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
	AL11969522	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 #2024016206 & #2025004724 and an emergency power plan survey was conducted at The Preserve on . Complaint #2024016206 was substantiated at A0032. Complaint #2025004724 was not substantiated. 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,	A 032		

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
	AL11969522	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 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 record review, observation, and staff	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969522	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 032	Continued From page 2 interviews, the facility failed to ensure residents deemed an elopement risk had identification (ID) on their persons to include their name, the facility's name, address, and telephone number for 3 (Residents # #3, #6) of 3 residents deemed as an elopement risk. The findings Included: During an interview on at 11:40 a.m., the Memory Care Director (MCD) stated that all the memory care residents were considered an elopement risk. Review of the Assisted Living/Memory Support Census: Date: , showed a total of 16 residents were currently residing in the memory care unit. On at 10:35 a.m., Resident #6 eloped from the facility and was found approximately 1.1 miles away - a 24-minute walk, in front of the Aldi grocery store. The grocery store is along a main 4-lane road with a speed limit of 55 miles per hour. The temperature that day was a high of 75 degrees and sunny. Review of Resident #6's record showed a Resident Health Assessment Form 1823 dated . Resident #6's medical history and diagnoses included: major , , recurrent; with body; , , , , D deficiency, and , , . His activities of daily living (ADL's) indicated that he was independent in ambulation, and he was not deemed an elopement risk. Record review of Resident #6"s electronic health record showed an incident note from which detailed the following:	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969522	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 032	Continued From page 3 "CNA reported to nurse that resident left out of the building during church services. Resident was attending church services in the Woodland room for 10:00 a.m. service. Chapel minister stated that he went out the door in that room that leads to outdoors around 10:40 a.m. Resident was also seen this morning out upon shift change out of unit and night nurse walked him to his room. Nurse informed aides to keep an on resident. All staff from units went to look for resident outdoors. Resident was found walking by Aldi grocery store by activity director. Activity director picked him up in her vehicle and brought him to facility. When returned to facility at 11:15 a.m., resident was taken to memory care unit to be assessed. Resident was saying "I can take care of myself." Resident was showing signs of and sweating." During an interview on at 11:38 a.m., the Lead Activities Assistant stated, "The residents in the memory care unit come out at least once a day to join the other side, which is assisted living, for activities. I take out at least 8 residents at a time to participate. I have help taking them out, but there are times when they are down a CNA (Certified Nursing Assistant), so then I take them out myself...Resident #6 used the lanai door to leave and went out the door. He left out the screen because the screens are not locked ...and that side door does not have a lock and he just went." On at 11:20 a.m., observation of the memory care unit revealed that Resident #1 and #6, were not wearing any identification that contained their name, the facility's name, address, or phone number. Review of Resident #6's health record showed a	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969522	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 032	Continued From page 4 Physician Determination of Capacity dated in which the resident was evaluated and determined to lack the capacity by reason of advanced age, physical incapacity, or mental to: understand the effects of making a medical decision or giving informed consent for the procedures and treatments; incapable of managing his own estate; and incapable of entering into binding agreements or make decisions on his behalf. Review of Resident #1's record showed a Resident Health Assessment Form1823 dated . The medical history and diagnoses included: ( ), related ; ; degenerative disk ; ; H/O (history of) ; ; , ; hard of hearing; and . Her ADL's indicated that she was independent with ambulation, and she was deemed an elopement risk. Review of Resident #3's record showed a Resident Health Assessment Form 1823 dated . The medical history and diagnoses included: ( ), ; atherosclerotic ; ; disturbance; protein-calorie ; retention of ; type 2 ; ( ); unsteady on the ; and . Her ADL's indicated that she needed supervision with ambulation, and she was deemed an elopement risk. During an interview on at 11:55 a.m., the MCD said she was unaware of the requirement for elopement risk residents to wear an ID and said that not all memory care residents were identified as being elopement risk on their Resident Health Assessment Form 1823.	A 032		

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
	AL11969522	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE	14750 HOPE CENTER LOOP FORT MYERS, FL 33912

(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 032	Continued From page 5 Class III .	A 032		