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
	AL11968567	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA LANDING	1279 HOUSTON ST MELBOURNE, FL 32935

(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
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to submit electronically the one-day adverse incident report and a 15-day (full report) to the agency (Agency for Healthcare Administration) for 2 of 2 sampled residents (#14, #15) as required when they went to the hospital for a higher acuity for multiple . Findings: 1. Resident #15's record review revealed admission date . The 1823 Health Assessment dated listed the medical history of , and with . Resident #15 has short term memory loss and hard of hearing, using . She needs assistance with activities of daily living (ADLs) bathing, and transferring and independent with ambulation, eating, grooming and toileting. Resident #15 ambulates using a walker and needs assistance with self-administration of medications. Furthermore, it was revealed that Resident #15 had three (3) documented within the last three months on , and	CZ821		

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CZ821	Continued From page 4 . . . . . with the last . resulting in a . . . . . to right and injury. The facility did not have any documentation for the incident on . . . . . , the facility notes dated on confirmed the . On at 11:34 AM, Nurse H documented Resident #15 observed getting off the elevator walking with her walker going to the dining room. Resident #15 has no complaints of , . from the previous . Safety measures are maintained and will continue to monitor her. On . . . . . at 9:41 PM, Nurse G documented Resident #15 resting quietly in bed tonight. No complaints of , . or discomfort from post on . Call pendant in place and safety measures are maintained. Observing throughout this shift. On at 2:02 AM, Nurse F documented was called to Resident #15 room. Resident #15 was laying on the floor and stated that she slid on her bottom from the recliner chair and her husband was trying to coach her on how to get up off the floor. Resident #15 denies hitting her . No complaint of , at this time. Vitals checked, normal and assisted Resident #15 up off the floor. No injuries observed. On at 1:17 PM, Agency Nurse documented resident #15 had a on her way out of the dining room. Another resident stated that he witnessed the and she hit her . . . on the wall as she went down. Resident #15 denies hitting her . . . . She complained of , . in her right and . Resident #15 stated that if she tried to bend the right it hurts. 911 called and transported to the hospital. Family and	CZ821		

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CZ821	Continued From page 5 physician notified. On at 10:57 AM, Director of Nursing (DON) documented spoke with husband today and Resident #15 will be having surgery on her broken . He stated that his wife will need to go to skilled rehabilitation after surgery and she thought she did not need it. (Photographic Evidence Obtained) On at 4 PM, an interview with the Assistant Director of Nursing (ADON) confirmed that Resident #15's last on resulted in a to right required surgery and skilled nursing rehabilitation. Resident #15 was still out of the facility. Hospital records were requested on , and with no success. The facility did not submit electronically the 1 day and the 15 day (full) adverse incident report to the agency as required for on . On at 4:30 PM, during exit conference, the Administrator confirmed the findings. Unclassified	CZ821		
A 000	Initial Comments A re-licensure survey was conducted on at Victoria Landing Assisted Living Facility. There were deficiencies identified at the time of the survey.	A 000		

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A 025	Continued From page 6	A 025		
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. (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.	A 025		

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A 025	Continued From page 7 (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 resident record review and interview, the facility failed to ensure that appropriate supervision to meet the care and services by implementing a more defined systematic measures to maintain safety interventions for multiple and documenting the well-being such as significant changes and legal representative being notified for 2 of 2 sampled residents (#14 & #15) as required. Findings: 1. Resident #15's record review revealed admission date . The 1823 Health Assessment dated listed the medical history of , , , and with . Resident #15 has short term memory loss and hard of hearing, using . She needs assistance with activities	A 025		

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A 025	Continued From page 8 of daily living (ADLs) bathing, [illegible] and transferring and independent with ambulation, eating, grooming and toileting. Resident #15 ambulates using a walker and needs assistance with self-administration of medications. Furthermore, it was revealed that Resident #15 had three (3) [illegible] documented within the last three months on [illegible] and [illegible] with the last [illegible] resulting a [illegible] to right [illegible] and [illegible] injury. The facility did not have any documentation for the [illegible] incident on [illegible], the facility notes dated on [illegible] confirmed the [illegible]. On [illegible] at 11:34 AM, Nurse H documented Resident #15 observed getting off the elevator walking with her walker going to the dining room. Resident #15 has no complaints of [illegible] from the previous [illegible]. Safety measures are maintained and will continue to monitor her. On [illegible] at 9:41 PM, Nurse G documented Resident #15 resting quietly in bed tonight. No complaints of [illegible] or discomfort from post [illegible] on [illegible]. Call pendant in place and safety measures are maintained. Observing throughout this shift. There was no documented evidence that the family and physician were notified of this [illegible] and no assessment completed and no service plan implemented. On [illegible] at 2:02 AM, Nurse F documented was called to Resident #15 room. Resident #15 was laying on the floor and stated that she slid on her bottom from the recliner chair and her husband was trying to coach her on how to get up off the floor. Resident #15 denies hitting her	A 025		

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A 025	Continued From page 9 . . . . No complaint of , . at this time. Vitals checked, normal and assisted Resident #15 up off the floor. No injuries observed. There was no documented evidence that the family and physician were notified of this and no assessment completed and no service plan implemented. On at 1:17 PM, Agency Nurse documented resident #15 had a on her way out of the dining room. Another resident stated that he witnessed the and she hit her . . . on the wall as she went down. Resident #15 denies hitting her . . . . She complained of , in her right and . Resident #15 stated that if she tried to bend the right it hurts. 911 called and transported to the hospital. Family and physician notified. On . . . . . at 10:57 AM, Director of Nursing (DON) documented spoke with husband today and Resident #15 will be having surgery on her broken . He stated that his wife will need to go to skilled rehabilitation after surgery and she thought she did not need it. On at 4 PM, an interview with the Assistant Director of Nursing (ADON) confirmed that Resident #15's last on resulted in a . . . . . to right . . . required surgery and skilled nursing rehabilitation. Resident #15 was still out of the facility. Hospital records were requested on . . . . . , and with no success. The facility's mitigation policy and procedures effective date was provided by the Administrator and reviewed.	A 025		

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A 025	Continued From page 10 The policy reads: the facility promotes resident safety through a management program focusing on assessment and education, medication management, environmental modifications, and exercise to maximize effectiveness of the program to allow the resident autonomy and choice. The facility assesses each resident for his or her risks for . Design a service plan and implement procedures to minimize and injuries. (Photographic Evidence Obtained) The facility did not follow their mitigation policy and procedures program. There was documented evidence of a service plan. On at 4:30 PM, during exit conference, the Administrator confirmed the findings. 2. In a record review of resident#14's health assessment dated , it revealed a medical history of , recurrent major order in partial remission, hypertensive , of native , of native with stable , pectoris, , cobalamin deficiency, mild protein calorie , d deficiency, , polycythemia vera, . Resident#14 required assistance with daily living to include bathing, , transferring, toileting, ambulation and assistance with medication. The resident resides in memory care. In a review of the facility's observation notes for resident#14's revealed the following unwitnessed and injuries: 0/16/23- resident tripped in resident room and	A 025		

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A 025	Continued From page 11 found on floor, red area on right upper . . . unwitnessed . . . . . unwitnessed . Unwitnessed . . . . . unwitnessed slip/ . . , complaining of right-side , . on 4th and 5th . . . . . unwitnessed . , 911 called. . . . . . Review of the resident's care Plan dated was not updated to reflect interventions to prevent further and injuries. In further review of the facility's . policy, it states, if resident . . facility is to update the residents service plan, conduct resident monitoring minimal every hour. There was no evidence the facility followed the policy. In an interview with the administrator on at 3pm, she confirmed the above findings. Photo evidence obtained Class II	A 025		