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
	AL11969209	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORINGS PARK OAKSTONE AT GREY OAKS	2355 RUE DU JARDIN NAPLES, FL 34105

(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 investigation for #2025003380 and emergency power plan monitoring survey was conducted on at Moorings Park Oakstone at Grey Oaks, an assisted living facility in Naples, Florida. Complaint # 2025003380 was substantiated at A032 Deficiencies were identified 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		

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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 and interview, the facility	A 032		

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A 032	Continued From page 2 failed to ensure residents deemed as an elopement risk have identification on their person that includes their name, the facility name, address and telephone number, for 5 (Residents #1, #2, #3, #4, #5) of 6 residents deemed as an elopement risk. The findings included: Review of the facility Elopement/Missing Resident policy and procedure revealed it did not include the verbiage: the facility must make at minimum, a daily effort to ensure that at risk residents have identification on their persons that includes their name, the facility's name, address and telephone, as per 59A-36.007(7) FAC. On at 10:30 a.m., Staff A (lead Certified Nursing Assistant CNA) said there are 4 residents with which include Residents #1, #2, #3, and #4 who are all considered an elopement risk. On at 10:34 a.m., observation of Resident #2 wearing a on his left , no identification bracelet (ID) with his name, the facility name, address and telephone number on his person On at 10:36 a.m., during an interview Staff A confirmed Resident #2 was not wearing any ID bracelet with his name and the facility name, address and telephone number on his person. On at 10:37 a.m., observation with Staff A for Resident #3 revealed a on the left . Staff A confirmed Resident #3 had no ID bracelet on his person with his name, the facility name, address and telephone number.	A 032		

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A 032	Continued From page 3 On at 10:38 a.m., observation of Resident #1 sitting in an activity with other residents and staff. Resident #1 was observed with no ID bracelet on his person with his name, and the facility name, address and telephone number. On at 10:40 a.m., during an interview Staff A said the elopement risk residents only wear the , they do not wear any ID bracelets on their person with their name, the facility name, address and telephone number. On at 10:40 a.m., observation of Resident #4 with on his left , no ID bracelet on her person with her name, the facility name, address and telephone number. On at 10:50 a.m., Staff A said there is one other resident with guard. Observation with Staff A of Resident #5 sitting in an activity with on his left . Resident #5 was not wearing any ID bracelet with his name, the facility name, address and telephone number on his person. On at 10:45 during an interview Staff B said the residents that are elopement risk have on their , but no ID bracelets on their person with their name, the facility name, address and telephone number. On at 12:25 p.m., during an interview the Administrator said the is the only identification the elopement risk residents wears, they don't wear any ID bracelets, they try to make the unit more of a homelike residence. On at 12:30 p.m., during an interview the	A 032		

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A 032	Continued From page 4 Administrator confirmed there are 6 residents deemed as an elopement risk, and none of the elopement risk residents wear identification on their person with their name, the facility name, address and telephone number. Class III .	A 032		