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
	AL11910091	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT LAKELAND	2111 LAKELAND HILLS BLVD. LAKELAND, FL 33805

(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 CR . . . REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2013001644, was conducted on _____. The Emeritus at Lakeland, assisted living facility, had a deficiency 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	A 025		

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A 025	Continued From page 1	A 025		

administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility staff failed to maintain awareness of the whereabouts and well-being of two of eight sampled residents (Resident #1 and Resident #2) of the facility's secured unit. Residents #1 and #2 eloped from the facility on two separate occasions, placing the residents at risk of harm.

Findings include:

During an investigation conducted on the surveyor reviewed an adverse incident report, indicating that Resident #1 eloped from the facility on . The report noted that staff discovered Resident #1 was missing at 7:15 p.m. Law enforcement was notified at 7:45 p.m. According to the law enforcement report, the police located Resident #1 several blocks away from the facility at 9:23 p.m. on .
During a review of the facility's internal assessment of Resident #1 completed in , it was noted that under mental/behavioral status, the resident has a "history of exit-seeking behavior."
During a review of the employee schedule, this surveyor noted that four employees were scheduled to work in the memory care unit during the time of the resident's elopement.

During an interview with the administrator of the facility on 02/14 at 10:45 a.m. the administrator reported that during the time of the elopement, there was a medical emergency with one of the other residents of the memory care

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A 025	Continued From page 2	A 025		

unit and 911 had been called. The administrator reported that two employees were with the resident with the medical emergency, one employee was making copies of medical records for and one employee was on break. The administrator also said that with going in and out of the building, it was possible that Resident #1 slipped out of the building while the door was open. The administrator said that it was the facility's policy to try to keep as many residents as possible near the common area and also have a "point person" among the staff in the common area attempting to keep track of the residents. The administrator noted that there was a point person during Resident' #1's elopement but that person was making copies for

During the above interview with the administrator, the administrator reported that Resident #2 had eloped from the facility on at 4:50 a.m. from the memory care unit. The administrator said the staff did not realize he was gone until a delivery person from the local pharmacy notified them and escorted Resident #2 back into the building. The administrator reported that none of the door alarms had gone off and said staff did not know which door Resident #2 used to elope.

During a review of Resident #2's record, this surveyor noted he also had a history of exit-seeking behaviors and had previously gone outside of the facility in and was combative when staff brought him back into the facility.

During an interview with Employee D, a resident aid in the memory care unit on at 12:40 p.m. Employee D stated that there had been problems with the doors and alarms in the

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A 025	Continued From page 3 memory care unit since a fire drill the previous week (later confirmed to have been on . Employee D said the doors did not always close securely, arming the alarm and also said that sometimes visitors inadvertently let the residents out of the secure unit. Employee D further stated that they do safety checks on all of the residents regularly and said one staff person is to be in the unit's common area at all times. During a follow-up interview with the administrator, conducted on at 1:15 p.m., she confirmed that there had been some problems with the alarms on the doors of the secure unit and said it was not reported to her until . She stated that after the elopement of Resident #2 on she realized it may have been due to the alarms. The administrator said that she had purchased temporary door alarms and had a representative of the alarm company at the facility working on the doors on this date (observed by this surveyor at 12:50 p.m.). The administrator also provided a copy of a contract with an alarm company to have a new alarm system installed on . Class III	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Emeritus at Lakeland
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

Dear Administrator:

Re: **CCR# 2013001644**

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

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161