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
	AL11953368	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAPLES GREEN VILLAGE	101 CYPRESS WAY EAST NAPLES, FL 34110

(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 #2025009509, #2025010443, & #2025011710 was conducted at Naples Green Village on . Complaint # 2025009509 was substantiated without citation. Complaint # 2025010443 was substantiated at A032. Complaint # 2025011710 was not substantiated. Deficiencies were identified at the time of survey. .	A 000		
A 032 SS=H	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,	A 032		

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A 032	Continued From page 1 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 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.	A 032		

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A 032	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure residents deemed an elopement risk have identification on their persons to include their name, the facility's name, address, and telephone number for 4(Residents #3, #4, #5, #6) of 4 residents observed. The findings included: Policy: RC-2.2 Elopement Risk Effective Date: Revision Dates: Policy Detail: 1. Residents at a designated memory care community or memory care unit shall be considered at risk for elopement. Any resident at a non-memory care community who has a documented diagnosis of shall be considered at risk for elopement. Residents at risk for elopement will be identified in their plan of care. 2. Those residents identified as at risk for elopement should wear identification containing the resident's name and the community name, address and telephone number. On at 9:40 a.m., during a tour of the Memory Care Unit, Resident #5 was observed walking through the main hallway near the main entrance/exit of the Memory Care Unit. Resident #5 was not observed to be wearing any identification on her person to include her name, the facility name, address and telephone number . Resident #4 was observed sitting at a table, he was observed with no identification on his person. Review of facility records revealed Resident # 3 eloped from the facility on . Further review revealed documentation of a Resident Health	A 032		

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A 032	Continued From page 3 Assessment Form 1823 dated indicating Resident #3 to be an elopement risk. On at 10:20 a.m., during an interview, Resident #3 said that she has never had any identification bracelet of any kind on her since she has been living in the facility. Resident #3 was observed to not be wearing any identification on her person. Record review for Resident #5 revealed documentation of a Resident Health Assessment Form 1823 dated , indicating Resident #5 to be an elopement risk. On at 11:34 a.m., during a tour of the Memory Care Unit, Resident #5 was observed with no identification on her person while seated in her room. Residents #4, #5, and #6 were observed sitting at a table, and none of the residents were wearing any identification on their person. Record review for Resident #6 revealed documentation of a Resident Health Assessment Form 1823 dated , indicating Resident #6 to be an elopement risk. Record review for Resident #4 revealed documentation of a Resident Health Assessment Form 1823 dated , indicating Resident #4 to be an elopement risk. On at 1:00 p.m., during a tour of the Memory Care unit with the Executive Director (ED) and the Director of Nursing (DON), Resident #5 was seated near the main exit door to the Memory Care unit. Resident #5 was observed by the ED and the DON to not have any identification on her person. The ED and the DON confirmed	A 032		

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A 032	Continued From page 4 Resident #5 did not have any identification on her person and was considered a and exit seeking. On at 1:00 p.m., during a tour of the Memory Care unit with the Executive Director (ED) and the Director of Nursing (DON), Resident #4 was observed sitting at the dining room table. She was observed to not have an identification on her person and confirmed by the ED and the DON. On at 1:05 p.m., during an interview, the ED and the DON confirmed the lack of identification on Elopement risk residents in the memory care unit. Class III .	A 032		