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
	AL11965079	A. BUILDING: _____ B. WING _____	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDSAY'S ALTERNATIVE CARE, INC	5783 NW 48TH DRIVE CORAL SPRINGS, FL 33067

(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 biennial Relicensure and Generator Monitoring survey was conducted at Lindsay's Alternative Care, Inc. on to . The provider had deficiencies at the time of the visit.	A 000		
A 032	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 as 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	A 032		

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A 032	Continued From page 1 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 a review of staffing schedules, facility elopement drills and interview with the Assistant Administrator (AA), the facility failed to ensure the Administrator and all direct care staff participated in elopement drills twice a year. The findings include:	A 032		

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A 032	Continued From page 2 A review of the facility employee schedule revealed they were set schedules. Four direct care staff worked in the facility; Employees A, B, D (Home Health Aides/HHA) and C (Certified Nursing Assistant/CNA). A review of the facility's elopement drill records from the last relicensure survey ( ) revealed the following: The Assistant Administrator (AA) conducted elopement drills and training on . Neither Employees A, B, C, D nor the Administrator participated in the drill. The AA conducted a drill on . Employees A, B, C, D and the Administrator did not participate in the drill. On , the Administrator conducted an elopement drill. The AA and Employee B participated, but Employees A, C and D did not. An interview was conducted with the AA on at 11:30 AM. He was asked if he realized all staff, including the Administrator, were required to participate in elopement drills twice a year. The AA stated he did not. The requirement was explained to him and he expressed understanding. He stated he would need to "work on that". During an interview with Employee A, Home Health Aide, on at 2:18 PM, she stated she had worked in the facility over a year. When asked if she had participated in an elopement drill, she stated she could not say for sure if she had or had not. Staff A was unsure of how often the facility was conducting elopement drills.	A 032		

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A 032	Continued From page 3 Class III	A 032		