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
	AL11968599	A. BUILDING: _____ B. WING _____	R 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS RESIDENCE	700 E WELCH RD APOPKA, FL 32712

(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 a complaint investigation (#2022011895 and #2022017641) was conducted at Wellsprings Residence on . The facility had an uncorrected deficiency at the time of the survey.	{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	{A 032}		

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{A 032}	Continued From page 1 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: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews and interview, the facility failed to make a daily effort to ensure 1 of 1 sampled resident who had a history of eloping from the facility had identification (ID) on their person that included their name and the facility's name, address, and	{A 032}		

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{A 032}	Continued From page 2 telephone number (#9). Findings: An . . . . . 4:01 pm facility note indicated resident #9 eloped immediately after the holiday luncheon (the facility's incident report indicated the elopement occurred at 2:18 pm). The resident's family and the police department were notified. The resident was wearing a lifesaver tracker and was located within a few minutes of reporting the elopement. No injuries were noted. The resident was pleasant and . . . . . with a history of elopement at home. One-to-one close monitoring was immediately re-implemented. The police report indicated the resident was found on at 3:41 pm approximately one mile away from the facility. Observations made on . . . . . at 11 am revealed resident #9 did not have an ID on their person that included their name and the facility's name, address, and telephone number. The resident had a GPS device on their . . however, it did not visibly have the required information. During an interview on at 11:20 am, the administrator said a plastic ID bracelet was on resident #9's but the resident removed it on the previous day. When asked by the surveyor to see the bracelet the resident removed, the administrator said it was thrown away. Review of the resident's records that were provided by the administrator revealed there was no documentation that daily efforts were being made by the facility to ensure resident #9 had ID on their person, no documentation to indicate the resident removed the bracelet and no	{A 032}		

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{A 032}	Continued From page 3 documentation since the resident's elopement to indicate the resident was no longer at risk. The facility's resident elopement policy read, in part, that an at-risk resident will wear an ID tag on their person that provides their name, address of the facility and the contact number. Class III	{A 032}		