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
	AL11969194	A. BUILDING: _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERFIELD OF CLAY COUNTY	1611 WINNERS CIR MIDDLEBURG, FL 32068

(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 A relicensure survey and complaint number 2021004510, with emergency environmental control monitoring and control visit was conducted at Canterfield of Clay County on . Deficient practice was identified at the time of the survey.	A 000		
A 032 SS=E	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), 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	A 032		

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
	AL11969194	A. BUILDING: _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERFIELD OF CLAY COUNTY	1611 WINNERS CIR MIDDLEBURG, FL 32068

(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 032	Continued From page 1 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)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure elopement drills were conducted twice a year with all staff. This has potential to affect all residents of the facility, and that 1 of 2 sampled residents were documented for elopement risk according to the facility's policy	A 032		

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
	AL11969194	A. BUILDING: _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERFIELD OF CLAY COUNTY	1611 WINNERS CIR MIDDLEBURG, FL 32068

(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 032	Continued From page 2 and procedure. The findings include: During a review of facility records, elopement drills were found for the following dates: [illegible] and [illegible]. A drill was documented as being conducted on [illegible] but upon further investigation, this was not a drill, it was an actual elopement. Photographic evidence obtained. Review of the sign in forms showed that the following employees were missing two drills per year: Employee C, hired [illegible], was not signed in as having been present on any elopement drills. Employee D, hired [illegible], was only signed in for the drill on [illegible], and had not signed in as being present on any other drills. Employee E, hired [illegible], signed into the drill on [illegible] drill. She was signed into the drill from [illegible], but this was an actual elopement of Resident #10 and not a drill according to the Administrator during an interview on [illegible] at 10:35 AM. Employee F, hired [illegible], participated in a drill on [illegible] but was not signed in to any other drills. She was present at the [illegible] elopement. Review of the facility's policy and procedure for elopements was conducted. It mandated there be two elopement drills be conducted "to ensure staff are familiar with the elopement procedures." It also stated "an incident with the potential to have been an elopement may be substituted for a drill." This policy included a provision that those deemed at risk for elopement would have a profile with their name, photograph, and other	A 032		

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
	AL11969194	A. BUILDING: _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERFIELD OF CLAY COUNTY	1611 WINNERS CIR MIDDLEBURG, FL 32068

(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 032	Continued From page 3 demographic and clinical details. Photographic evidence obtained. The Administrator was asked about the elopement drills at 10:35 AM on . . . . She acknowledged the missing drills and a review of the policy was conducted. She explained their policy called for elopements to be considered one of their drills, and the difference between an actual elopement and a drill was explained. A review of the facility's elopement book was conducted on . . . . Within the book there were profiles required in the facility's policy, and photographs of all the residents determined to be at risk for elopement were found. Resident #10's photograph was not anywhere in the book. At 12:35 PM on . . . . . this was reviewed with the Administrator. She confirmed it was missing and included it during the survey. Class III	A 032		