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
	AL11968817	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA AT TERRACINA GRAND	6855 DAVIS BLVD NAPLES, FL 34104

(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 investiagtion for #2025013244 and an emergency power plan survey was conducted at Villa at Terracina Grand on . Deficiencies were identified at the time of the 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	A 032		

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A 032	Continued From page 1 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 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 (Resident #1, #2, #3, # 4) out of 4 residents reviewed.	A 032		

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A 032	Continued From page 2 The findings included: Policy: Residents at Risk for Elopement. Date Revised . All Residents assessed at risk for elopement or with any history of elopement are identified so that staff can be alerted to their needs for support and supervision. The facility maintains photo identification of all at risk residents on file that is accessible to all facility staff and law enforcement if necessary. Procedure: 3. An identification system (identification tag on any resident equipment or an identification tag which can be placed in the resident's wallet or purse) is used. A daily effort is made to ensure that at risk residents have identification on their person that includes their name, the facility's name, address, and telephone number. Record review of the facility elopement binder, revealed Resident #1, Resident #2, Resident #3, and Resident #4 were documented as being at a high risk for elopement. Names and photos of the Residents were included. On at 9:50 a.m., during an interview, Caregiver Staff D said she was unaware of any identification on any of the residents. On at 10:47 a.m., during an interview, Licensed Practical Nurse (LPN) Staff E said there was no process in place for providing nametags that she knew of. She said she assumed that everyone in a Memory Care, as long as they are mobile, may be considered an elopement risk. On at 11:25 a.m., during an interview, the family friend of Resident #1 said visits the facility	A 032		

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A 032	Continued From page 3 3 or 4 times a week. She said she would see Resident #1 with a name tag with her first name on it once in a while, but she never really has it on. She confirmed currently Resident #1 does not have any identification on her person that includes her name, the facility name, address and telephone number. On at 11:30 a.m., during an observation of the dining room, Resident #1 was not observed to have any identification on her person. On at 12:47 p.m. during an interview, Resident #2 family member said Resident #2 has never had an identification on her person. On at 12:50 p.m., during an observation of the dining room, Resident #2 was observed sitting in a chair without identification on his person. On at 1:32 p.m., during an interview, the Director of Nursing (DON) said she uses the elopement assessments but also if the resident has and is ambulatory, she likes to use that as a criteria as well to determine elopement risk. The DON said all residents should really be classified as elopement risk if they are walkers and fully ambulatory. On at 1:38 p.m., during a tour of the 2nd floor common area, Resident #4 was observed sitting on a sofa. Resident #4 had a nametag on with only his first name on it. It did not include the facility name, address and telephone number On at 2:05 p.m., during an observation of the 1st floor, Resident #3 was observed walking in the living area and the nurses station independently with no assistive device. There	A 032		

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A 032	Continued From page 4 was no identification observed on Resident #3. On at 2:07 p.m., during an interview, LPN Staff F said Resident #3 and Resident #4 are movers and walkers and there's always a need to keep an on them. Staff F said they both are a high elopement risk. On at 2:35 p.m., during an interview, the Regional Director of Operations (RDO) acknowledged there were no full identification bracelets on the residents, just some of the large ones with a first name or a nickname on them. The RDO acknowledged the regulation and facility policy states identifications contain the residents name, the facility name, address, and telephone number. The RDO confirmed Resident #1,2,3, and 4 are considered at risk for elopement. ** Photographic Evidence Obtained** Class III	A 032		