

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965739	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER HERON CLUB AT PRESTANCIA (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238		
(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 for # 2024011938 and Emergency Power plan monitoring survey was conducted on 5/20/25 at Heron club at Prestancia, an assisted living facility in Sarasota Florida. Complaint # 2024011938 was substantiated at A032. The following is the description of the deficiencies 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,	A 032		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 032	Continued From page 1 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: Based on observation, record review, and	A 032			

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A 032	Continued From page 2 interview, the facility failed to make a daily effort to ensure residents deemed at risk for elopement have identification on their person that includes the resident's name, the facility name, address, and telephone number for 19 (Residents #1, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #21, #22, #23, #24) of 23 residents observed for elopement. The findings included: On 5/20/25 at 8:52 a.m., during an interview, the Administrator said all residents in the facility memory care unit are considered an elopement risk. On 5/20/25 at 9:10 a.m., During a tour of the facility memory care unit revealed 15 residents #1, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16 in the facility were not wearing identification bracelets with their name, the facility name, address and telephone number on their person. On 5/20/25 at 9:15 a.m., observation of Resident #1 observed sitting in chair in the main lobby in the memory care unit participating in activities in the memory care unit, with staff observing resident. Residents are not wearing any identification bracelet on her person with her name, facility name, address and telephone number. Observation of Resident #3 wearing a yellow bracelet on her hand. On 5/20/25 at 9:17 a.m., med tech Staff A said the yellow band Resident #3 is wearing is because she is a fall risk, the band indicates fall risk.	A 032			

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A 032	Continued From page 3 On 5/20/25 at 9:19 a.m., during an interview, Med Tech Staff A said there is no list in the MC unit that indicates which resident are elopement risk. Staff A said all the residents in the memory care unit are considered elopement risk, and wear identification bracelets on their hands. On 5/20/25 at 9:25 a.m., Staff A said Resident #1 is supposed to have one on her hand. During observation of Resident #1 Staff A confirmed no identification bracelet on her person. Staff A confirmed Residents #1, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16 were all not wearing any identification on their persons with their names, the facility name, address and telephone number. On 5/20/25 at 9:29 a.m., during an interview, Med Tech Supervisor Staff B said all the residents in the Memory Care unit are considered elopement risk, and the residents have the identification bracelets, some have them on, but they take them off and some have them on their ankles as they are too big and they take them off. On 5/20/25 at 9:33 a.m., during observation of Resident #1 with Staff B, she confirmed Resident #1 had no identification bracelets on her person. Staff B also confirmed none of the 15 residents in the in the memory care unit involved in the activity had identification bracelets on their person. Staff B said all 22 residents are supposed to have them on. Staff B stated, "they all done took them off." On 5/20/25 at 9:37 a.m., observation of 24-hour book in the MC unit with Staff B revealed no documentation of a list that indicates which residents are elopement risk. Staff B confirmed no documentation of an elopement risks list in the	A 032		

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A 032	Continued From page 4 memory care unit so new staff can identify which resident are considered an elopement risk. On 5/20/25 at 9:44 a.m., during an interview, caregiver Staff C stated, "I'm not sure if any of the residents are an elopement risk, I thinks the residents wear identification bracelets on their ankles." On 5/0/25 at 9:47 a.m., During observation with Staff C of residents in the activity in the memory care unit. Staff C confirmed no residents were wearing identification bracelets in the unit currently. On 5/20/25 at 10:40 a.m., during an interview the Administrator stated, "all of the residents in the memory care unit wear identification bracelets on their person, with their name, the fac ty name, address and telephone number." On 5/20/25 at 11:05 a.m., during an interview, the Administrator acknowle ged there were no residents in the memory care unit with identification bands bracelets on their person. On 5/20/25 at 11:30 a.m., Observation of Residents #21, #22, #23 and #24 in the memory care unit sitting with no identification bracelets on their person with their name, the fac ty name, address, and telephone number. On 5/21/25 at 12:01 p.m., during an interview the Director of Resident Services (DRS) said she does not have any elopement risk residents on Assisted Living. If they are considered an elopement risk, they are moved to the memory care unit. The DRS said all residents in the memory care unit are considered an elopement risk.	A 032			

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A 032	Continued From page 5 On 5/20/25 at 12:10 p.m., during an interview the DRS acknowledged there were no residents in the Memory Care unit with identification bracelets on their person with their name, the facility name, address and telephone number. Class III	A 032			