

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/20/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HSRE-ASL CASSELBERRY TRS LLC

**2701 HOWELL BRANCH RD
WINTER PARK, FL 32792**

(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 revisit to complaint investigation #2021014078 was conducted at Allegro on 12/20/2021. A deficiency was found at the time of the visit.	{A 000}		
{A 032} SS=D	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), 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	{A 032}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER HSRE-ASL CASSELBERRY TRS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2701 HOWELL BRANCH RD WINTER PARK, FL 32792		
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{A 032}	Continued From page 1 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 review and interview, the facility failed to ensure that at risk residents had identification on their persons that included their name and the facility's name, address, and telephone number for 4 of 23 memory care residents identified by the facility as at risk for elopement (#3, #4, #5 & #6). Findings:	{A 032}			

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{A 032}	Continued From page 2 A tour of the memory care unit on _____ at 10:50 AM with the unit coordinator found 4 residents (#3, #4, #5 & #6), who were identified as at risk for elopement by the unit coordinator, were not wearing an ID bracelet at the time of the tour. Review of the record for resident #5 revealed an admission date of _____ to the assisted living side of the facility. He was moved to the memory care unit on _____. Review of the record for resident #6 revealed an admission date of _____ to the assisted living side of the facility. She was moved to the memory care unit on _____. Review of the medication observation record for residents #3 & #4 revealed at 8AM on _____, the ID _____ were marked as present. On _____ at 11:30AM, the memory care coordinator stated that the ID _____ for residents # & 34 were found by staff in the residents' bathrooms and had been removed during showering that morning. They were placed on the residents after our tour. She stated ID _____ had not yet been made or ordered for residents #5 & #6. Class III	{A 032}		