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
	AL11964817	A. BUILDING: _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (LELY PALMS)	6125 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113

(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 An unannounced complaint survey #2021008860 was completed on .. ... at Arden Courts Lely Palms, an assisted living facility in Naples, Florida. Complaint 2021008860 was substantiated with citation. The following is a description of the deficiency. .	A 000		
A 032	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 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 Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record reviews, and interviews, the facility failed to have a complete and accurate elopement policy. The facility also	A 032		

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A 032	Continued From page 2 failed to ensure 2 (Residents #1 and #5) of 5 residents who are identified as elopement risk, had identification on them. The findings included: 1. A review of the facility's policy "Safety and Security of Residents" dated and revised last on . . ., showed their procedure and process for residents identified as elopement risks and what staff are to do during a possible elopement. However, this policy does not include the residents who are identified as elopement risk must have identification on their person including their name, facility name, address and phone number. Interview on at 12:00 p.m., the facility administrator reviewed the policy and agreed this information is not included in their policy. 2. Observation of Resident #1 was conducted on . . . . at 10:45 a.m. He did not have any identification on his person. An interview was conducted with the administrator at the time of this observation. He confirmed Resident #1 had no identification. Resident #1 was identified as an elopement risk by the facility. He had an elopement from the facility on . . . . . He left the facility and was found down the street by a bus driver. He was sent . . . . to the facility by ambulance. The administrator said he conducted the investigation concerning this adverse incident and agreed Resident #1 is an elopement risk. 3. A review of Resident #5's health assessment dated showed she is an elopement risk. Observation of Resident #5 on at 10:55	A 032		

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A 032	Continued From page 3 a.m. showed she did not have identification on her person. An interview was conducted with the Director of Nursing at the time of this observation. She confirmed Resident #5 did not have an identification on her person. The Director of Nursing had a list of residents who they identified as elopement risks. Resident #5 was not on this list. Resident #1 is on this list identifying him as an elopement risk. Class III	A 032		