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
	AL11965339	A. BUILDING: _____ B. WING _____	04/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD GARDENS OF JUPITER	1790 INDIAN CREEK DRIVE WEST JUPITER, FL 33458

(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 Unannounced Licensure Complaint (#2020011828, #2020016319, #2020011746), Focused Control and Generator Monitoring surveys were conducted on through at Courtyard Gardens Of Jupiter. The facility had deficiencies related to complaint #2020011828 and #2020016319 at the time of the survey.	A 000		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) 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 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),	A 032		

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A 032	Continued From page 1 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 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 sections 429.41(1)(a)3. and 429.41(1)(l), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to identify 2 out of 3 sampled	A 032		

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A 032	Continued From page 2 residents (Resident #1 and #3) who were at risk for elopement by maintaining identification on the resident, and by making a daily effort to ensure the residents are wearing the identification; and, failed to ensure the policy and procedure for elopement contains these directives; and, failed to be generally aware of the location of 1 out of 3 sampled residents (Resident #1) who were at risk for elopement at all times. The findings included: Review of the facility's Missing/Elopement Procedure revealed that the policy and procedure did not document that a resident identified at risk for elopement is to have identification on them containing the resident's name, community name and address, and telephone number. The policy and procedure also does not note that this identification will be checked daily. a. On , Resident #1 was admitted to the facility. On between 1:00 AM and 1:30 AM, the resident was discovered missing from her room by staff during a routine check of residents in the memory care unit. Staff initiated their elopement procedure, and were unable to locate the resident during their search. At 2:39 AM, law enforcement was contacted and conducted a search for the resident. At 6:15 AM, the resident was located unharmed in the courtyard of the memory care unit, outside of the facility building. It was determined during the facility's investigation that the resident exited the memory care unit through a window, but was unable to escape the property as the secured unit had a six fence surrounding the courtyard. On at 10:45 AM, Resident #1 was observed with no identification on her. On	A 032		

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A 032	Continued From page 3 . . . . . at 12:00 PM, the Administrator agreed during interview that Resident #1 was at risk for elopement as of . . . . . , after attempting to elope from the facility. She stated that the resident did not have identification on her that was checked daily at this time. During interview with the resident's representative on . . . . . at 11:00 AM, the representative also acknowledged the attempted elopement on . . . . . , and stated that the resident did not have any identification on her while a resident at the facility. b. On . . . . . at 10:45 AM, Resident #2 was observed with no identification on him. Review of the resident's health assessment (AHCA Form 1823) dated revealed the resident was identified at risk for elopement by a marked "yes" to the inquiry of "at risk for elopement". On at 10:45 AM, Resident #2 was observed with no identification on her. Review of the resident's health assessment (AHCA Form 1823) dated . . . . . revealed the resident was identified at risk for elopement by a marked "yes" to the inquiry of "at risk for elopement". These findings were acknowledged by the Administrator on at 12:30 PM. She stated that the facility had identification bracelets for residents at risk for elopement, but that these residents did not have these bracelets on them, and were not checked daily for the bracelets. The facility provided no additional information for review at this time. Class III	A 032		