STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964459	06/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Citrus Garden Alf	4805 East Lake Drive Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
conducted an unannounced Assisted Living Facility complaint inspection CCR#2013003099.

Citrus Gardens ALF had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to provide adequate supervision and general awareness of whereabouts at all times for 1 of 3 sampled residents with (#2) to prevent elopement from the facility.

Findings:

Resident record review revealed #2 was admitted on and had an Assisted Living Facility Health Assessment form (1823) dated that stated diagnoses of and elevated and stated the resident had a poor memory. The resident was independent with ambulation, bathing, dressing, eating, toileting and transferring and needed supervision with

The resident was observed on at approximately 9:50 AM asleep sitting on a chair on the back porch, at 11:10 AM sitting in the common living area, the resident was alert, pleasant and . He stated he did not remember how long he had lived in the facility. The resident was observed on at 12 PM at the dining eating lunch with the other residents.

Record review revealed the resident was admitted on and had an appointed guardian dated The Order Determining Total Incapacity was signed and dated on

Review of facility notes revealed on the caregiver last saw the resident at 7:15 PM. The caregiver searched the property and the resident was nowhere to be found. The administrator was notified at 7:53 AM. The resident's guardian was notified at 8:15 PM. 911 was called at 8:30 PM. Police arrived, including search and rescue. Resident found at 1:52 AM next morning The resident was diagnosed with and was and in a wooded area in the neighborhood when found by the search and rescue team. Police called paramedics. The resident was stable and free from harm. The resident was cleared by the paramedics. Legal guardian left property at 2:20 AM. Police left property approximately 2:30 AM Police Case #2013CJ002992.

Review of Seminole County Sheriff's Office (SCSO) Elder Intervention report # 2013EI000142 dated stated on dispatched to the ALF responding to a missing persons report. Once on the scene came in to contract with the legal guardian of resident #2 who stated the resident was last seen at the resident at approximately 1900 hours eating dinner.

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She advised the resident had been in the home since and was last seen wearing a blue hat, blue long sleeve shirt, khaki pants and black sneakers. He left the home in an unknown direction of travel.

She further stated the resident had and had been on a very steady decline in capacity over the last few years. She stated he had high and took medications for that.

She gave the resident's prior address. The dispatchers contacted the Apopka Police Department (PD) to attempt to made contact at the residence to see if the resident went back. PD advised that there was no one at that residence. The local hospital and taxi cab companies were called to see if they had come into contact with anyone matching resident #2's description and they advised they had not.

An advisory was sent out at 2245 to Seminole and surrounding counties for #2. We were able to ping #2's cell phone. SCSO Alert 2 helicopter was called and assisted in locating #2. Search and rescue was paged out at 2306. Orange County Sheriff's Office bloodhound arrived at 2330. The surrounding area was searched with K-9 with no results for approximately 2 hours.

The resident was located within 25 feet of the cell phone ping inside of some very thick brush deep into the surrounding woods. He was assisted out of the woods, evaluated by Seminole County Fire Rescue and released back to the guardian at approximately 2100 AM.

All units on scene were debriefed and cleared at 2300 hours. The owners of the ALF were advised to secure the rear gate so this does not happen again.

Review of physician progress notes dated stated the resident had , and unsteady gait and 0.5 milligrams (mg) twice a day was ordered.

Review of adverse incident report stated the resident eloped from the facility on , was found by search and rescue and returned safely to the facility.

Interview with Staff A-owner/caregiver on at approximately 11 AM who stated he lived in the facility was out at the time of the elopement and returned to the facility to assist. He stated the resident was found by the police unharmed and close to the facility.

Interview with the administrator on at approximately 11:15 AM revealed the resident was recently admitted to the facility and had not been taking his medications before he moved in. He was exit seeking when he moved in; he was in the facility for a few days before he eloped. She stated he was found in a wooded area behind the facility, stated he was camping and cutting down Christmas trees. The resident had a cell phone so search and rescue was able to locate him by locating the phone. They called him on his cell phone and were close enough to the resident to hear it ring, and they located him. The facility contacted the physician and he adjusted his medications. He was not exit seeking at this time.

The facility did not provide adequate supervision and have knowledge of the resident's whereabouts at all times, who have was exit seeking and declining and failed to keep him safe and free from harm.

Class II

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0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observation, record review and interview the facility failed to ensure a resident with any history of elopement had identification on their person that included their name, the facility's name, address and telephone number for 1 of 3 sampled residents (#2).

Findings:

Resident record review revealed #2 was admitted on ..... and had an Assisted Living Facility Health Assessment form (1823) dated ..... that stated diagnoses of ..... and elevated ..... and stated the resident had a poor memory. The resident was independent with ambulation, bathing, dressing, eating, toileting and transferring and needed supervision with .....

The resident was observed on ..... at approximately 9:50 AM asleep sitting on a chair on the back porch, at 11:10 AM sitting in the common living area, the resident was alert, pleasant and ..... He stated he did not remember how long he had lived in the facility.
Record review revealed the resident was admitted on ..... and had an appointed guardian dated .....
The Order Determining Total Incapacity was signed and dated on .....

Review of facility notes revealed on ..... the caregiver last saw the resident at 7:15 PM. The caregiver searched the property and the resident was nowhere to be found. The administrator was notified at 7:53 AM. Resident's guardian was notified at 8:15 PM. 911 was called at 8:30 PM. Police arrived, including search and rescue. Resident found at 1:52 AM next morning ..... Resident was diagnosed with ..... and was ..... and in a wooded area in the neighborhood when found by the search and rescue team. Police called paramedics. Resident was stable and free from harm. Resident was cleared by the paramedics. Legal Guardian left property at 2:20 AM. Police left property approximately 2:30 AM Police Case #2013CJ002992.

Review of Seminole County Sheriff's Office (SCSO) Elder Intervention Report # 2013EI000142 dated ..... stated on ..... dispatched to the ALF responding to a missing persons report. Once on the scene came in to contract with the legal guardian of resident #2 who stated the resident was last seen at the resident at approximately 1900 hours eating dinner.

She advised the resident had been in the home since ..... and was last seen wearing a blue hat, blue long sleeve shirt, khaki pants and black sneakers. He left the home in an unknown direction of travel.

She further stated the resident had ..... and had been on a very steady decline I capacity over the last few years. She stated he had high ..... and took medications for that.

She gave the resident's prior address. The dispatchers contacted the Apopka Police Department (PD) to attempt to made contact at the residence to see if the resident went back. PD advised that there was no one at that residence. The local hospital and taxi cab companies were called to see if they had come into contact with anyone matching #2 ' s description and they advised they had not.

An advisory was sent out at 2245 to Seminole and surrounding counties for #2. We were able to ping #2's cell phone. SCSO Alert 2 helicopter was called and assisted in locating #2. Search and rescue was paged out at 2306. Orange County Sheriffs Office bloodhound arrived at 2330. The surrounding area was searched with K-9 with no results for approximately 2 hours.

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The resident was located within 25 feet of the cell phone ping inside of some very thick brush deep into the surrounding woods. He was assisted out of the woods, evaluated by Seminole County Fire Rescue and released back to the guardian at approximately 210 AM.

All units on scene were debriefed and cleared at 230 hours. The owners of the ALF were advised to secure the rear gate so this does not happen again.

Review of physician progress notes dated ..... stated the resident had , and unsteady gait and 0.5 milligrams (mg) twice a day was ordered.

Review of adverse incident report stated the resident eloped from the facility on , was found by search and rescue and returned safely to the facility.

Interview with Staff A - owner/caregiver on at approximately 11 AM who stated he lived in the facility was out at the time of the elopement and returned to the facility to assist. He stated the resident was found by the police unharmed and close to the facility.

Interview with the administrator on at approximately 11:15 AM revealed the resident was recently admitted to the facility and had not been taking his medications before he moved in. He was exit seeking when he moved in; he was in the facility for a few days before he eloped. She stated he was found in a wooded area behind the facility, stated he was camping and cutting down Christmas trees. The resident had a cell phone so search and rescue was able to locate him by locating the phone. They called him on his cell phone and were close enough to the resident to hear it ring, and they located him. The facility contacted the physician and he adjusted his medications. He was not exit seeking at this time. She also stated he did not have identification on his person that included his name, the facility's name, address and phone number.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Citrus Garden Alf
4805 East Lake Drive
Winter Springs, FL 32708

Dear Administrator:

Re: CCR #2013003099

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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