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
	AL11953279	A. BUILDING: _____ B. WING _____	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT PUNTA GORDA LLC	2295 SHREVE STREET PUNTA GORDA, FL 33950

(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 A complaint investigation for #2024010565, #2024011415 and an emergency power plan monitoring survey was conducted at Best Care Senior Living 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. 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 observation, interview, and record review, the facility failed to ensure 4 (Residents #1, #2, #3 and #4) out of 4 residents that were identified as at risk of eloping from the facility (leaving the facility without staff supervision and creating an unsafe situation for themselves) had identification on their person that included their name, facility name, address, and telephone	A 032		

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A 032	Continued From page 2 number. The findings included: Review of the facility policy "Best Care Senior Living LLC. Elopement Policies and Procedures" . . . "All at risk for elopement residents have an identification on their persons that: includes their name, facility's name, address, and telephone number. The caregiver will check daily for ID (identification) placement. Review of the resident roster revealed elopement risk residents were highlighted in yellow magic marker. Residents #1, #2, #3, and #4 were highlighted in yellow. On at 4:38 a.m., observation of Residents #1, #2, and #3 were dressed in street clothes, sitting in the secured memory care TV room. Residents #1, #2, and #3 did not have identification on their person and were not wearing . . . Medication technician (MT) Staff A said Residents #1, #2, and #3 are at risk for elopement and should be wearing identification On at 5:10 a.m., observation of Resident #4 walking from her room to the bathroom located in the secured memory care unit. The gray sweater she wore revealed her . Resident #4 did not have an identification on her person as the facility policy indicated. MT Staff A said the resident is at risk of eloping from the facility and should be wearing an identification . Review of the medical chart for Residents #1 revealed an admission to the facility on . The health care assessment by the Advanced	A 032		

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A 032	Continued From page 3 Practice Registered Nurse dated revealed Resident #1 was able to ambulate (walk) independently and was an elopement risk. Review of the medical chart for Residents #2 revealed an admission to the facility on . The health care assessment by the Advanced Practice Registered Nurse dated revealed Resident #2 was able to ambulate (walk) independently and was an elopement risk. Review of the medical charts for Residents #3 revealed an admission to the facility on . The health care assessment by the Advanced Practice Registered Nurse dated revealed Resident #3 was able to ambulate with supervision and was an elopement risk. Review of the medical chart for Residents #4 revealed an admission to the facility on . The health care assessment by the Advanced Practice Registered Nurse dated revealed Resident #4 was able to ambulate (walk) independently and was an elopement risk. On at 9:43 a.m., Medication Technician Staff B said the elopement risk residents are supposed to be wearing ID on their and if you don't see the ID , you apply one right away. The are obtained from the receptionist. On at 10:17 a.m., during an interview, the Executive Director said any resident that is at risk of eloping from the facility are required to wear ID while admitted to the facility. If the ID is removed or lost, it must be replaced. It is their policy. Class III	A 032		

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