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
	AL11966301	A. BUILDING: _____ B. WING _____	C 06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUN COAST RETREAT	8151 TREELET COURT NEW PORT RICHEY, FL 34653

(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 complaint investigation (complaint number: 2024007558) and a revisit to [redacted] complaint investigation (complaint number: 2024005580) were conducted at Sun Coast Retreat on [redacted]. Deficiencies were identified at the time of 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	A 032		

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A 032	Continued From page 1 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 record review and interview, the facility failed to ensure that all direct care staff and administration had participated in elopement drills twice annually for fifteen employees (Administrator, Assistant Administrator, and Staff A, B, D, F, G, H, I, J, K, L, M, N, and O). Furthermore, the facility failed to ensure that their	A 032		

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A 032	Continued From page 2 elopement policy and procedures noted that an immediate search of the premises would be conducted, the identification of the staff responsible for implementing each part of the elopement response policies and procedures, the specific duties and responsibilities of each employee, the identification of the staff responsible for contacting law enforcement, the identification of staff responsible for contacting the resident's family, guardian, health care surrogate, and/or case manager, and the how the continued care of all residents within the facility in the event of an elopement would be met. Findings Included: A review of the facility's elopement response drills, conducted on , revealed that the facility conducted elopement response drills on 04//24/2024, , , , and . There was no evidence that the Administrator, the Assistant Administrator, and Staff A, B, F, G, H, I, J, M, N, and O participated in any of the elopement drills. Staff D participated in one elopement response drill dated . Staff K and L had participated in one elopement response drill dated . There were no other elopement response drills provided. A review of the employee list, conducted on , revealed that the Administrator was hired on . The Assistant Administrator was hired on . Staff A was hired as Medication Technician on . Staff B was hired as a Medication Technician on . Staff D was hired as a Resident Aide on . Staff F was hired as staff person on . Staff G was hired as a Medication Technician on . Staff H was hired as a	A 032		

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A 032	Continued From page 3 Resident Aide on . . . . Staff I was hired as a Resident Aide on . . . . . Staff J was hired as a Resident Aide on . . . . . Staff K was hired as a Resident Aide on . . . . . Staff L was hired as a Medication Technician on . . . . . Staff M was hired as a Medication Technician on . . . . . Staff N was hired as a Resident Aide on . . . . . Staff O was hired as a Resident Aide on . . . . . . A review of the facility's elopement response policy and procedures (undated), conducted on . . . . . , revealed that he facility's elopement response policy and procedures did not note that an immediate search of the premises would be conducted, the identification of the staff responsible for implementing each part of the elopement response policies and procedures, the specific duties and responsibilities of each employee, the identification of the staff responsible for contacting law enforcement, the identification of staff responsible for contacting the resident's family, guardian, health care surrogate, and/or case manager, and the how the continued care of all residents within the facility in the event of an elopement would be met. During an interview with the Administrator, conducted on . . . . . at 02:30pm, the Administrator agreed that himself, the Assistant Administrator, and Staff A, B, D, F, G, H, I, J, K, L, M, N, and O had not participated in two elopement response drills twice annually. The Administrator agreed that the facility's elopement response policy and procedures did not note an immediate search of the premises would be conducted, the identification of the staff responsible for implementing each part of the elopement response policies and procedures, the specific duties and responsibilities of each	A 032		

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A 032	Continued From page 4 employee, the identification of the staff responsible for contacting law enforcement, the identification of staff responsible for contacting the resident's family, guardian, health care surrogate, and/or case manager, and the how the continued care of all residents within the facility in the event of an elopement. Class III	A 032		