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
	AL11969409	A. BUILDING: _____ B. WING _____	09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR LIVING AT SARASOTA	5750 HONORE AVENUE SARASOTA, FL 34233

(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 for complaint #2022013388, #2022011691 and #2022008736 was conducted on through at Angels Senior Living at Sarasota, an assisted living facility in Sarasota, Florida. Complaint #2022008736 was unsubstantiated. Complaint #2022013388 was substantiated at A0032. Complaint #2022011691 was substantiated at A0032. The following is 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	A 032		

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A 032	Continued From page 1 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 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:	A 032		

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A 032	Continued From page 2 Based on observation, record review and interviews, the facility failed to have identification for three of three residents (#7, #8 and #9) that are at risk for elopement. The findings included: 1. A review of an adverse incident report of Resident #7 showed she had an elopement from the facility on . A review of her health assessment dated showed she is an elopement risk. Observation on at 12:40 p.m. showed she did not have her name, the facility's name, address and phone number on her person. An interview was conducted with her private duty on at 12:40 p.m. She said she has been her private duty for the past two to three months. She has not seen any type of identification on Resident #7. 2. A review of Resident #8's health assessment dated shows she is an elopement risk. Observation on at 12:45 p.m. showed she did not have her name, the facility's name, address and phone number on her person. Interviews were conducted with Med Techs Staff A and B on at 12:45 p.m. They both confirmed Resident #8 is an elopement risk and she does not have any type of identification on her person. 3. A review of Resident #9's health assessment dated shows she is an elopement risk. Observation on at 12:45 p.m. showed she did not have her name, the facility's name, address and phone number on her person. An interview was conducted with Resident #9 at this time. She stated she does not have any type of identification on her.	A 032		

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A 032	Continued From page 3 4. A review of the facility "Elopement Policy and Procedure" showed there is no direction for the facility staff to have the resident's name, facility name, address and phone number placed on each resident that are identified as an elopement risk. 5. An interview was conducted with the administration on .. .. at 1:30 p.m. She stated she has the ID bracelets for the residents but they take it off. Class III	A 032		