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
	AL11969496	A. BUILDING: _____ B. WING _____	06/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT STUART	2625 SE COVE RD STUART, FL 34997

(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 Complaint surveys (#2020007833, #2021000567 & #2021002108), a Focused Control survey and a Generator Assessment were conducted on . . . . . at Discovery Village At Stuart. The facility had deficiencies related to complaint #2021000567 identified 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), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement	A 032		

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A 032	Continued From page 1 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 2 sampled residents (Resident #2 and #3) who were at risk for elopement by maintaining identification on the	A 032		

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A 032	Continued From page 2 resident, and by making a daily effort to ensure the resident is wearing the identification. The findings included: 1. On at 1:00 PM, the Administrator agreed during interview that Resident #2 was at risk for elopement as of , after eloping from the facility. She stated that the resident did not have identification on her that was checked daily while at the facility. During observation of Resident #2 on at 12:00 PM, she did not have any identification on her person. Review of the resident's health assessment (AHCA Form 1823) dated revealed the resident is marked as "at risk for elopement". 2. On at 1:00 PM, the Administrator agreed during interview that Resident #4 was at risk for elopement as of , after attempting to elope front the facility. Review of the Adverse Incident dated revealed the resident was observed "exiting gate of memory care courtyard". The Administrator stated that the resident did not have identification on him that was checked daily while at the facility. During observation of Resident #4 on at 12:00 PM, he did not have any identification on his person. These findings were acknowledged by the Administrator on at 1:00 PM. The facility provided no additional information for review at this time. Class III	A 032		