RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Nature Coast Lodge, LLP
279 North Lecanto Highway
Lecanto, FL 34461

Dear Administrator:

Re: CCR #2013000064

This letter reports the findings of a compliance survey that was conducted on , 2013 by a representative of this office.

Enclosed 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 2013 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Bunger for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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2727 Mahan Drive
Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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
	AL11964613	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATURE COAST LODGE, LLP	279 N. LECANTO HWY LECANTO, FL 34461

(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 On : unannounced compliance survey CCR #2013000064 was conducted at Nature Coast Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 025 SS=G	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	A 025		

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A 025	Continued From page 1 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the facility did not provide sufficient supervision for 1 of 5 residents resident #5 to prevent an elopement which resulted in injury. Findings: On at approximately 12:20 AM resident #5 who has was observed by facility staff to be in her her belongings out of her closet into a laundry basket. The resident was redirected back to bed with a reminder of the time. At approximately 2:10 AM the resident was found to no longer to be in her A full search of the facility was conducted by staff and she was not located in the facility. During a review of the facility lobby video surveillance it showed that resident #5 left the facility through the front doors at approximately 1:22 AM, while staff was busy in another part of the facility. The resident was found at approximately 4:00 AM in a dry retention pond across the street from the facility and had to be hospitalized for injuries. During a record review on it was observed in resident #5 observation log on at 9:00 PM Resident was noted to be looking for an exit door. Even told staff member she was going to leave out the exit door to go home. The resident was redirected several times, and explained it was raining and dark and not safe to go out at this time. Resident had to be moved to a secure area in the facility until she calmed down and it was safe to return her to her own was not in a secure area.	A 025		

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A 025	Continued From page 2 On at approximately 5:00 PM an interview was conducted with resident #5 physician. During the interview the physician stated she was not made a where of the incident on concerning the resident trying to leave the facility. If she had been notified she would have reexamined her for a change of condition. The physician also stated that the facility never notified her that the resident had eloped from the facility. On during a record review of the discharge summery from the hospital which stated that resident #5 injuries were found to include right lateral Orbital wall , Odontoid , C1 post ring , Dens type 2 , Scalp laceration, T5 body compression (chronic). Class II	A 025		
A 032 SS=D	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 and	A 032		

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A 032	Continued From page 3 related assessed 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 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 record reviews the facility did not meet	A 032		

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A 032	Continued From page 4 the minimum state requirements in their elopement policy and procedure. Findings: On : during a record review of the facility elopement policy and procedures it was observed that the policies did not contain the need for at risk residents to have identification on their persons that includes their name and the facility's name and address, and telephone number on a daily bases. Class III.	A 032		