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
	AL11964677	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHID TERRACE	111 MOORINGS PARK DRIVE 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 #2025010619 and an emergency power plan monitoring survey was conducted at Orchid Terrace on . 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.	A 032		

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A 032	Continued From page 1 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, and interview, the facility failed to ensure and maintain documentation of participation to show that all Administrators and direct care staff participated in at least 2 resident elopement drills per year pursuant to 429.41(1)(k), F.S. for 19 (Staff B, C, D, G, H, I, L, O, P, V,	A 032		

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A 032	Continued From page 2 X, EE, FF, HH, JJ, NN, QQ, RR, YY) of 53 staff reviewed. The findings included: Elopement/Missing Resident policy; effective date ; Amplifying information: The assisted living facility will conduct elopement drills twice per year. Review of the facility records revealed documentation titled: Occurrence details reported from security and LPN: which indicated Resident #1 eloped on and was found by law enforcement (LE) off campus by U.S. Route 41 (US 41) at 8:50 p.m. It had been reported to campus security that LE was concerned for Resident #1's safety. Record review of Resident #1's Health Assessment Form 1823 (1823) dated showed a medical history and diagnoses of ; familiar tremor, , hx (history) ( ); ; ; ; ( ); myalgia; ; and . It indicated that she was hard of hearing, and her or behavioral status was alert to person and place. Her activities of daily living (ADL's) indicated that she was independent with ambulation, bathing, , eating, self-care, toileting, and transferring. She was not indicated as an elopement risk. Record review of the Associate Roster and Elopement Drill Forms showed the following staff did not have the minimum requirement of participation in two elopement drills each year:	A 032		

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A 032	Continued From page 3 1 .Resident Care Assistant (RCA) Staff B showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other elopement drill. 2. Licensed Practical Nurse (LPN) Staff C showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 3. RCA Staff D showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 4. RCA Staff G showed a hire date of . There was documentation of participation in an elopement drill on and no elopement drill. 5. RCA Staff H showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 6. LPN Staff I showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 7. LPN Staff L showed a hire date of . There was no documentation for participation in any elopement drills. 8. RCA Staff O showed a hire date of .	A 032		

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A 032	Continued From page 4 There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 9. RCA Staff P showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 10. LPN Staff V showed a hire date of . There was no documentation for participation in any elopement drills. 11. LPN Staff X showed a hire date of 11/19/21. There was no documentation for participation in any elopement drills. 12. RCA Staff EE showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 13. LPN Staff FF showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 14. RCA Staff HH showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 15. RCA Staff JJ showed a hire date of . There was documentation of participation in an elopement drill on , there was no further	A 032		

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A 032	Continued From page 5 documentation of participation in any other no elopement drill. 16. RCA Staff NN showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other elopement drill. 17. RCA Staff QQ showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. 18. RCA Staff RR showed a hire date of . There was no documentation for participation in any elopement drills. 19. LPN Staff YY showed a hire date of . There was documentation of participation in an elopement drill on , there was no further documentation of participation in any other no elopement drill. During an interview on at 12:27 p.m., the Administrator acknowledged that not all of the staff met the minimum requirement for participation in elopement drills. Class III .	A 032		