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
	AL11966273	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK LIFE CENTER	4279 JUDITH AVE MERRITT ISLAND, FL 32953

(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 The biennial re-licensure survey with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted on/7/. There were deficiencies found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to provide adequate supervision and general awareness of whereabouts for 1 of 10 sampled residents (#3). Who were , eloped from the facility and was found by a sheriff officer on the road outside the facility.

Findings:

A Sheriff Officer was observed on at approximately 8:40 AM leaving the front door of the facility and getting into his squad car. At 8:58 AM he returned with a thin, white elderly man wearing a white T shirt and black ball cap. Facility staff came out the front door and escorted the resident inside. The Sheriff Officer left.

The resident Observed on at approximately 9:30 AM in his he was He stated that he did not know why the sheriff picked him up. He was walking on the road and it was just hot for a long way.

Interview with staff on at approximately 10AM revealed resident #3 eloped from the facility. No one knew he was gone until the Sheriff arrived and returned him.

Resident record review revealed an Assisted Living Facility health assessment form (1823) dated with diagnosis of ,

and .

Review of facility notes revealed on:

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A 025	Continued From page 2	A 025		

resident noted to have 9 pound weight loss; the resident went from 174 lbs. to 165 lbs. Resident appetite poor, resident just sits and stares at food. are loose in mouth. Resident has to be reminded of mealtime taken to table; Resident sits for an hour or so and looks at food. Resident encouraged to eat by staff and becomes hostile.

Resident returned on stretcher accompanied by two personnel from Sea Breeze Hospital. Resident alert and PRN care given resident resting in bed. Will continue to monitor. Resident was sent out to hospital by day shift for increased and threatening manner. Most recent behavior of leaving the facility. The sister Marie Thomas spoke to the administrator regarding the resident's behavior and requested a sitter or family member to sit with resident. The sister informed the Nurse she had no one to send. Their brother is out of town.

Resident had Dr. Appointment for Dr. Leyte his sister transported him. MD gave order for 2.5 mg take 1 tablet every PM/1 hour before HS for 6 days, then 2 tablets in PM one hour before bedtime. Changed 4 mg to ½ tablet every pm and wants a faxed progress note on Will continue to monitor Continues with No increased agitation noted labs to be drawn in AM. No complaints voiced. Will monitor.

Interview with Administrator on at approximately 3:15 PM who stated the resident left the facility before 9:00 AM and was returned by Sheriff's Department. It is no known what door he used to leave the facility. The situation is under investigation. The resident is being closely monitored. Family notified that a higher level of

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A 025	Continued From page 3 care is needed. Class III	A 025		
A 032	58A-5.0182(8) FAC Resident Care - Elopement Standards (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement shall be identified so staff can be alerted to their needs for support and supervision. 1. As part of its resident elopement response policies and procedures, the facility shall 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 attention shall be directed towards residents assessed at high risk for elopement, with special attention given to those with Alzhei[illegible] related disorders [illegible] at high risk. 2. At a minimum, the facility shall have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The photo identification shall be made available for the file within 10 calendar days of admission. In the event a resident is assessed at risk for elopement subsequent to admission, photo identification shall be made available for the file within 10 calendar days after a determination is made that the resident is at risk for elopement. The photo identification may be taken by the facility or provided by the resident or resident ' s family/caregiver. (b) Facility Resident Elopement Response Policies and Procedures. The facility shall develop detailed written policies and procedures for responding to a resident elopement. At a	A 032		

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A 032	Continued From page 4	A 032		

minimum, the policies and procedures shall include:
1. An immediate staff 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 shall conduct resident elopement drills pursuant to Sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure a resident with a history of elopement had identification on their person that included their name, the facility's name, address and telephone number for 1 of 10 residents sampled resident (#3).

Findings:

A Sheriff Officer was observed on at approximately 8:40 AM leaving the front door of the facility and getting into his squad car. At 8:58 AM he returned with a thin, white elderly man wearing a white T shirt and black ball cap. Facility staff came out the front door and escorted the resident inside. The Sheriff Officer left.

Resident Observed on at approximately 9:30 AM in his he was

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A 032	Continued From page 5	A 032		

He stated that he did not know why the sheriff picked him up. He was walking on the road and it was just hot for a long way.

Interview with staff on at approximately 10AM revealed resident #3 eloped from the facility. No one knew he was gone until the Sheriff arrived and returned him.

Resident record review revealed an Assisted Living Facility health assessment form (1823) dated with diagnosis of , and

Observation on at approximately 3:00 PM revealed the resident did not have identification on his person that stated his name, the facility's name, address and phone number. Also, the resident was observed to be .

Interview with the administrator on at approximately 3:30 PM revealed she was not aware the resident did not have the appropriate identification on his person.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Cedar Creek Life Center
4279 Judith Ave
Merritt Island, FL 32953

Dear Administrator:

Re: Biennial with ECC/LNS

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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