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
	AL11967743	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW LIFE ASSISTED LIVING INC	1301 WYOMING AVE FORT PIERCE, FL 34982

(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 An Assisted Living Facility complaint inspection survey (CCR# 2013005850) was conducted on [redacted] The New Life Assisted Living, had licensure deficiencies found at the time of the visit.	A 000		
A 032 SS=G	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 [redacted] and related [redacted] 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	A 032		

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A 032	Continued From page 1 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 review and interview, the facility did not properly assess resident #3 of being at risk for elopement and it did not have evidence of having conducted its required elopement drills. The findings include: Review of the adverse incident report (#391427) dated on [redacted] indicated that on the same date, the facility allowed Resident #3 to go walking outside of the facility at 11:15 AM with the understanding that he will return to the facility by lunch time the same day, but he did not return. Further review of this report indicated that the facility contacted the police, Case Manager and Agency and as of [redacted] the resident has not	A 032		

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A 032	Continued From page 2 returned to the facility. In an interview with the Caregiver on at 10:10 AM, she stated that on Resident #3 was in his the morning, he then requested to walk outside and he signed out, while she was doing laundry. She stated at this time that a resident from the sister facility told her approximately 15 minutes after she saw Resident #3 leave the facility, that Resident #3 came back to pick up a plastic bag and left the facility again, and no one has seen him since. She also stated at this time that when Resident #3 did not return for lunch on 5-3(approximately 12:00 PM, she began looking for him outside, notified the Administrator, Case Manager and finally the police. In an interview with the Administrator on 6-4 10:40 AM, she stated that Resident #3 was an elopement risk and the facility held elopement drills, but does not have the drill records available for review. She also stated that the Case Manager advised her that the facility residents had rights to walk to the store and that the facility tried to limit the times Resident #3 would leave the facility to 2-3 times per week, but he always come back. In an interview with the Caregiver on 6-4 11:00 AM, she stated that Resident #3 tried to elope 3 times before in February March and he was refusing to take some of his medications as well. She stated that Resident #3 would always carry his wallet with Florida identification, was alert and oriented and knew where he lived. She also stated at this time, that Resident #3 tried to leave the facility on 5-2(was found across the street within an hour and that he was the only resident in the facility	A 032		

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A 032	Continued From page 3 who was an elopement risk. Review of Resident #3's record indicated that he was admitted to facility on and his health assessment (form 1823) dated on indicated that he had diagnoses including abnormal and carotid occlusive . The form noted he was independent with all of his ADLs, except bathing, which he needed assistance. Further review of the health assessment indicated that he was suitable for the facility and review of a certificate of medical necessity dated indicated that he needed assistance with his ADLs and health support for observing the resident's whereabouts and well-being. A copy of the resident's Florida identification card with photo was found in his record and no elopement risk assessment was found in his record. In an interview with Resident #3's Case Manager Supervisor on at 3:00 PM, he stated that Resident #3 was diagnosed with ; he used to be homeless for many years and was estranged from his 2 daughters. He stated at this time that he first learned of this resident's exit-seeking behaviors in the facility approximately 3 months ago, in which he refused to take his medication on , then about a week later when he walked off from the facility and returned back to the facility by himself. He also stated at this time, that the facility notified the [....] this event, the psychiatrist was also notified and his medications were adjusted secondary to this. He stated at this time, that he did not know if the resident was properly assessed for elopement risk in the facility and he does not know of any other exit-seeking behaviors by the resident with exception to the event on , in which the resident left the facility and has not returned	A 032		

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A 032	Continued From page 4 since. He stated at this time, that on [redacted] the facility notified the [company] team of Resident #3's departure around 11:00 AM, his psychiatrist was notified and daughter, who was also contacted despite their lack of communication and closeness for many years. Review of the police report dated on [redacted] indicated that the Detective responded to investigate Resident #3 leaving the facility on [redacted] and not returning by contacting his daughter and Case Managers. Review of the police report indicated that the police were informed that he left the facility on [redacted] at approximately 11:00AM, left for a walk, described what he was wearing and did not return. Further review of this police report indicated that the Detective was told by the resident's Case Managers that the resident was at risk of becoming disoriented, being neglected because he needs reminders to eat, shower and take his medications, which were left in the facility. Review of the facility elopement policy (attached with this report) did not include procedures to assess at-risk residents or ways to conduct facility elopement drills. Review of the facility records did not have evidence of the facility staff conducting elopement drills. Class II	A 032		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
New Life Assisted Living Inc
1301 Wyoming Ave
Fort Pierce, FL 34982

RE: CCR #2013005850

Dear Administrator:

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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

L. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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

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5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924