOR was not initialed on for morning and evening medications for the residents (#2, #3, #4, #5), Staff B stated	A 054		

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CASA DEL CAMPO LLC	22455 SW 182 AVE MIAMI, FL 33170

(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 054	Continued From page 19 that she forgot. Interviewed on . . . . . at 7:44 AM when asked why the MOR was not initialed on . . . . . for morning and evening medications for the residents (#2, #3, #4, #5), the Administrator did not answer the question and remained quiet. Class III	A 054		
{A 079} SS=F	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care	{A 079}		

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{A 079}	Continued From page 20	{A 079}		

services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food

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{A 079}	Continued From page 21	{A 079}		

preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents'

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{A 079}	Continued From page 22 contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and	{A 079}		

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{A 079}	Continued From page 23 interview, the facility failed to post a staff schedule that reflected the actual hours that the Staff B (Caregiver) worked to meet the scheduled and unscheduled needs of four (#2, #3, #4, #5) out of six sampled residents. Findings: Observation on . . . . . at 7:44AM showed Staff B (Caregiver) on duty with Residents #2, #3, #4 and #5. Further observation revealed no posted staff schedule for the month of , . Interviewed the Administrator at 9:44AM the Administrator stated that she had to look for the staffing schedule. A review of the staff scheduled showed Staff B (Caregiver) as the only staff working every day for the month of and "Live In" written underneath and it (schedule) did not show the staff hours per week. Interviewed on at 9:43AM the Administrator stated that she lived at the facility. Uncorrected Class III	{A 079}		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to	A 160		

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A 160	Continued From page 24 immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or	A 160		

Agency for Health Care Administration

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A 160	Continued From page 25 prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related . . . . . , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C.,	A 160		

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A 160	Continued From page 26 respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain an up-to-date admissions/discharge log for one out (Resident #6) of six sampled residents. Findings A review of the admissions/discharge log showed no name or admission/discharge date for Resident #6. Observation on at 7:44 AM found an empty medication basket in the medication cabinet that contained the name of Resident #6. Photographic evidence obtained. Observation on at 7:45 AM showed Resident #6 was not present at the facility. A review of the Medication Observation Record (MOR) dated showed the name and the following medications for Resident #6 listed and initialed by Staff B (Caregiver) and Administrator: 5 MG, 40 MG, 200 MG, 20 MG, 40 MG, 50 MG, Pradaxa 110 MG. Interviewed on at 9:43 AM the Administrator stated that Resident #6 stayed at the facility for a week from to see if she was going to adapt to the house. The Administrator stated further, "We did a MOR just in case.	A 160		

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A 160	Continued From page 27 Interviewed on [redacted] at 9:28 the daughter of Resident #6 confirmed that her mother stayed at the facility for a week from [redacted]. The daughter stated further that her mother was [redacted] and that she wanted to see if her mother would like it. The daughter stated, "I needed help. We did not sign a contract with the facility, but we paid money." Class III	A 160		
A 162 SS=E	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [redacted], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [redacted], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.	A 162		

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A 162	Continued From page 28 (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006,	A 162		

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A 162	Continued From page 29 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be	A 162		

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A 162	Continued From page 30 retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the demographic data for one (Resident #2) out of six sampled residents. The facility also failed to maintain a record for one of six sampled residents who lived at the facility for a week (Resident #6). Findings: 1) A review of Resident #2's demographic sheet found the section for emergency contact left blank. There was no name of a relative, healthcare proxy or guardian listed including contact numbers or address. Interviewed on at 9:43AM the Administrator stated that she was going to fix the problem. 2) Observation on at 7:44 AM found an empty medication basket in the medication cabinet that contained the name of Resident #6. Photographic evidence obtained.	A 162		

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A 162	Continued From page 31 Observation on at 7:45 AM showed Resident #6 was not present at the facility. A review of resident records found none for Resident #6. A review of the Medication Observation Record (MOR) dated showed the name and the following medications for Resident #6 listed and initialed by Staff B (Caregiver) and Administrator: 5 MG, 40 MG, 200 MG, 20 MG, 40 MG, 50 MG, Pradaxa 110 MG. Interviewed on at 9:43 AM the Administrator stated that Resident #6 stayed at the facility for a week from to see if she was going to adapt to the house. The Administrator stated further, "We did a MOR just in case. Interviewed on at 9:28 the daughter of Resident #6 confirmed that her mother stayed at the facility for a week from . The daughter stated further that her mother was and that she wanted to see if her mother would like it. The daughter stated, "I needed help. We did not sign a contract with the facility, but we paid money." Class III	A 162		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and	A 165		

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A 165	Continued From page 32 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 (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, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969868	A. BUILDING: _____ B. WING _____	R 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DEL CAMPO LLC	22455 SW 182 AVE MIAMI, FL 33170

(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 165	Continued From page 33 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, through the agency's online portal, or if the portal is offline, by electronic 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 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	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 165	Continued From page 34 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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file an adverse incident within one (1) business day. Findings: Observation on at 7:44 AM found medications in the cabinet with the name of Resident #1. Resident #1 was not present at the facility. A review of the Adverse Incident Report database showed no reported elopement of Resident #1 on through . Interviewed on at 7:44 AM Staff B (caregiver) stated that she did not know where Resident #1 was. Interviewed on at 7:44 AM the Administrator stated that she did not know where Resident #1 was, and further stated that she did not file an adverse incident report. A review of the Administrator's personnel record showed she received Reporting Adverse Incident training on . Class III	A 165		

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
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